MARAM PRACTICE GUIDES

FOUNDATION KNOWLEDGE GUIDE

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

VICTORIA
State Government

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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.

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

NOTE:

Guidance and learning objectives for working with perpetrators is in development and will be available late 2020. Finalised guidance will make clear that only key/selected professionals and services will be trained/required to provide a service response to perpetrators related to their use of violence.

The learning objective for this *Foundation Knowledge Guide* will build on the material in this guide and will also include information about use of violence by perpetrators across the community and adolescents who use family violence.

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.

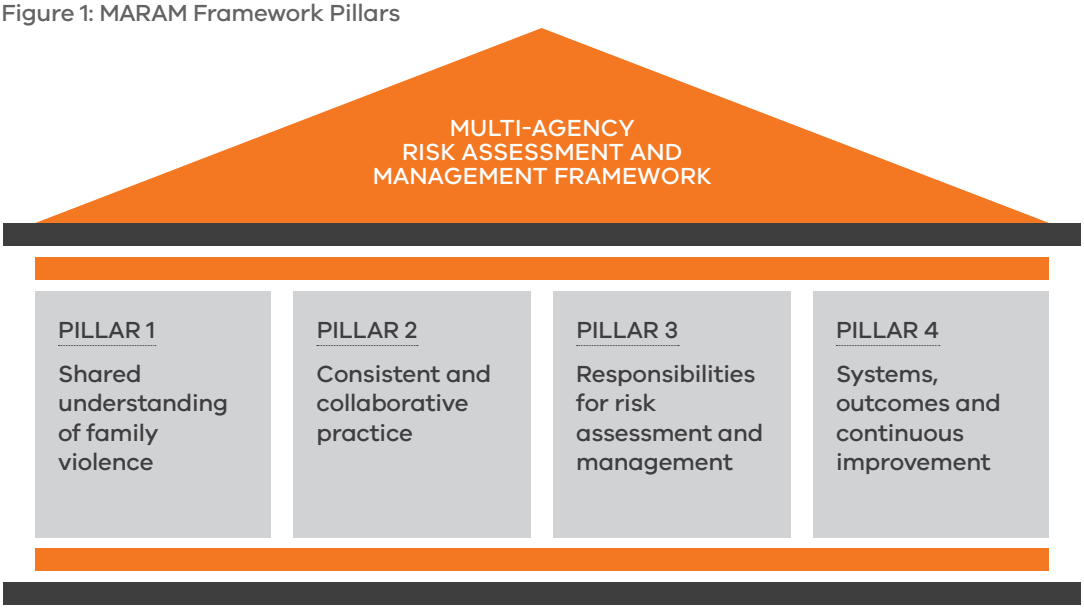
More detail on the legislative, policy and practice environment is described in 'Part B: System architecture and accountability' of the MARAM Framework.

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.
- 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 management[4]
- 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.

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.

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 responsibilities[7]

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	Expectations of framework organisations and section 191 agencies
Responsibility 3: Intermediate risk assessment	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.

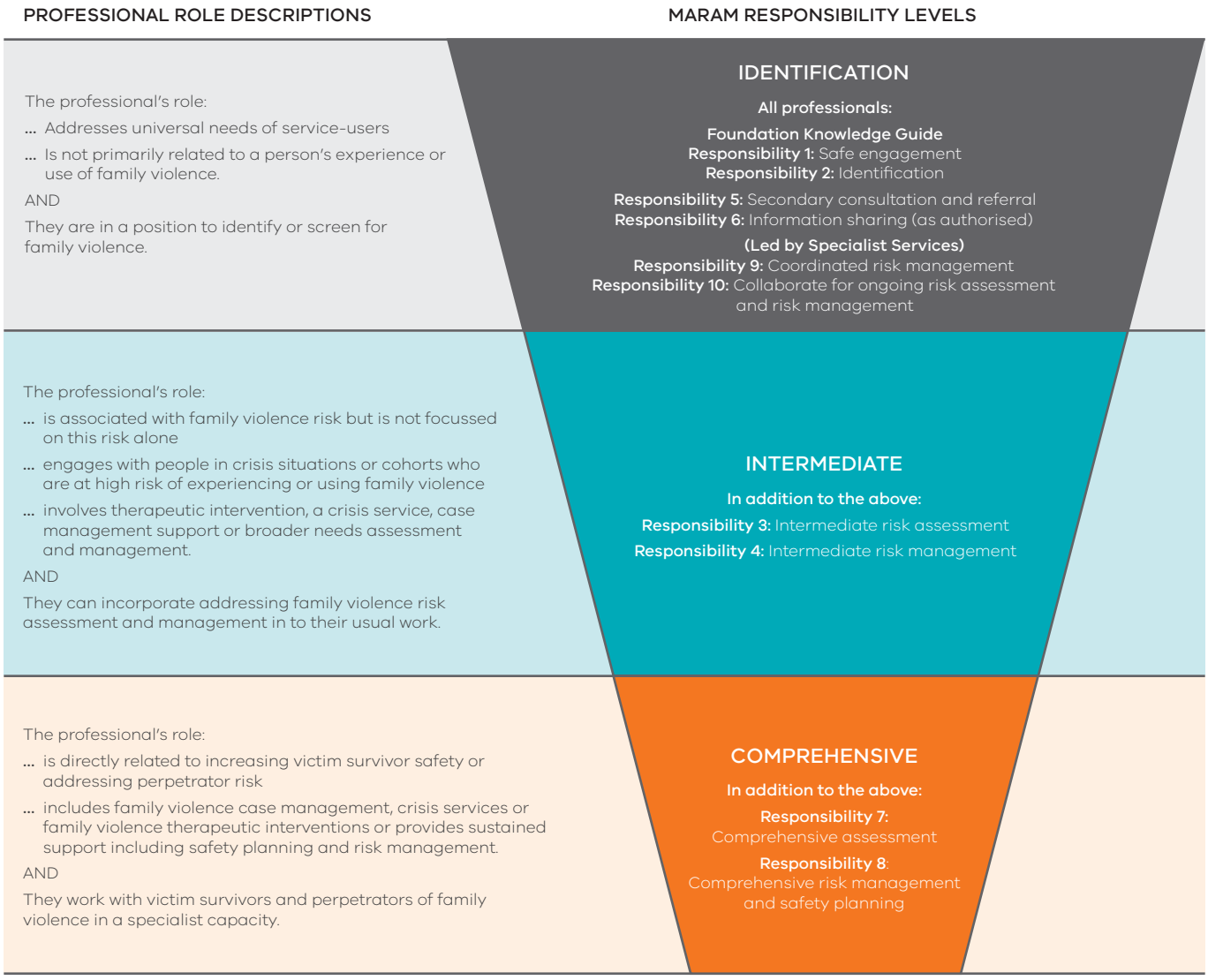
The *Organisation Embedding Guidance and Resources and the* Responding to family violence capability framework provides information for organisational leaders on how to support their staff to identify the 10 Responsibilities that apply to their roles and services.

The relevant knowledge and skill indicators have been considered in the development of these **MARAM Practice Guide**s 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 perpetrators[10] 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 suicide[11]
- 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.

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.

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.

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 breach[20] 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 reviews[29] 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
Controlling behaviours	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.
Access to weapons	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.
Use of weapon in most recent event	Use of a weapon indicates a high level of risk because previous behaviour is a likely predictor of future behaviour.
Has ever harmed or threatened to harm victim or family members	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.
Has ever tried to strangle or choke the victim	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.
Has ever threatened to kill victim	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.

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
History of professional involvement and/ or statutory intervention#	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]
Change in behaviour not explained by other causes#	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.
Child is a victim of other forms of harm#	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.

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 services[34] 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
  - 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.

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.

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 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.

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.

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.

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 perpetrators[55] 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
- 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.

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.

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]

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

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

- stereotyping people from LGBTIQ communities, including by mischaracterising their experiences based on heteronormative assumptions, minimising or colluding with 'mutualising' language[58] 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.

10.7.2 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).

10.7.3 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 culture[60] (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]

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.

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.
65 Ibid.

Examples of identified masculine norms for men in Western societies include[66]:

- 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
- connection[68] 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 STATISTICS[72]

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 disorder[83] 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, Vlais 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.

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]

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>.

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.

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.
- 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.

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 financial[102], 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.

106 Medical Treatment Planning and Decisions Act 2016 (Vic), ss 4, 7; *Guardianship and Administration Act 2019* (Vic), ss 5, 8, 9.

107 Service providers have obligations to provide reasonable adjustments for people with disabilities under the *Equal Opportunity Act 2010* (Vic).

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.
- 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.

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.

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 men[132]

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 Women[134] 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]

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.

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.

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 MacIsaac 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 issues[147]
- 84 per cent were either diagnosed or suspected to have mental illness[148]
- 83 per cent were recorded as having engaged in deliberate self-harm[149]
- 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 death[150]
- 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]

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.

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.

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 behaviours[168] 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.
- 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.

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.

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 violence[173]
- 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 sadness[174]
- 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 violence[175] 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 PTSD[178]
- 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 misidentification[179]

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.

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.

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.

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 held 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	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. 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. 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. 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.

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	*Privacy Act 1988* (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	*Children, Youth and Families Act 2005* (Vic)

Diverse communities	Diverse communities include the following groups: 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).
Elder	An older person, as defined below. 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.
Elder abuse	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'.
Family violence	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. 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. This definition includes violence within a broader family context, such as extended families, kinship networks and communities.
Family violence assessment purpose	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.
Family violence protection purpose	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).
FOI Act	*Freedom of Information Act 1982*.
Framework	The Family Violence Risk Assessment and Risk Management Framework approved by the relevant Minister under section 189 of the FVPA.

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	*Family Violence Protection Act 2008*.
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.

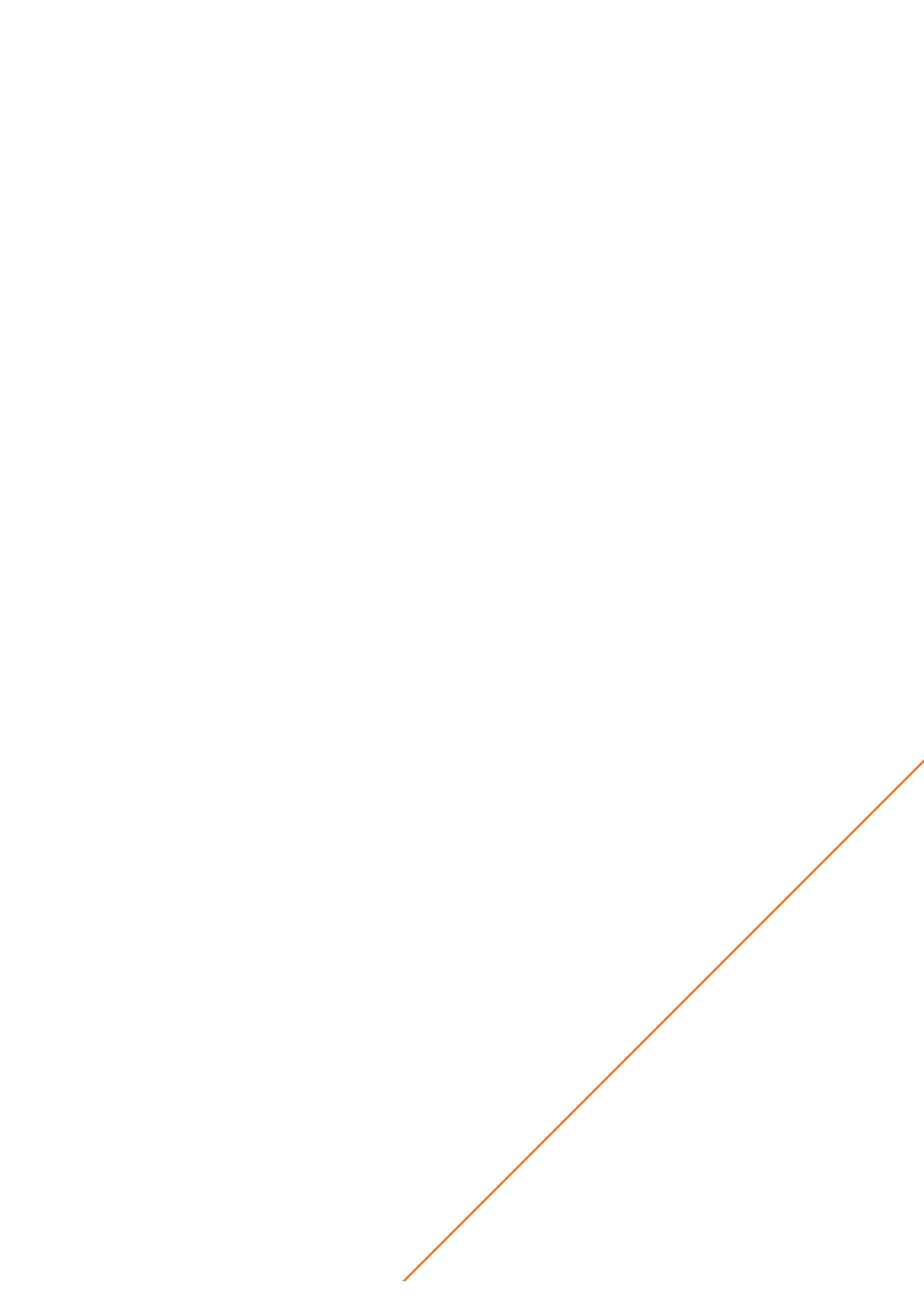
Misidentification	Where a victim survivor of family violence is named or categorised as a perpetrator (or respondent in criminal proceedings) for their use of self-defence or violent resistance, or as a form of defence of another family member, or where they are identified based on a misinterpretation of their presentation due to the impact of violence, mental health issues, influence of alcohol or other drugs, aggression towards policy 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	The process by which the perpetrator themselves acknowledges and takes responsibility for their choices to use family violence and work to change their behaviour. 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.
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	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. Risk management includes supports or interventions that promote stabilisation and recovery from family violence for victim survivors. Risk management includes responding to circumstances and presenting needs of perpetrators that reduce likelihood of use of related risk behaviours.

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	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. 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. 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)).
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 adult people using family violence

VICTORIA
State Government

RESPONSIBILITY 1

RESPECTFUL, SENSITIVE AND SAFE ENGAGEMENT

NOTE:

Only professionals and services who are trained are required to provide a service response to people using or suspected to be using family violence related to their use of violence.

The advice in this practice guide is for professionals in non-specialist services who may suspect or know a service user is using family violence.

The learning objective for **Responsibility 1** builds on the material in the *Foundation Knowledge Guide*.

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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.

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1 RESPECTFUL, SENSITIVE AND SAFE ENGAGEMENT

1.1 OVERVIEW

This guide supports you to create respectful, sensitive and safe engagement with people you know or suspect are using family violence.

This includes:

- keeping victim survivors and their lived experience at the centre of all risk identification and assessment
- using trauma and violence-informed principles in your practice
- recognising common presentations of people who use violence
- being aware of risks the person presents to victim survivors, as outlined in the Foundation Knowledge Guide
- maintaining professional curiosity and a non-judgemental stance when engaging with people using violence.

This guide builds on concepts in the *Foundation Knowledge Guide*.

When you engage with a person using violence in a respectful, sensitive and safe way, you support disclosure, facilitate identification and keep them in view of the system.

Responsibility 2 includes more information on **identification** of family violence risk.

Your organisation will also have its own policies, practices and procedures relevant to safe engagement, including worker safety.

Leaders in your organisation should support you and your colleagues 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 prioritise the safety and needs of victim survivors when engaging with a person who uses violence
- how to tailor safe engagement with Aboriginal people and people from diverse communities
- the importance of using a **person in their context** approach
- recognising and addressing barriers that impact a person's help-seeking for their use of violence and the safety of their family members
- safe engagement to build rapport and avoid collusion with people you suspect or know are using family violence.

1.2 ENGAGING WITH PEOPLE WHO USE FAMILY VIOLENCE

1.2.1 Engagement as part of Structured Professional Judgement

Reflect on the model of Structured Professional Judgement, outlined in Section 10.1 of the *Foundation Knowledge Guide* and in Figure 1 below, when working with people you suspect or know are using family violence.

Using this model supports you to put the victim survivor self-assessment of risk and their experience at the centre of your engagement with the person using violence.

Figure 1: Model of Structured Professional Judgement

Engaging with people who use violence helps to keep victim survivors safe.

It keeps people who use violence in view of the system and enables professionals to support them to address their needs, circumstances and behaviours that relate to family violence risk, which reduces risk for victim survivors.

Respectful, sensitive and safe engagement allows you to build rapport with people you suspect or know are using family violence. This increases the likelihood they will disclose their use of family violence.

Through safe engagement, you can observe behaviours and narratives that indicate likely use of family violence. Engagement also increases the chances the person will directly disclose evidence-based risk factors (discussed in **Responsibility 2**).

Further information about Structured Professional Judgement will be provided in each of the relevant chapters of the *Responsibilities for Practice Guide*.

1.2.2 Creating a safe and respectful environment to engage

REMEMBER

Professionals work with people who may be using family violence in many ways. If you do not have a specialist family violence role, your engagement with the person should aim to:

- obtain and share information that builds a complete view of the person's presenting needs and circumstances that may be linked to use of family violence
- not increase the risk the service user presents to adult and child victim survivor/s, themselves or others.

To create an environment where the person feels safe and respected to talk about their needs, circumstances and family violence behaviour, consider:

- the immediate health and safety needs of each person, including each person experiencing violence (adult or child) and the person using family violence
- the physical environment, including accessibility
- communicating effectively
- safely and respectfully responding to the person's culture and identity
- asking about identity and giving people the choice to engage with a service that specialises in working with Aboriginal communities or diverse communities
- undertaking cultural awareness training and connecting with local supports for advice and referral.

1.2.3 Why we use safe engagement with people using violence

Safe engagement with service users is a universal obligation of all professionals. This contributes directly to victim survivor safety by:

- keeping people using or suspected to be using family violence in view of the service system
- identifying and managing family violence risk
- improving capacity of a person using violence to change their behaviour.

Many of the skills and practices you already use will contribute to creating a safe and respectful environment for people who may be using family violence.

It is likely you already use trauma and violence-informed approaches, and you may have protocols for welcoming service users into your service in ways that reduce the likelihood of re-traumatisation.

These types of protocols create safety for all service users, including people you suspect or know are using family violence.

Safety in the context of working with Aboriginal people and people from diverse communities involves using culturally safe practices, including offering referrals to culturally appropriate supports and organisations.

You should also use secondary consultation with Aboriginal community or culturally specific services to ensure you are providing culturally safe responses.

1.2.4 Non-engagement and disengagement

Some service users may not engage with or disengage from the service system over time. These terms refer to:

- non-engagement – this is when you have been unable to engage or had minimal contact with a service user
- disengagement – this is when a service has commenced, but the service user does not continue, withdraws, misses appointments, rejects the service or engagement you are offering, or rejects what has been said to them. For example, people using family violence will often disengage when the crisis subsides and will minimise, deny or justify what has occurred.

Both outcomes provide information for your understanding and analysis of the service user's context and family violence risk.

Be aware of your personal biases when you determine whether a service user is open to engaging, is experiencing a barrier to engagement, is not engaging or has disengaged.

1.2.5 Limited confidentiality statement

During initial engagement, you should make sure the person understands how their privacy is managed in your service, including how you will protect, use and share their information as authorised under law.

Where a person is engaging with your service and you know or suspect they are using family violence, your service should have a clear limited confidentiality statement covering the ways their information can be shared without their consent. This includes assessing or managing family violence risk under the Family Violence Information Sharing Scheme, or as otherwise required under law where there is a risk to themselves or others.

You do not need to re-confirm their understanding of this statement before or after making a request or sharing information under the Family Violence Information Sharing Scheme or the Child Information Sharing Scheme.[1]

1 Services that are not prescribed under FVISS or CIS should consider how to seek consent from service users to share information under privacy laws.

Sensitive, clear and transparent engagement is important to keep the person who may be using violence engaged with your service and the broader service system.

Refusal or reluctance from a service user to agree to participate in your service with an understanding of limited confidentiality and authorised information sharing may indicate current or future family violence risk and must be recorded (See **Responsibilities 2, 3 and 7**).

Responsibility 6 has further guidance on information sharing and the 'limited confidentiality' conversation.

1.3 PRIORITISING IMMEDIATE HEALTH AND SAFETY

Your first priority is to establish whether a service user presents an imminent risk to adult or child victim survivors, themselves, third parties or professionals.

If there is an immediate risk, contact:

- the police or ambulance by calling 'triple zero' **(000)**, and/or
- other emergency or crisis service for assistance.

Assessing immediate safety includes:

- **Identifying that a threat is present**, such as from disclosure by a victim survivor or the person using violence, or information provided by another agency. This can apply to people known to be using family violence and people who do not have a known history of family violence
- Identifying whether the threat is an **immediate threat,** including situations where the service user has made a specific threat to a victim survivor, themselves, a third party or a professional and is able to access them to carry out the threat
- Determining the **likelihood and consequence if immediate action is not taken** to lessen or prevent that threat.

Actions to respond to an immediate threat may include:

- calling police or emergency services if required (as above)
- facilitating or encouraging access to medical treatment if you are aware the victim survivor or person using violence has sustained injuries or appears otherwise unwell. This may include if the service user does not present an immediate threat to others but requires immediate intervention for their own safety and wellbeing, such as being drug affected or experiencing an acute mental health crisis. Follow your organisation's procedures for establishing safety
- using **Section 3.10** and **Appendix 6** in **Responsibility 3** to identify common suicide, self-harm and family violence risk factors.

Responsibility 2 has further guidance on determining the immediate risk to safety a person using family violence may present to adult and child victim survivors, other family members, themselves or third parties.

Your service or organisation should have established policies and processes to manage an immediate threat. These may include calling security or other suitable personnel.

It may not be appropriate, safe or reasonable to engage further with the person causing the immediate threat until safety risks or health needs are addressed.

1.4 PHYSICAL ENVIRONMENT

The physical environment sets the context for establishing and maintaining rapport. This underpins effective risk identification, assessment and management.

You can create a safe environment by:

- making the service user feel welcome, that their cultural safety is important and that their identity will be respected (refer to **Section 1.6** and the *Foundation Knowledge Guide*)
- asking what they need to feel comfortable, increasing the likelihood they continue to engage with your service.

You could also consider the physical safety of the environment, including:

- removing objects that could be used as weapons
- separating waiting areas from consultation areas (if applicable)
- making sure there are different access points and times for people who are known to use violence and victim survivors (if applicable)
- being aware of exits and ways of moving between spaces, including for staff and other service users.

Do not ask a person known or suspected to be using violence questions about their risk behaviours in front of any adult, or child victim survivors in their care.

Use a private environment when asking about sensitive and personal information. This is critical to supporting safety and maintaining rapport.

If a victim survivor is present, your organisation should have policies and procedures for safely separating them to provide a private space for conversation.

You can also create a culturally safe, respectful and accessible physical environment by:

- not using stigmatising signage or language (for example, do not include the word 'perpetrator' in any room signage)
- displaying artwork that is hopeful, empowering, recovery focused and culturally diverse
- displaying acknowledgment of the Aboriginal custodians of the land upon which your service is located
- displaying a rainbow flag and flags recognising other identities and communities
- having safe and accessible parking.

The benefits of providing a safe environment for people who may use family violence include:

- reducing their resistance to engaging with services and support, and promoting their capacity to seek help
- increasing their motivation and self-efficacy to make positive changes
- reducing their perception of 'unjust' persecution, such as by the 'system'. This perception is sometimes called a 'victim stance'.

1.5 COMMUNICATION

REMEMBER

You must not share any information about a victim survivor with the person suspected or known to be using violence. They must not be able to access any information your service may have about the victim survivor. This can escalate risk for victim survivors.

The person using violence may not be aware that the victim survivor or another family member has used your service, or another service.

This means you must not indicate – or allow the person using violence to infer – that you have information that originated from the victim survivor.

Communicating appropriately with people who use family violence is essential for establishing a safe and respectful environment.

To build trust, you should provide key information about what you and/or your service is there to provide, and set clear expectations.

Many of the skills that you already use in your role will help you establish a safe and respectful environment.

As a priority, make sure the service user can communicate with you, and address any barriers to communication, including using plain English resources. Make adjustments or identify supports for people with disabilities that affect their communication.

1.5.1 Addressing barriers to safe, respectful, and responsive communication

People's lives and identities are complex. Service users may face multiple barriers to engaging with your service.

These may include the circumstances or reasons why a service user is engaged with your service – such as being mandated to or having voluntarily accessed your service.

You should also understand how discrimination, structural inequality and barriers affect Aboriginal people, people from diverse communities, and people from at-risk age cohorts (refer to **Section 12** in the *Foundation Knowledge Guide*).

Considering these factors with an intersectional lens supports you to identify and respond to barriers to engagement.

These barriers may arise from a lack of specific responses to the service users diverse needs – including culture, language proficiency, identity, gender, physical and cognitive abilities and other needs.

Barriers may also arise from a lack of training for staff in identifying co-occurring issues, such as poor mental health, alcohol and other drug (AOD) use or homelessness.

The following examples show how to address common barriers to communication:

- 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 the person using or suspected to be using family violence. You can avoid identifying names or use an interstate interpreter. Where possible, offer an interpreter of the same gender as the service user. Children, family members and non-professional interpreters should not be used. It is essential to ensure the service user understands the information available to them, using plain English and other forms of communication where necessary.
- Some service users may be more comfortable with a professional from their own community or cultural group or with a support person present. Ask the person about their choice of service and refer and/or engage by secondary consultation with services that work with the service user's community. Continue to use reflective practice in your consideration of culture and the impact of dominant white culture on engagement barriers, and how you can adjust your practice to support safe engagement.

- Aboriginal and Torres Strait Islander people may feel more comfortable if your service or organisation has Aboriginal or Torres Strait Islander staff. You should also consider being less rigid in your intake approach, physical setting and time constraints. Your agency's reputation and history regarding child removal or negative engagement with Aboriginal people may affect the level of trust you can achieve. Understanding context and using similar language to the service user is essential.[2] Use engagement approaches that incorporate narrative counselling techniques. Consider past and current impacts of colonisation, displacement, historic and ongoing child removal, trauma and racism.[3]
- Make sure the person can access any communication adjustments or aids if they have a disability affecting their communication or other communication barriers and confirm that they understand the information provided to them. If the 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. (This includes any augmented or alternative communication support, such as equipment or communication aids.) If the person has an existing augmentation or alternative communication support plan in place, you should engage directly with them, with help from a support worker, advocate or other communication expert, if required, to help you navigate its use.
- If the service user has a cognitive disability or requires communication adjustments, it is important to work on the assumption they have capacity to engage and adapt your service to overcome any communication barriers. Talk to the person directly – rather than through their nominated advocate, support person or carer. Take the time you need to work with the person at their pace. This will help to build trust and rapport and support disclosure of information. If required, you can consult with the Office of the Public Advocate for further advice.
- Gender-sensitive policies and procedures will improve your service's accessibility. More service users will feel welcome if your organisation's forms, resources and approach is inclusive of all gender identities.

A commitment to continuous improvement, professional development and reflective practice will strengthen your ability to engage safely with all service users and minimise barriers to communication.

Section 10.3.1 of the *Foundation Knowledge Guide* has detailed information on applying an intersectional analysis when working with people using family violence.

1.6 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* and **Section 1.12** of this chapter include 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 Using the language of the client is an essential part of meeting them where they are at. This practice must be used alongside a balanced approach to engagement, that supports professionals to recognise and address invitations to collude.

3 Day A et al. 2018, 'Assessing violence risk with Aboriginal and Torres Strait Islander offenders: considerations for forensic practice.' *Psychiatry, Psychology, and Law* 25(3), 452–464.

All people have a right to receive a culturally safe and respectful service. This means:

- respecting Aboriginal people's right to self-determination
- not challenging or denying 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.

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 **Section X** of the *Foundation Knowledge Guide*. 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', but rather to ask who should be considered in risk assessment and management.

1.7 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.

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.

You should be mindful of how this might affect a service user's actions, perceptions and engagement with the service.

Acknowledge the impact these experiences may have had on the person, their family or community. Assure the person that you will work with and be guided by them. Affirm your commitment to providing an inclusive service and minimising future discriminatory impacts in their engagement with you.

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, close family. Assessment of Aboriginal children must support cultural safety and take into account the risk of loss of culture.

You can find out more about cultural safety, Aboriginal identity and experience in **Section 12.1.4** of the *Foundation Knowledge Guide*.

People who have diverse individual and social identities, circumstances or attributes may not choose to disclose these to you unless they trust you and feel a rapport with you.

You can support disclosure by never assuming how the person and their family members 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 lets the person know you provide an 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**).

You should offer Aboriginal people, people from culturally, linguistically or faith-diverse communities, or LGBTIQ people specialised supports as needed.

This may comprise bilingual and/or bicultural supports. Support from a trusted family or community member, or a group such as an Aboriginal men's behaviour change group, may provide a crucial support to engagement and sustainable change.

However, do not assume a person would prefer to access a specialist community service. Aboriginal people and people from diverse communities may want to engage with a mainstream service due to confidentiality.

A warm and safe referral to a community service that you have a direct connection and relationship with will assist the service user to engage with an appropriate service. **Responsibilities 5 and 6** (information sharing, secondary consultation and referral) provide more on this.

1.8 BUILDING RAPPORT AND TRUST

Building rapport and trust with service users is the responsibility of all professionals.

Building rapport and trust with a person you know or suspect is using family violence supports their continued engagement with your service, which provides opportunities to identify, assess and manage family violence risk.

Reflect on the key concepts for practice when working with people using family violence in **Section 10** of the *Foundation Knowledge Guide*.

Some people who use family violence may present to services as defensive, wary and self-justifying.

To minimise this while increasing their engagement, consider ways to bring together a trauma and violence-informed approach, culturally safe and responsive practices and authentic communication styles.

This can indicate to the person using violence that you will listen and be present with them and uphold their dignity throughout your engagement.

Do not mistake a trusting relationship for an objectively uncritical one. A core goal of building rapport and trust is to create an environment where family violence narratives and behaviour are easier to identify.[4]

To assist with balancing engagement and rapport building while avoiding collusion, you can also seek supervision and collaborate with managers and colleagues for guidance on particular situations and your approach.

4 Kozar C 2010, 'Treatment readiness and the therapeutic alliance', *Transitions to better lives: offender readiness and rehabilitation*, pp. 195–213.

Consider if it is appropriate to engage with a service that can provide culturally specific expertise to support your approach.

Key methods to building rapport and trust include:

- Ask open-ended questions to start the conversation. This might include questions about the person's day, feelings about coming to your service, or what they might be hoping to get out of the engagement.
- Explain your role, including being clear that assessment of risk (as applicable) is part of your role.
- State your obligations under legislation – including information sharing authorisation. See limited confidentiality statement in **Section 1.2.5**.
- Invite collaboration, for example, 'I was wondering if you could help me understand …'.
- Be conversational in your assessment – listen for risk-relevant information, and avoid a call-and-response dynamic, in which you go through a list of questions and the person provides yes/no or one-word answers. The more natural the conversation, the more genuine the person's response is likely to be.
- Listen for points of tension or discomfort. What topics does a person avoid or gloss over?
- Do not ask 'why?' questions. This type of questioning is often experienced as judgement or rejection, especially if the person using violence is experiencing shame.
- Be curious and match your service user's language, while avoiding colluding with invitations to minimise or excuse violence.
- Understand the person's context. Be aware of how they express their identity and situation. Be aware of experiences of structural inequality, oppression and discrimination that create barriers to engagement.
- Be aware of how power is operating in the situation. Consider your own identities, culture, assumptions and biases, and your own place in the service system's creation of structural privilege and power.
- Be mindful of barriers associated with language, cultural meanings and understanding of Australian legal systems for some people from culturally, linguistically and faith-diverse communities. Addressing these, and considering your own culture and dominant cultural assumptions (if applicable), can be an important starting point for rapport building.
- For Aboriginal people, narrative approaches, including sharing of connections, selective sharing of some of your story and deep listening, may be important in gaining trust.

Note that while creating a safe, respectful and non-judgemental environment is key to risk assessment and management processes, there will be times when you are required to take action without the service user's knowledge or consent, based on information shared with you from the service user or another professional.

1.9 PRACTICE APPROACHES TO SAFE, NON-COLLUSIVE ENGAGEMENT

Use the following approaches when engaging with people who use family violence:

- **Prioritise victim survivor safety.** All professionals must be aware of victim survivors' safety and wellbeing in their communication with people using violence. This includes professionals who do not have a role in asking questions about family violence.
- **Keep information provided by the victim survivor confidential from the person using violence.** Never disclose that you are aware of information provided to you or another agency by a victim survivor. This applies whether a person is suspected or known to be using violence. If a person using violence thinks the victim survivor has accessed a service, or provided any information, they may escalate their violence in retaliation or use the information to further intimidate and coerce the victim survivor.

- **Reflect that addressing the wellbeing, needs and family violence risk behaviours[5] with a person using violence can support them.** People using violence have values and goals for their family, relationships and themselves. A collaborative, respectful approach is more likely to support ongoing engagement and keep the person using violence in view, compared with a judgemental or confrontational approach. In communicating with people using violence, you should give the dual messages of acceptance of them as people with potential to change, while rejecting coercive or violent attitudes and behaviours and invitations to collude with them.
    - **Recognise that people who use family violence may seek you to collude with them.** Reflective practice can support you to identify whether a person using violence is engaging with your service to reinforce their position of control over the victim survivor. This includes by presenting as charismatic and caring. If a victim survivor feels your service may not believe them if they disclose violence, this may further isolate or demotivate them from seeking help. **Responsibility 2** has more guidance on responding to invitations to collude.
- **Reflect an open attitude and demeanour.** Maintain a curious and open approach when you are learning about a service user's family life and other aspects of their lives. Each person comes to a service with their own history, experience, needs and circumstances. The more you learn about the person's life, the more information you will have to support effective risk identification, assessment and management opportunities.

5 Specialist family violence services work with known perpetrators about their use of violence. Other services play an important role in keeping a perpetrator in view, which supports ongoing risk assessment and management. Specific services address specific risk factors, such as drug and alcohol services.

1.9.1 Professional curiosity

Professional curiosity is the capacity of professionals to hold a non-judgemental approach while exploring what is happening in the person's life.

You can do this by seeking clarification or more information to help build an understanding of the person's life, relationships and experiences. You can also observe their narratives, behaviours or changing presentation over time.

Patterns of family violence behaviour emerge more easily when you give the person using violence space to tell their story.

This does not mean you should believe the person is telling the absolute truth. You should reflect on the experiences of victim survivors as you contextualise the information shared with you.

Holding the victim survivor experience at the centre, you can use professional curiosity and careful questioning to guide the direction and parameters of the engagement. You can then identify risk and opportunities to manage it.

Professional curiosity helps you to:

- set up a professional and respectful relationship
- set expectations for behaviour and engagement
- demonstrate you are willing to hear and work with the person, regardless of their behaviour
- place boundaries around the behaviour as part of, and not intrinsic to, the person
- create a sense of trust and transparency in your work together.

Being open-minded and non-confrontational with the person will foster a sense of trust and minimise the likelihood of risk to victim survivors to escalate.

1.9.2 Respectful and non-judgemental approaches

Research shows that people who use family violence often feel **shame** or **embarrassment** at the idea of seeking help for violent and abusive behaviours.[6]

This can lead to avoiding help-seeking, which is often linked to attitudes about traditional gender roles and behaviours – in particular, expressions of masculinity that do not include showing emotion or concern for other men.[7]

People using violence are more likely to engage if they believe that you as a professional and your service are trustworthy and can offer support in a non-judgemental way.

People who use family violence are unlikely to disclose or discuss their behaviour if they feel judged, disrespected or dismissed.

This means they will be more likely to minimise or deny their use of violence, disengage from the service system, and not seek help now or in the future.

To keep the person in view of services and engaged with supports, your conversations should:

- be respectful and non-judgemental
- include professional curiosity
- be non-reactive to the person when you hear behaviours or narratives that are concerning
- use a strengths-based approach.

Strengths-based and healing approaches can be particularly important for Aboriginal people using violence who may be disconnected from country and culture. Cultural strengthening serves as a critical protective factor against violence.[8]

6 Hashimoto N, Radcliffe P, Gilchrist G 2018, 'Help-seeking behaviors for intimate partner violence perpetration by men receiving substance use treatment: a mixed-methods secondary analysis', *Journal of Interpersonal Violence*. doi: 088626051877064.
7 Ibid.
8 Department of Health and Human Services 2018, *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families,* State Government of Victoria, Melbourne.

1.9.3 Strengths-based approach

Using a strengths-based approach when engaging with service users does not mean ignoring the risk you or another professional have identified.

Strengths-based practice takes different forms, depending on your role and responsibilities, including:

- recognising the capacity for change (which may inform your referral options)
- identifying protective factors and sites of support that can be drawn upon for safety planning. For Aboriginal people, this includes discussing healing approaches and connections with community, culture and whole of family[9]
- noticing when the person tells you their presenting needs or circumstances related to their risk behaviours are unmet
- identifying internal and external motivation (when considering referrals, risk management actions, and ways to develop their insight and capacity to engage with change work)
- recognising resilience and other individual and community resources that support risk management and change efforts. When working with Aboriginal people, this means you should also practice in a way that values the collective strengths of Aboriginal knowledge, systems and expertise.[10]

9 Where safe to do so, ensure the victim survivor also has case management and wrap around support.
10 Department of Health and Human Services 2018, *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families,* State Government of Victoria, Melbourne.

1.10 COMMON EMOTIONS AND THOUGHT PATTERNS OF PEOPLE USING VIOLENCE ENTERING THE SERVICE SYSTEM

People who use family violence experience a range of emotions when entering the service system. These emotional processes may produce defensiveness or 'resistance' to engaging with you or your service.

Be aware of these common presentations among people who have used family violence and consider your response in order to support safe engagement.

Table 1 lists common emotions and corresponding thought patterns.

Table 1: Common emotions and thought patterns of people using or suspected to be using violence upon entering services

Fear	What is going to happen to me? What is this all about?
Anger	I shouldn't have to be here. These people don't understand me.
Shame	I am a bad person and I am unworthy of help.
Resentment	Just wait until I get back at my family member who reported me. I need to stop them spreading these lies.
Suspicion	These people are out to get me. Who has [victim survivor] been talking to?
Confusion	Why is this person so interested in me? What have I done? What do they want from me?
Hopelessness	Nothing will ever get better, it would be a waste of time to try. [Victim survivor/court/child protection] won't let me see my children, and there is nothing I can do about it.

1.10.1 Victim stance

People who use family violence may have feelings that they are the 'true victim', which is sometimes referred to as taking a 'victim stance'.

Many people using violence may not recognise they need to address a problem, and if they do, the problem they recognise is unlikely to be the family violence risk they themselves present.

For example, this narrative is common where a system intervention or relationship breakdown related to their family violence has resulted in them being prevented from returning to the family home or seeing their children.

This victim-stance positioning may be in the form of inviting collusion from professionals as a tactic of systems abuse, such as through making false reports against a victim survivor to police, courts or Child Protection.

This may also occur if the person is in a caring role and is using violence towards the person they are providing care for, such as an older parent or person with a disability requiring care and support (who may or may not also be an intimate partner).

The person in this situation may consider themselves a 'victim of circumstance' and feel resentment about their caring role.

They may have no or limited insight into their behaviour, or they may have a limited understanding of a need for change.

1.10.2 Limited self-awareness

People using family violence may acknowledge or have some awareness of the impact of their violent or abusive behaviours. However, they are unlikely to recognise their use of violence as a choice or take responsibility for behaviours used to coerce or control victim survivors.

Instead, they are more likely to view their violent and abusive behaviour as a 'relationship problem' or a problem caused by other factors, such as use of alcohol and other drugs.

Similarly, the use of violence may have become normalised over a period of time. They may frame the violence as 'this is how we interact'. This affects their ability to identify their behaviour as violence, and it may be a barrier for the victim survivor to report the violence.

This is why voluntary, overt disclosures of family violence perpetration are rare, and where they do occur, these disclosures do not reveal the full extent of family violence risk.

Your engagement with a person using or suspected to be using violence is an essential component of developing an understanding of family violence risk in a given situation.

1.11 KEY METHODS FOR TRAUMA AND VIOLENCE-INFORMED PRACTICE

Reflect on information in the *Foundation Knowledge Guide* about trauma and violence-informed practice.

Use the following approaches when engaging with people using violence:

- Remain curious and interested in the person, listen to what they say and be aware of their non-verbal **trauma response cues**. Invite them to take their time or breaks when needed.[11] Be alert to signs they are agitated or 'zoned out'. This may indicate they are experiencing the effects of trauma or may indicate heightened risk to the victim survivor. For their own safety, as well as that of victim survivors, make sure they are emotionally safe when they leave.
- **Build trust** by listening to them respectfully and learning about their life experiences. This will help you to tailor your response to them. It provides context for their use of violence, not a justification for it.
- Provide opportunities for **choice** during your engagement. For people using violence, who may not have chosen to engage with you or your service, you can build small choices into your process, such as how often and where to meet, how they would like to be communicated with, and being asked what they think would support them to engage with you.
- **Collaboration** means doing things **with** a service user instead of **for** them. Support them to express what they want for their life and set expectations about what your service can do to support them to be safe and respectful in their relationships and stop their use of family violence (or address their presenting needs linked to family violence). Explore the person's life goals and the sort of person/partner/parent they want to be. This may create or renew a positive narrative and hope and increase their motivation to change.
- **Empowerment** is critical in correcting the power imbalances created by interpersonal trauma. People using violence use power and control over family members, but they too may have a sense of disempowerment from past trauma experiences. Building on a person's self-efficacy to change, rather than focusing only on 'problems', is essential.[12] Empowerment should focus on pro-social/antiviolence strengths. This can be particularly important for Aboriginal or other cultural groups who have experienced historic or recent disempowerment by society (for example, colonisation, experience of systemic discrimination, child removal).

11 Kezelman and Stavropoulos 2018, *Talking about trauma: guide to conversations and screening for health and other service providers,* Blue Knot Foundation, p. 60.

1.12 REFLECTIVE PRACTICE AND RECOGNISING BIAS WHEN WORKING WITH PEOPLE USING FAMILY VIOLENCE

When engaging with people using family violence, you should maintain a critical awareness of:

- your role and responsibilities within the system
- the depth of engagement and intervention within your role or service
- how your reflective practice and awareness of biases in your engagement may contribute to stronger risk management, or conversely, where it is absent, may inadvertently contribute to risk
- how your own biases might be used by people using violence in their invitations to collude.

12 Wendt et al. 2019, *Engaging with men who use violence: invitational narrative approaches,* ANROWS Research Report, Issue 5, p. 27.

Reflecting on professional biases and agency-level responses can help professionals and services address issues of discrimination and marginalisation and increase opportunities for service engagement.

In particular, you can identify barriers to access for a person using or suspected to be using violence by considering:

- how you can allow people who use violence to access resources and professional support
- how service exclusion, such as withdrawing services, can increase risk to victim survivors by reducing the visibility of the person using or suspected to be using violence within the system
- how communication styles, such as confrontation and direct challenging of a person using or suspected to be using violence, can reinforce already held strong feelings about system injustices and increase service disengagement.

Biases can lead to increased risk for victim survivors as well as people using family violence. Unconscious and conscious biases about a person's use of violence, identity or circumstances may limit capacity of professionals to observe narratives or behaviours that can indicate use of violence.

You should engage in reflective practice by considering how these might affect your decisions, capacity and willingness to engage with people using family violence, and approaches to applying Structured Professional Judgement.

When seeking to identify conscious and unconscious bias, you can consider:

Table 2: Examples of conscious and unconscious bias

Examples of unconscious bias	Examples of conscious bias
... Stereotyping a person using or suspected to be using violence and victim survivors based on appearances and white heteronormative assumptions of intimate partner violence. ... Believing that men cannot be the victim of family violence, refusing to conduct risk assessment and provide service responses.	... Believing the person using family violence is not deserving of the time or effort of engagement because they cannot and will not change. ... Thinking that all people using or suspected of using violence are 'monsters' and the only way to respond to them is through punishment. ... Thinking that engaging with a person using or suspected of using violence should be secondary to efforts to work with victim survivors.

1.13 RESPONDING WHEN YOU SUSPECT A PERSON IS USING FAMILY VIOLENCE

Throughout your service provision, it is likely you will come into contact with service users you know or suspect are using family violence.

This may be indicated by the person's narrative or behaviours, such as overt or subtle disclosures, or information shared by another service or organisation.

A person using violence may use collusive tactics to try to align you with their position, in order 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. These behaviours are outlined in **Section 10.5** of the *Foundation Knowledge Guide* and in perpetrator-focused **Responsibility 3**.

Identifying who is perpetrating family violence can be complex.

In order to respond safely when you suspect a person is using family violence, you should understand:

- narratives that indicate family violence
- when it is safe to ask questions or when to simply observe
- why a person using or suspected to be using violence may not be aware their behaviour is abusive or violent.

Guidance on understanding misidentification of victim survivors and people using or suspected to be using violence, and identifying predominant aggressors is outlined in **Section 12.2.1** of the *Foundation Knowledge Guide* as well as in **Responsibilities 2, 3 and 7**.

If you suspect a person is using family violence, **you should not engage with them directly about 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 **Responsibilities 5 and 6**).

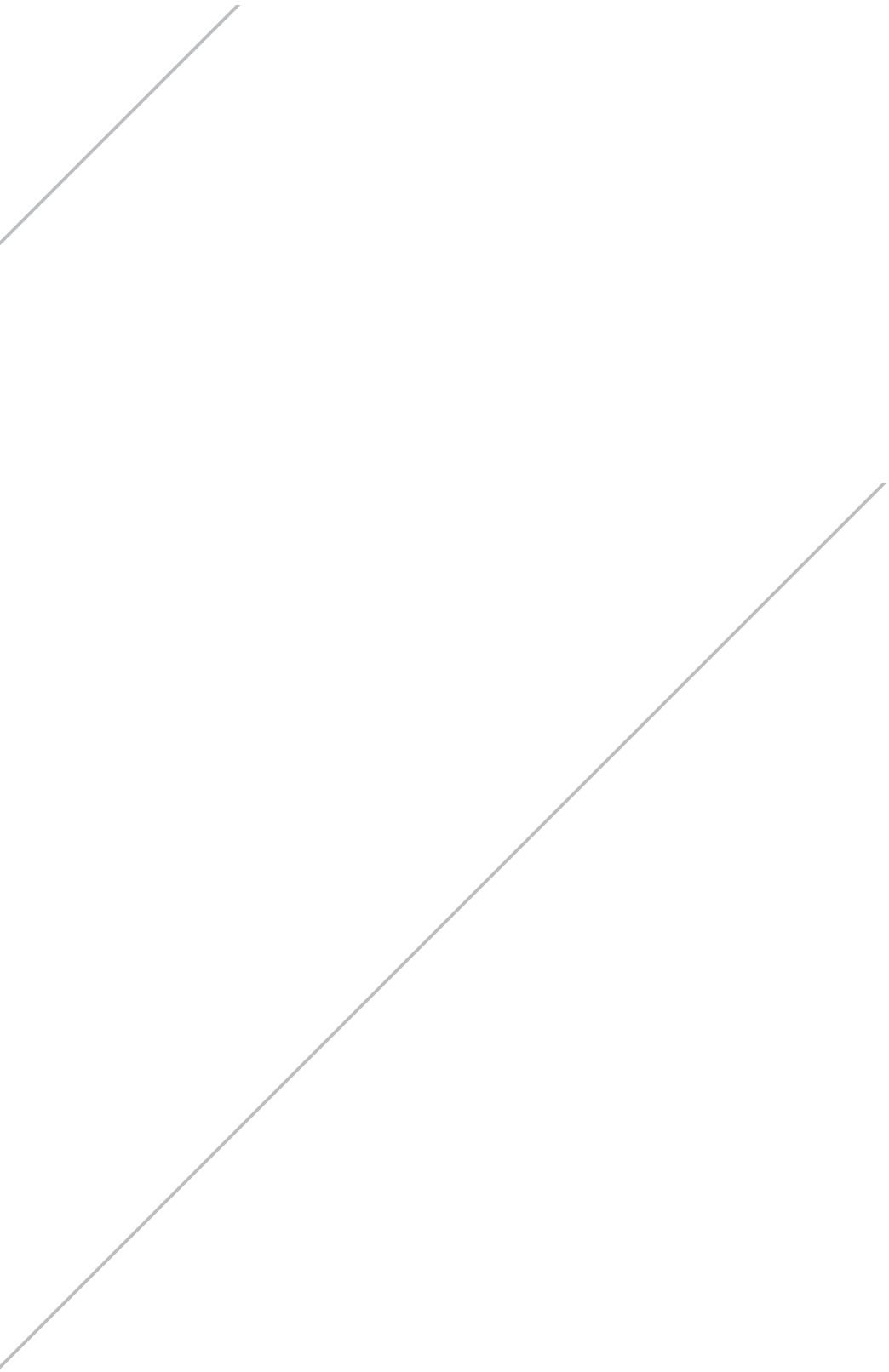
You can also talk with other professionals in your service who have a role in working with people who use violence, or contact a specialist family violence service with expertise in assessing risk, and who can safely communicate with a person who may be using violence to engage them with appropriate interventions and services, such as behaviour change programs, explored further in **Responsibilities 3 and 4** and/or **7 and 8**.

1.14 NEXT STEPS

Responsibility 2 provides guidance on identifying narratives and behaviours linked to evidence-based family violence risk factors.

All professionals who suspect that a person is using family violence should use the guidance in **Responsibility 2**.

Responsibilities 3 and 4 provides guidance on asking questions about presenting needs and circumstances related to family violence risk factors (risk-relevant information) and exploring motivation to manage risk is in.



MARAM PRACTICE GUIDES

RESPONSIBILITY 2: IDENTIFICATION OF FAMILY VIOLENCE RISK

Working with adult people using family violence

VICTORIA
State Government

RESPONSIBILITY 2

WORKING WITH PEOPLE WHO USE FAMILY VIOLENCE

NOTE:

The advice in this Practice Guide is for all professionals. It will help you identify and reduce family violence risk while working with service users to address their other needs.

Do not engage a person directly about their use of family violence unless you have been trained to do so.

The learning objective for **Responsibility 2** builds on the material in the Foundation Knowledge Guide and in **Responsibility 1**.

2 WORKING WITH PEOPLE WHO USE FAMILY VIOLENCE

2.1 OVERVIEW

This chapter helps you identify narratives and behaviours that may indicate a person is using family violence.

You should use this guide when you suspect a person is using family violence, but this is not yet confirmed.

This guide also helps you determine what else you need to do, such as further assessment or information sharing.

Section 2.2 outlines the observable signs and narratives that may indicate the use of family violence. **Section 2.3** guides you on using the Identification Tool to document these indictors.

Sections 2.11 and 2.12 explain how to respond when you suspect family violence is occurring.

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*
- understanding how to identify indicators a person is likely to be using family violence by observation of common narratives and behaviours, including denial, minimisation, justification and externalisation of responsibility for violence
- understanding when it is safe to ask about presenting needs and circumstances, with awareness that they may be linked to likelihood, change or escalation of family violence risk behaviours
- using information gathered through engagement with service users and other providers via information sharing, to identify observable narratives and behaviours indicative of family violence perpetration and potentially identify people using, or suspected to be using, family violence. **Responsibilities 5 and 6** discuss information sharing laws and practice in more detail.

REMEMBER

To ensure safe and effective responses that support the safety of victim survivors, people using or suspected to be using family violence, staff, and other community members, it is important that you understand your role in the MARAM Framework.

You should only engage with people using or suspected to be using family violence **about their use of violence** if you have been trained to do so. Engaging a person about their use of violence can increase risk for victim survivors when not done safely.

Depending on your responsibility within the Framework, it may be your role to **observe** signs of family violence only, so you can share this information with other agencies.

In some circumstances, professionals will be required to engage directly with a person using violence to explore the family violence risk they may present.

2.1.1 Who should use the Identification Tool?

Appendix 2 contains the **Identification Tool** as a stand-alone template. **Section 2.3** below provides instructions for use of the Identification Tool.

All professionals have a role to identify signs of family violence. You should use the **Identification Tool** when a service user's narratives and behaviours indicate they may be using family violence.

The tool includes narratives and behaviours you might observe in the context of family violence across all relationship types, including towards Aboriginal communities, diverse communities and for older people.

Narratives such as denial, minimisation and blame are common, but variations in language and behaviour can vary across different identities and communities.

You can use the Identification Tool at any point of professional or service engagement. In service settings where a person has multiple contacts, you and other professionals may identify narratives or behaviours indicating family violence over time.

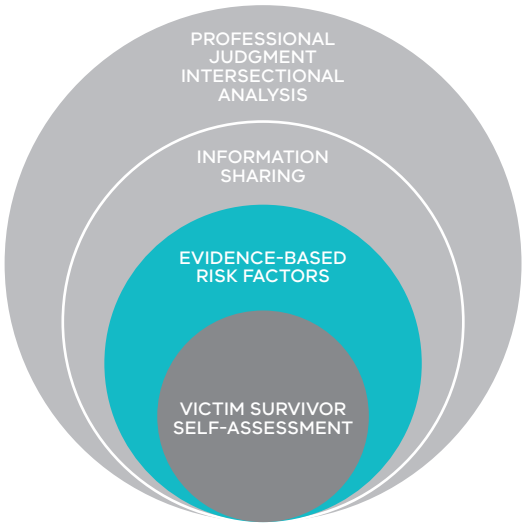
Narratives and behaviours that indicate family violence risk will inform your professional judgement about how to respond.

2.1.2 Structured Professional Judgement during the identification stage

Reflect on the model of Structured Professional Judgement outlined in **Section 10.1** of the *Foundation Knowledge Guide*.

Observing a person's narratives and behaviours is the first step towards identifying whether evidence-based risk factors are present. This can be further informed by risk assessment (**Responsibilities 3 and 7**) and information sharing (**Responsibilities 5 and 6**).

Figure 1: Model of Structured Professional Judgement



In the course of your work, you may encounter service users who present with beliefs, attitudes or behaviours that indicate they may be using family violence. In some cases, they may also (intentionally or unintentionally) disclose acts of family violence.

Applying a **victim-centred lens** when listening to a person's narratives or observing their behaviours, will assist you to think about the victim survivor's experience of these attitudes and behaviours.

This will support you to keep victim survivors' experiences of risks at the centre when you apply Structured Professional Judgement.

2.2 IDENTIFICATION OF FAMILY VIOLENCE NARRATIVES AND BEHAVIOURS

In any service delivery environment, you should always be aware of the possibility that a service user may be using family violence.

Some service users' narratives and behaviours will be a direct disclosure of their use of family violence.

However, it is more common for their narratives and behaviours to only **indicate** the presence of risk factors.

In some circumstances, you will need to seek and share information to confirm, or determine, your identification of risk.

REMEMBER

Adolescents who use violence need a different response than adults.

When you observe narratives and behaviours indicating family violence from adolescents and young people, you can still record these in the Identification Tool.

However, your response must consider their age, developmental stage, whether they are also a victim survivor of violence, and their therapeutic needs.

You should also consider the specific protective factors that will support their development, stabilisation and recovery (such as family reunification where it is safe to do so), as well as overall circumstances.

Refer to MARAM Practice Guides for working with adolescents using violence for more information. (These are still in development and are due to be released in 2021.)

Family violence is prevalent in all parts of our community and is often undisclosed and undetected.

Most organisations, services and sectors do not engage with people to directly change their use of family violence.

However, they do work with them in other capacities to meet their presenting needs.

Given the prevalence of family violence in the community, it is likely that you work with people who may be using family violence every day.

You may suspect a person is using family violence due to:

- the person's account or description of experiences, themselves and their relationships (their narrative) or behaviours towards family members or professionals – these may **indicate** use of family violence
- disclosures from family members or indirect disclosures of family violence behaviours from the person using violence themselves
- information shared by professionals, services or other sources.

The person's use of violence may be known, suspected or not yet identified by you or another professional or service.

The person may also be engaged with services that are directly or indirectly related, or unrelated, to their use of family violence, such as therapeutic services.

Table 1: Service awareness and roles in addressing a person's use of family violence

Awareness that person is using family violence	Service role in relation to family violence response	Example
Known to the service	Directly related	A professional is aware the person is using family violence, based on information shared, such as: ... their service engagement is due to court-ordered therapeutic need in relation to their use of violence. In this situation, the person knows the professional is aware they have used family violence ... direct disclosure of family violence behaviours from the person (whether they are aware their behaviours are identified as family violence or not) or
	Indirectly related	... disclosure from a victim survivor or information shared by a professional in another service, but the person using violence does not know the service is aware of this.
Suspected	Indirectly related	A professional suspects a person may be using family violence based on indirect disclosure. Narratives about beliefs or attitudes, or behaviours may indicate use of violence. In this situation, the person is not likely to be aware they are suspected of using violence.
Not identified	Either directly or indirectly related	A professional does not suspect a person is using violence, no information has been shared to notify them and no disclosure has been made. The person knows the professional is not aware they are using violence.

The identification process outlined in this Practice Guide will support your decisions about whether further risk assessment and risk management are needed (refer to **Responsibilities 3 or 7**).

REMEMBER

You should frame your engagement with the service user around your role and expertise.

By letting them know you can help them with the service that is your core role, you will have the chance to gain insight into patterns of behaviours. These include patterns within their interpersonal relationships and the narratives they use to describe family members, their circumstances, their experiences and themselves.

The more natural and conversational your engagement is with a service user, the more likely the service user will share information with you, some of which is likely to be risk relevant.

If service users start to feel interrogated, they tend to give 'yes'/'no' answers, shut down or tell you what they think you want to hear.

In some circumstances, this may lead to disengagement from the service and/or an increase in risk to the victim survivor.

Services and organisations should take steps to integrate identification of family violence risk into standard assessment practices.

At this early stage, you are not only identifying family violence risk, but also providing people who use violence with a positive service engagement to motivate them to continue seeking help and further engage with the service system (refer to **Responsibility 3**).

2.2.1 What are family violence risk factors?

Section 9 in the *Foundation Knowledge Guide* outlines the family violence risk factors with a short description.

Family violence risk factors are evidence-based factors that are used to identify:

- whether a person is experiencing or using family violence
- the level or seriousness of risk
- the likelihood of violence re-occurring.

Responsibilities 3 and 7 describe how to assess for risk factors, including determining the level or seriousness of risk.

2.3 HOW TO USE THE IDENTIFICATION TOOL

A stand-alone **Identification Tool** is provided in **Appendix 2**.

You can use the Identification Tool to record your observations of narratives and behaviours that may indicate a person is using family violence.

This tool may not be able to definitively determine the presence of family violence, without direct disclosure of risk behaviours.

However, it supports you to record information that you can analyse alongside other information. This includes information shared from other services, any disclosures (by the person using violence or victim survivor, if applicable), and any observations of direct use of family violence behaviours.

You are prompted to consider information sharing, and to apply Structured Professional Judgement to identify whether family violence risk is present.

You do this in the context of understanding the person's individual behaviours, presenting needs and circumstances.

The Identification Tool includes the following sections.

Intake information

Information about the service user (person suspected of using family violence) and, separately, information about the potential adult or child victim survivor (if known).

Section 1

Outlines the types of information you can record about your observations of the person's narrative and behaviours that indicate beliefs or attitudes commonly linked to the use of family violence. Observations may also be from a direct disclosure of using family violence behaviours.

Identifying narratives or behaviours linked to use of family violence

Observation	How to recognise beliefs or attitudes in narratives or behaviours
Observed: narratives that may relate to underlying beliefs or attitudes	Recognising narratives that may reveal underlying beliefs or attitudes that are pro-violence, discriminatory and/or are commonly associated with likely use of family violence. Be aware that narratives may **indicate** beliefs (things that a person feels are right or correct) and attitudes (how a person expresses beliefs). Socially constructed norms and expectations, identity, emotions, past experiences and behaviours reinforce beliefs and attitudes. Examples of beliefs and attitudes that are commonly linked to likely use of family violence include expressions of how a person uses power, structural inequality, barriers or discrimination in their relationships. For example, they may express patriarchal beliefs and attitudes indicating 'ownership' over their partner and children.
Observed: physical or verbal behaviour that may relate to the use of family violence	Recognising physical or verbal behaviour that may reveal the use of coercive control and violence, such as aggression, hostility or malice (in physical and/or verbal behaviour). Where these behaviours are not challenged, they reinforce the person's beliefs and attitudes, which are in turn expressed through future behaviour. For example, derogatory language about women, or anger about 'disrespect' shown to men or their position in the family.
Observed narratives: minimising or justifying	Recognising narratives that minimise or justify beliefs and attitudes, or physical and verbal behaviour. Be aware of the following: ... There is often a clash or internal conflict between a person's view of themselves and what their behaviour says about them. This minimising or justifying attempts to align this clash by projecting blame, guilt and responsibility for violence or its impacts onto others. ... The person using violence may intentionally minimise or justify their narratives and behaviour to mislead you about their use of violence for the purpose of control. Accepting this invitation to collude can lead to misidentification of the victim survivor. ... The person may hold a sincere belief in projecting responsibility onto the victim survivor.
Observed narrative or behaviour: practitioner experience (of the service user)	The person may use the above narratives or behaviours with you during a session or over time. You may experience invitations to collude or feel intimidated, manipulated or controlled throughout your engagement with them.
Immediate risk	The person using violence may make a direct or targeted threat against an adult or child victim survivor, a third party or any other person (including a professional). The person using violence may also indicate risk to their own safety.

Section 2

Identifying the person's presenting needs and circumstances can help identify and manage family violence risk behaviours.

This section includes considering the **person in their context** (refer to **Section 10.2.1** in the *Foundation Knowledge Guide*) to identify areas in the person's life that may be related to risk behaviours, or function as a protective factor.

Protective factors alone do not reduce risk. However, if present, they may help to promote stabilisation and mitigate change or escalation of risk behaviours.

Identifying presenting needs and circumstances that may contribute to risk behaviours or act as protective factors

Area of the person's life context	Needs and circumstances that contribute to risk or are protective
Identity/relationships/ community	Consider the person's context in terms of their identity, and relationship status or known dynamics, including: ... their identity (personal attributes and experiences) ... identities of, and relationships with, intimate partner (current/former), children, other family members. Consider broader social connection or sense of belonging to: ... friends or extended family network ... community, cultural or close social groups ... social networks, social media, clubs (may or may not include gangs or other affiliations). Consider if family, social and community connections indicate they reinforce pro-violence or discriminatory narratives or behaviours or rigid social norms and expectations. If they do not, then stronger connection may be protective factors.
Systems intervention	Consider the person's context in terms of any statutory or justice system interventions.
Practical/ environmental	Consider the person's context in terms of any (current or needed) connection to professional or therapeutic services or support for presenting practical or environmental needs and circumstances.

Section 3

Record whether risk is indicated as present and/or if immediate intervention is required for:

- adult or child victim survivors
- self (whether the person using violence is at risk of suicide or self-harm)
- professionals and community.

You can record the information you collect in the Identification Tool template over time. For example, you may observe narratives or behaviours across a number of engagements.

This section of the tool also asks you to:

- record if the tool was used to determine the predominant aggressor in response to suspected misidentification, and consider secondary consultation and referral if further assessment is required
- refer to the decision flow diagram (**Appendix 1**), providing response options where you identify family violence risk may be present, particularly if there is an immediate risk
- (if applicable to your role) consider whether you should undertake an intermediate risk assessment, or refer to another professional to undertake this
- consider whether information needs to be shared with another professional or service working with the service user and/or the victim survivor.

2.4 UNDERSTANDING THE CONDITIONS THAT SUPPORT FAMILY VIOLENCE PERPETRATION

Understanding the conditions that may be present and relate to someone's use of family violence is crucial for understanding intent and choice.

Four important conditions that can influence the likelihood of family violence perpetration are: social conditions, early life experiences, enduring beliefs and attitudes, and individual choice.

2.4.1 Social conditions

Societal understandings of family and gender create the social conditions for family violence.

These social conditions (which are always changing) create expectations of binary gender roles and narratives for acceptable and unacceptable behaviours of adults and children (for example, 'boys shouldn't cry').

When repeated in social spaces, such as the family home, schools, in media, workplaces and sporting clubs, these narratives become social norms that are reinforced over time.

Individuals internalise these roles and narratives to differing degrees and come to hold expectations of themselves and others that reflect these roles.[1]

We are all influenced by these broad social conditions.

Some people may define themselves by these social conditions and roles. For others, they may have a more subtle influence on self-concept and behaviour.

Some people may also challenge and subvert these expectations of binary gender roles.

Life experiences tend to determine how important certain roles and narratives come to be for individuals.[2]

1 O'Neil JM 2008, 'Summarizing 25 years of research on men's gender role conflict using the gender role conflict scale', *The Counselling Psychologist*, vol. 36, no. 3, p. 358-445.
2 Goffman E 1990, *The presentation of self in everyday life*, Penguin, Harmondsworth.

2.4.2 Early life experiences

One of the primary ways in which people learn is by observing the behaviour of others.

Early modelling during the first five years of life is particularly influential on long-term health and social outcomes across a person's lifespan.

Childhood exposure to family violence is one contributing factor to future perpetration of violence. It is not a determinant on its own.[3]

The models of behaviour that tend to be the most influential on children's own behaviour are those of parents and other important authority figures.

When children observe behaviour that is rewarded, or that results in a parent or other influential person getting what they want, they tend to replicate it. On the other hand, behaviour that is punished, or that results in a negative consequence for a parent or influential person, tends to be avoided.

For this reason, people who have grown up exposed to family violence may end up replicating the violence they have witnessed.

If violent behaviour has been modelled by a father, there is a particularly strong modelling effect on boys but not girls. This is because boys tend to emulate their fathers and girls tend to emulate their mothers.[4]

3 Other factors such as gender roles and stereotypes and violence-supportive attitudes are important factors discussed in this chapter. Factors including socioeconomic disadvantage, parental mental illness and substance use are also contributors to the likelihood of children who are exposed to family violence going on to use or experience family violence in future. Refer to RCFV, 'Children and young people's experience of family violence', Vol II, Chapter 10, p. 117; The RCFV noted that while. children who witness family violence are more likely to experience or use family violence in future relationships, 'a number of factors can mitigate the effects of family violence, including the presence of a supportive adult or older sibling, and the mother's positive mental health. Mothers play a vital role in mitigating the effects of family violence on their children'. Ibid., pp. 111, 117.

4 Eriksson L and P Mazerolle 2015, 'A cycle of violence? Examining family-of-origin violence, attitudes, and intimate partner violence perpetration', *Journal of Interpersonal Violence*, vol. 30, no. 6, pp. 945-964.

In order to cope with witnessing and/or experiencing violence in the home, victim survivors may minimise their experiences as a means of achieving emotional distance from these experiences.

This coping strategy over the short term may be adaptive, but over the longer term may result in the minimisation of violence in general and lead to desensitisation and normalisation of violence.[5]

This may stem from normalisation of a family and community environment of violence from a range of contacts in the person's early life, not solely from parents or immediate family.

2.4.3 Enduring beliefs and attitudes

People may come to hold **attitudes** that support family violence because they have:

- had early life experiences that modelled or normalised family violence or promoted being in control or dominating others
- been exposed to pro-violence, discriminatory or sexist social influences
- observed and learned from influential people (such as family and peers) to obtain power and control through the use of coercion, manipulation or violence.

These general **attitudes** come to be translated over time as beliefs about appropriate behaviour in family contexts. This includes beliefs about violence, women, gender and sexuality, intimate and family relationships, people from diverse communities, people with disability, older people and younger people.

If reinforced enough, these beliefs may then become rigid expectations for both the self and other people.

5 Chambers JC et al. 2008, 'Treatment readiness in violent offenders: the influence of cognitive factors on engagement in violence programs', *Aggression and Violent* Behavior, vol. 13, no. 4, pp. 276-284.

2.4.4 Expectations for self

Expectations for self are influenced by social conditions, early life experiences and our enduring beliefs and attitudes. They can also be influenced by our hopes and goals for the future.

Expectations often dictate how we (and others) **should** behave or feel. They are often internalised from dominant social norms.

For people using family violence, this may relate to setting expectations for themselves based on acceptable expressions of feelings and the use of communication and behaviours to solve problems – or the ability or need to control the world around them.

Men (in particular) may use violence because it has become normalised as part of the historical and rigid social norms about 'masculine' gender identity. These norms tend to view violence as an acceptable means of maintaining control, solving problems or expressing emotions.[6]

Additionally, in social contexts where violence is held as acceptable, people who use violence may view other ways of solving problems, such as dialogue and negotiation, as an unfamiliar, uncomfortable or unacceptable expectation for themselves.

Rigid expectations for self that are based on socialised norms can influence the choice to use violence and increase the likelihood of family violence risk.

All people are influenced by expectations for self in the way they enter and maintain relationships. These expectations will be different according to the person's identities, social conditions and other life experiences.

6 The Men's Project and Flood M 2018, *The Man Box: a study on being a young man in Australia*, Jesuit Social Services, Melbourne.

2.4.5 Expectations for others

The way people create expectations for self will influence how they set expectation for others.

Certain roles and scripts about gender, family and culture may become rigid expectations for others if these roles and scripts have been repeatedly reinforced in an individual's own life.

Depending on how the person views themselves in the world, they may enforce or ascribe meaning to others, based on their identity, constructs of roles within family and society, or privilege, age and ability.

People who use family violence may be so invested in these rigid roles that they use violence to enforce them.

2.4.6 Individual choice

The processes through which beliefs turn into behaviours are complex.

We all hold many beliefs that are not necessarily reflected in our day-to-day behaviours. For example, most of us believe it is important to be healthy, but this does not always translate into our behaviour, such as getting regular exercise or eating a balanced diet.

This is because there are multiple factors underpinning choice, or intention, that link our beliefs to our behaviours, including attitudes, perceived norms, and self-efficacy.[7]

2.4.7 Attitudes

Attitudes, described in detail above, refers to the person's judgement of a behaviour. In the context of family violence perpetration, this means the attitude that the person holds towards the use of family violence, overall, or specific behaviours and tactics.

7 Fishbein M 2009, *An integrative model for behavioral prediction and its application to health promotion: emerging theories in health promotion practice and research*, 2nd ed, Jossey-Bass, San Francisco, pp. 215-234.

2.4.8 Perceived norms

Perceived norms work alongside social norms.

A perceived norm is a person's subjective interpretation of the types of behaviour they believe would be deemed acceptable, or not, by others close to them. These individuals are likely to have great influence in the person's life, including close friends, parents and partners.

The more a behaviour is endorsed by peers, the more likely it is to occur.

2.4.9 Self-efficacy

Self-efficacy is the belief and confidence a person holds about their ability to carry out a specific behaviour, or influence or engage in events and situations in their life, to achieve a goal or solve a problem.[8]

In the context of family violence, the concept of self-efficacy can be used to understand the way a person using violence makes choices both about using violent, coercive and controlling behaviour as well as stopping or changing their behaviour.

A person's decision to use violence can be linked to their perceived confidence in their ability to carry out these behaviours.[9]

This is related to a complex combination of their beliefs and attitudes, their intentions or motives, learning that certain behaviours work to achieve their desired results, and the availability of opportunities and resources to use certain behaviours.[10]

A person's confidence in their ability to use family violence can influence their choice of the types of behaviours and tactics they will use and the amount of effort they will use to achieve them.

They may believe it is easy or difficult to use certain behaviours based on past experience as well as anticipated barriers.

8 Bandura A 1982, 'Self-efficacy mechanism in human agency', *American Psychologist*, vol. 37, no. 2, pp 122-147.
9 Ajzen I 1991, 'The theory of planned behavior', *Organizational Behavior and Human Decision Processes*, vol. 50, pp 179-211.
10 Ibid.

Professional curiosity

You should be curious about general attitudes expressed by service users and be aware of how they may translate into intentions or choices.

For example, some service users may express a belief it is appropriate to use physical violence towards a male relative, but not towards a female partner. Or they may believe that verbal abuse is normal but physical violence is unacceptable.

Approaching expressed attitudes with professional curiosity supports you to explore them further with the service user and increases the likelihood of uncovering family violence risk-relevant information.

Motivation to change

Self-efficacy plays an important role in supporting people using violence to increase motivation and change their behaviour.

For example, if a person has goals that motivate them to have healthy relationships (such as wanting to create an environment in which children feel safe and secure), the strength of their confidence can influence the types of actions they will take to achieve their goal (for example, engaging with a family violence parenting program), as well as the amount of effort they will commit to achieving them (such as practising new child-centred parenting skills).

As past experiences and perceived barriers can influence a person's confidence in changing their behaviours, you should seek to understand the person using violence's experiences and outcomes of previous interventions when setting goals and working with motivation.

Refer to **Responsibilities 3 and 4** for further information on understanding motivation and the process of change.

2.5 RECOGNISING FAMILY VIOLENCE NARRATIVES

Family violence is most often underpinned by core beliefs and attitudes developed through a combination of social norms and early life experiences.

These core beliefs are formed in childhood and are reinforced throughout development and into adulthood. The most important core beliefs related to family violence are beliefs about gender roles and violence attitudes, both of which tend to overlap.[11]

Remember, you can observe these narratives and record them in order to share risk-relevant information with other parts of the service system. **Section 2.6 to 2.7** provides information on how to ask questions to support further identification.

11 Levant RF 2011, 'Research in the psychology of men and masculinity using the gender role strain paradigm as a framework', *American Psychologist*, vol. 66, no. 8, pp. 765-776.

2.5.1 Common attitudes that indicate support for use of family violence behaviours

Refer to **Section 12** in the *Foundation Knowledge Guide* for information about common narratives across relationship types and communities.

This section outlines how to recognise a narrative that may indicate use of family violence. Guidance on recognising narratives that invite you to collude is outlined in **Responsibility 3**.

When you engage with a person, what they say (their narratives) about themselves, their relationships, other family members and their behaviours will give you an insight into their attitudes, experiences and the way they understand their use of controlling behaviours and violence.

The below examples of violence-supporting beliefs may be held consciously or unconsciously by people who use family violence.

Table 2: Narrative examples of violence-supporting beliefs

Common narrative	Reflection of violence-supporting beliefs
My partner is irrational.	(Often expressed with gendered language) May indicate beliefs about gendered roles, norms or expectations – may also relate to age or other identity as focus of negative commentary about capacity or mental illness
Things must be done my way.	May indicate beliefs about authority or role in decision making, and a need to control
Women/they can't be trusted.	(Often expressed with gendered language or language related to having power over a partner, children, older person, person with disability) May indicate beliefs about victims' capability or trustworthiness, such as common narratives about women being more promiscuous or needing to be controlled, or locating the family member as inferior
I can't control myself when I get angry. *I lost my temper.*	May indicate belief that anger cannot be controlled, or violence is a normal, legitimate reaction to anger
They got what was coming to them. *I've been pushed too far.* *If people push me, they deserve to be punished.*	May indicate belief that violence is an appropriate response, or they have a legitimate role or 'right' to discipline, particularly in response to times where victim survivors don't behave as expected (e.g. outside of their expected/imposed role)

Across all forms of family violence and family relationship types, there are **common themes** that a person's narrative may suggest.[12]

These include how a person talks about the following beliefs:

Narratives about their role in relation to their intimate partner, children and family relationships

A person may believe they should perform their family role in ways that are controlling or violent because that is their **right,** their **role** or their **obligation**.

A person may feel **entitled** to **control** aspects of another family member's life because of their position in the family, or where their position is reinforced by beliefs about binary **gender roles**.

The person using violence may state their behaviour is **justified**, and that the victim survivor 'deserved it', because they disrespected the person's authority.

These perceptions often coexist with and are enabled by **disrespectful** or **demeaning** attitudes about other family members (discussed in the next section).

Narratives about their position of power and entitlement to use coercive control or violent behaviour

The identity and experiences of a person using violence, particularly their early childhood experiences, influence their views and beliefs.

This includes beliefs about family violence, gender, gender roles/norms, children, family, family structure and role/position of family members, as well as views about how these are enacted in the community.

Often people using family violence perceive a victim survivor who is an ex/partner, child or other family member as 'lesser than' themselves in some way, and this is reflected in the way they **talk about them**.

It may be in language that reflects a belief in **ownership** over an ex/partner, child or family member.

These constructions of self, beliefs and attitudes about the world will influence their thoughts, behaviour and narratives which reflect the intent and choices they make to use violence.

This can be understood in how they view their behaviours in their family relationships and degree of entitlement to power and control.

A person using violence may use coercive controlling behaviours to target a victim survivor's **identity** or lived experience.

For example, if the victim survivor has a disability, a person using violence may control their access to money, support aids or services, as a way to maintain power over them.

Attitudes about power and **entitlement** may be informed by sexism, racism, ableism, ageism or trans/bi/homophobia.

This in turn, can provide an excuse for the person using violence to reduce the autonomy of another family member or compromise the other family member's rights to make their own **decisions and choices**.

Their attitudes and narratives may suggest they consider the family member to be **subordinate to them**, that they should be **dependent upon them** (also refer to victim stance), or they are **entitled to hold power over them**.

Listen for the way in which a person talks about other family members having reduced capacity or inability to exercise their autonomy.

12 These narratives are highlighted in the bold text descriptions here, and are listed in Section 1 of the Identification Tool.

Example

For people who use family violence, being in charge can define who they are, and showing weakness would mean losing or undermining their identity.

This may be reflected in how they present their privilege and entitlement-based beliefs or attitudes. They may view this role as defining who they are and what they are required to do, which in their perception justifies their use of violence.

Narratives and behaviours that reinforce this role might relate to decision-making 'rights', which are reflected in statements that show they believe:

- they make the 'best' decisions, or they won't 'let' partners, children or other family members make decisions
- family members 'can't' make decisions, or 'good' decisions. They may 'let' their family member make decisions and then belittle them or tell them that was a 'stupid' decision
- it's ok to make decisions without telling their family member, which may lead to undermining a family member's own capacity to make decisions.

This identity may relate to presumed binary gender roles, which often reflect gendered privilege and entitlement-based beliefs.

Invitations to collude might also be based on gender-identity. They may relate to the person's perception of you and your identity, and how they think these might influence you to accept their invitations to collude. For example, men using violence might invite collusion with male professionals via narratives of rigid gender stereotypes, sexism and misogyny.

Similarly, men using violence may also change their demeanour when engaging with a female professional. They may express sexist views, such as taking them or their professional advice less seriously, or commenting on their sexual attractiveness or 'availability'.

Understanding these aspects of identity and experience requires you to use a 'person in their context' approach. It supports you to recognise how the person using violence understands their own behaviour within the broader context of their life and experiences.

It can help you avoid invitations to collude (such as minimising or blaming others) while also showing you have heard their story.

Narratives denying, minimising or justifying controlling behaviours

Identifying narratives of denial, minimising and justifying is an important aspect of risk identification and assessment.

People who use family violence deny, minimise or justify their use of violence and their personal responsibility for it in order to maintain power and control over adult and child victim survivors, and to invite professionals to assess their behaviour as 'not serious'.

They may also do this to maintain a positive sense of themselves or cope with their own experience or trauma, particularly where they have experienced family violence themselves in childhood.

It is common for people using family violence to **deny** their behaviour is harmful or **minimise** their recognition of their use of abusive, violent and controlling behaviours. Denial and minimisation often extend to any sanctions they may face, such as intervention or parenting orders.

Often, the person using violence may seek to **justify** that their narratives indicating coercive controlling behaviour are 'understandable'. This includes using statements that place their behaviour as a reasonable response to a victim survivor's behaviour, experience or identity. You should not be drawn into agreeing with them that this narrative is the reason or cause for their use of violence.

All narratives that deny, minimise or justify violence mask the person's responsibility for their behaviour and the impact of their violence on victim survivors.

A victim-centred approach to identification and assessment will help you expand your field of reference from the person using violence to their family members and any others impacted by their use of violence.

This means being aware of the words or narrative the person uses to describe the situation, the victim survivor, and the level of disclosure or acknowledgement by the person using violence of their violent behaviours and abuse. You should consider the extent to which the person using violence empathises with others or cares about the impact of their behaviour.

Victim stance identified in narratives

Some people who use family violence will present themselves as victims.

They may explain their own trauma, experience of system interventions, role of caring for others or other circumstances in their life, to either present themselves as victims or justify their use of violence, e.g. 'it caused the violence'.

A person using violence may feel they are a victim of a role they didn't choose, such as being a carer for another family member. A person may describe this as a victim of circumstance situation.

People who have caring responsibilities may justify or attribute their behaviour as 'carer stress', or feeling that their caring work means they have additional responsibility or entitlement to control the person they are caring for.

They may present with narratives about the **virtue** of being a carer and their perceived self-sacrifice.

They may also express resentment for their carer role. This can include when a carer says they are violent due to their inability to cope with their caring role. They may also minimise or justify their behaviour based on the objective 'difficulty' or 'hardship' they experience performing the carer role.

They may attempt to frame coercive controlling behaviours as necessary or 'helpful' in the context of their caring role and the needs of the person they provide care to.

Recognising and responding to collusion includes identifying narratives related to victim stance. Refer to **Responsibility 3** for further guidance.

2.6 UNDERSTANDING WHEN IT IS SAFE TO ASK QUESTIONS AND WHEN TO OBSERVE ONLY

Unless there is a direct disclosure, professionals undertaking **Responsibility 2 should not** ask questions directly about perpetration of family violence. Instead, you should focus on recording observations and information sharing.

Direct questioning about family violence behaviours can increase risk unless you are a skilled professional working with sensitivity and in an appropriate setting.

A person using or suspected to be using family violence can react by threatening the safety of victim survivors, staff, other members of the community and themselves.

For **Responsibility 2**, you should only ask service users direct questions about observed narratives, behaviours or disclosures that relate to their suspected use of violence if:[13]

- it is relevant to the primary purpose of their engagement with you (for example, it relates to a presenting need or circumstance that is relevant to your service)
- each of you know they (the service user) are using family violence, for example:
  - they are attending your service due to a related referral or court order or
  - they have directly disclosed they are aware they are using family violence (as opposed to disclosure of behaviours that they are not aware are family violence)
- you can do so in a non-confrontational or non-accusatorial manner, ensuring your communication is respectful and curious to minimise feelings of mistrust or shame,[14] reducing the likelihood they become defensive or escalate their risk to the victim survivor.

13 Refer to the 'Service awareness and roles in addressing a person's use of family violence' table on p. 6.

14 Unpacking feelings of shame or guilt is the responsibility of specialist family violence practitioners.

REMEMBER

Do not share any information with the service user that you have received from a victim survivor.

A person using or suspected to be using family violence may presume or accuse a victim survivor of sharing information, even if this is not the case.

If relevant to your role, reflect on guidance in **Responsibilities 3 and 7**, on asking questions that relate directly to the purpose of service engagement.

Professionals using **Responsibility 3** can identify service-relevant signs of family violence risk factors and indicators linked to motivations for engagement and/or behaviour change.

Professionals using **Responsibility 7** will undertake direct comprehensive assessment of risk and needs to support behaviour change work.

If you are uncertain of how to proceed, refer to **Responsibilities 5 and 6** on seeking **secondary consultation**. Secondary consultation will provide you with advice on engaging with a person suspected of using family violence without increasing further risk. It can also help you understand how to **share information** that is risk relevant for specialists to undertake comprehensive assessment (**Responsibility 7**).

2.7 CREATING SPACE TO IDENTIFY INDICATORS OF FAMILY VIOLENCE RISK

Sometimes, you can only identify indicators of family violence risk by observation.

In other contexts, where it is relevant to the service you are providing, you can be more direct in your exploration of a person's beliefs, attitudes, behaviours or presenting needs and circumstances that may be related to family violence.

These are not family violence 'screening' questions. Screening often signifies a requirement to routinely use a set of questions as part of service engagement. This does not apply if you are working with a person using violence.

The Identification Tool is designed to record your observation of indicators or disclosure of risk only.

The tool provides descriptions of observations and narratives to assist you to understand the person's context and identify the presence of risk indicators.

You may be able to focus the conversation, if appropriate to the purpose of your service engagement, by using a prompt such as:

- *'In our organisation, one of the things we explore is how things are at home.'*
- *'You said before that you've already been to a couple of meetings like this one and you feel like no one has listened to you. I am really interested in listening to you and your story.'*
- *'You said that you and _____ have been getting into lots of fights lately. The word "fight" means different things to different people. Could you tell me what you mean by fights? What usually happens?'*

The above prompting statement may also assist you to respond to direct disclosure of family violence behaviour.

Remember, your role in **Responsibility 2** is to identify whether family violence is present, not to assess the level of risk, its impacts or to directly intervene with a person using family violence.

The objective at this stage is to ask curious questions that allow for disclosure of behaviour or reveal underlying beliefs and attitudes that may be related to family violence.

If a service user is resistant or reluctant to explore an issue, do not force them to do so. The fact they have avoided some topics is useful information to note and may be relevant to share with another service.

When working with Aboriginal people, you may need to allow for more time, more informal settings and relaxed yarning to assist with trust and rapport building. Refer to **Responsibility 1** for further information on building trust and rapport.

2.8 PEOPLE USING VIOLENCE WHO ARE NOT AWARE OF THE IMPACT OF THEIR BEHAVIOURS

In some circumstances, people who use family violence may be genuinely unaware that their behaviour is violent or coercive. Service users need to have an awareness of a problem in order to address it.

Responsibility 3 provides further questions you can use to prompt this.

If relevant to your role and you have developed rapport over time, it may be appropriate for you to explore the impact of disclosed behaviour on others. For example, you could ask them how they think their partner or child is experiencing their behaviour.

Some issues that represent barriers to gaining insight, such as rigid gender norms that reinforce an identity constituted by the use of power and control, can be overcome in an appropriate specialist intervention.

In these circumstances, referral to a specialist perpetrator intervention service may be appropriate.

If you have identified that the person using violence has other barriers, such as cognitive disability or diagnosed mental illness (such as schizophrenia), this may inhibit standard intervention efforts, including supporting a person's insight into their behaviour.

For support in responding, you can seek secondary consultation and/or refer to specialist services for more coordinated and intensive interventions.

2.9 IF IT IS LIKELY THAT FAMILY VIOLENCE IS NOT OCCURRING

Risk can change over time. If it is not currently evident that family violence is occurring, remain aware that you may identify indicators of family violence in the future.

Building trust and rapport with service users occurs over time.

The stronger this relationship becomes between professionals and service users, the more likely it is that service users will disclose risk-relevant information.

In circumstances in which there are no clear evidence-based family violence risk factors but your professional experience or 'gut feeling' tells you something is not right, consider seeking secondary consultations with specialist perpetrator intervention services (refer to **Responsibilities 5 and 6**).

2.10 IF FAMILY VIOLENCE IS OCCURRING

Refer to **Appendix 1** flow diagram of response options for a quick reference guide.

For professionals whose risk assessment and risk management responsibilities cover **Responsibilities 1 and 2** only, it is more likely that you will have concerns that family violence is occurring based on the service user's narrative, presentation and disclosed behaviours, rather than a direct disclosure of family violence perpetration.

Use information the service user directly provides to you to frame any further assessment and risk management, including safety planning and information sharing.

Table 3: Service contact and response options

If your contact with the service user is a one-off session:	If your contact is part of an ongoing support:	If a service user directly discloses that they have used family violence during normal service provision
... ask the service user if they think they need any help with the issues in their life or (if safe to do so) their relationship issues they have disclosed to you ... seek secondary consultation with specialist services and share information with other services working with the person using violence or an adult or child victim survivor ... proactively share information, particularly if there is immediate risk (refer to responding to immediate risk below) This is outlined in more detail in **Responsibilities 5 and 6**.	(as for one-off, and): ... ask the service user if they need any help with the issues in their life, or, where safe and appropriate to your role, let them know if you have any concerns about their presenting issues, and ask how you might address them together. This is outlined in more detail in **Responsibility 3** ... continue to monitor the service user's engagement with your agency. This includes: ... asking about any changes to their circumstances and needs ... building on previous conversations and disclosures to check in with them, for example, *'Last time we met you said things at home were stressful. How is that going now?'* ... share information with other relevant professionals and services as the risk changes or escalates. This is outlined in more detail in **Responsibility 3**.	(as for one-off/ongoing, and): You should turn the conversation towards safety. This will be more directive than only identification under **Responsibility 2**. ... assure the service user that there are things they can do to make changes to their behaviour and support safety for their family and themselves. Acknowledge that it is a big step to disclose using family violence ... ask how they would like their behaviour to be different ... ask how things looked in the past if things were better/ happier ... ask what they can do now to make some change ... ask what they might need help with to achieve the change they desire ... ask if anyone is currently helping them or if there is someone in their life who might be able to help them ... refer to **Responsibilities 3 and 4** for more guidance, if appropriate to your role.

Following direct disclosure, do not close off your engagement with them without putting a safety plan or strategy in place.

If applicable to your role, undertake Intermediate or Comprehensive Risk Assessment and Management (**Responsibilities 3 and4, or 7 and 8**).

Consider the risk-relevant information, seek secondary consultation and share with others, as appropriate (refer to **Responsibilities 5 and 6**).

If the person using violence has accepted an offer of a referral for further support, you can discuss with them sharing their information for this purpose. Refer to guidance on making a referral and sharing information under **Responsibilities 5 and 6**.

You may also need to contact other services to share risk-relevant information to support the safety of any adult or child victim survivor identified.

You are not required to inform the person using violence you have shared this risk-relevant information if you believe it could increase risk to victim survivors.

2.10.1 Misidentification

Section 12.2.1 of the *Foundation Knowledge Guide* includes guidance on misidentification.

The family violence identification process provides an early opportunity to look for **indicators** a person may be using family violence.

You may not be able to determine definitively that someone is using or suspected to be using family violence unless there is a direct disclosure (from the victim survivor or the person using violence), or this information has been shared with you by another professional or service.

If you observe narratives or behaviours indicating or disclosing use of family violence risk factors, consider whether it is safe to ask direct questions or continue to observe only (refer to **Section 2.7 and 2.8**).

As you gather information directly from the person, document this along with your observations using the **Identification Tool**.

Throughout the identification process, you should use a victim-centred lens when applying Structured Professional Judgement to understand how the person's narratives and behaviours may be experienced by victim survivors.

If you are unsure whether a person is using violence, or there is a risk of misidentification, refer to guidance in **Responsibility 3** if this is appropriate to your role.

If you have used the **Identification Tool** to support your determination of the predominant aggressor in response to suspected misidentification, document this in the tool, ensure your records are corrected, and proactively share information with appropriate organisations working with each party.

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, you should:

Assess who is at risk of harm from the person using violence, including:

- an adult or child victim survivor
- themselves (due to self-harm or suicide risk)
- a third party identified by the person using violence (for example, a person who is the target of anger or violence, such as a victim survivor's new partner, or presumed new partner, even if this is not the case)
- you or another professional (for example, the person using violence has made a targeted threat).

If you determine there is an immediate risk to any person, contact **Triple Zero (000) and ask for police.**

Be ready to share details about the person using family violence and victim survivor (if known) and be prepared to tell the operator why you believe there is an imminent risk.

Other services may also be appropriate, including:

- Crisis Assessment and Treatment Teams (CATT) – calling the local CATT may be more appropriate where service users are showing acute signs of mental illness but are not necessarily a threat to others
- Child Protection – in order to share information where children are involved or to obtain information about the level of risk a person using family violence may present to a child or young person
- a specialist family violence service – in order to share information and to collaborate with the service on safety planning if a victim survivor is currently engaged in their service.

If you are uncertain how to proceed, call a specialist perpetrator intervention service, or other services such as The Orange Door or Rainbow Door for a secondary consultation on responding to immediate risk. This is outlined in more detail in **Responsibility 4**.

2.12 WHAT'S NEXT?

Refer to the flow diagram in **Appendix 1** for response options where you have identified indicators of risk.

If risk indicators or risk factors are present, the flow diagram will guide you on what to do if there is immediate or non-immediate risk.

Professionals with responsibility for family violence risk assessment should use the information outlined in **Responsibility 3 or 7**.

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.

2.13 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:

- whether you had a conversation about limited confidentiality (refer to **Responsibility 6**)
- (if possible) contact details for the victim survivor (refer to victim survivor-focused MARAM Practice Guides)
- (if possible/applicable) children's details
- if an interpreter was used in the conversation
- if you completed the **Identification Tool**
- if family violence has been identified as present or not present, and if immediate action is required
- if family violence has been identified as present or not present, and if immediate action is required
- if misidentification was suspected and you used the **Identification Tool** to support your determination of the predominant aggressor
- actions taken to correct your records where misidentification previously occurred and steps to proactively share information about the predominant aggressor with other organisations working with each party
- the action required such as information sharing, referral or secondary consultation for further risk assessment, determining the predominant aggressor or a risk management and safety plan
- consideration of preventative and other healing approaches and supports that may be introduced (refer to **Responsibility 3/7 and 4/8** as appropriate to your role).

APPENDIX 1: RESPONSE OPTIONS FOLLOWING IDENTIFICATION OF INDICATORS OF FAMILY VIOLENCE RISK

Making a Safety Plan

Person in contact with a service (all services/professionals)

Narratives and behaviours that indicate the person may be using family violence
Refer to guidance on **Responsibility 2** and **Appendix 2**

No

No immediate action is required

and

If you have an ongoing relationship with the service user:

- ... remain alert to family violence signs/ indicators
- ... seek secondary consultation and share information with specialist services if you suspect violence is occurring but cannot determine risk or behaviour based on the information provided by the service user

Yes

NOT IMMEDIATE RISK

Narratives or behaviours identified lead you to suspect the person is using family violence or you are made aware from disclosure or information sharing

IMMEDIATE RISK

(to self, adult or child victim survivor, third party or professional)

If the person does not pose an immediate risk, and:

It is a **one-off** contact:

- ... (If directly disclosed) acknowledge the person's disclosure
- ... acknowledge the difficulty in asking for help
- ... provide information about help and support that is available for them and (if safe to do so) any family members
- ... let the person know that if they want support in future, help is available

Proactively share information about the person using violence to respond to risk for adult or child victim survivors, such as with a specialist family violence service or any other service known to be working with an adult or child victim survivor

If the person does not pose an immediate risk, and:

You have **ongoing** contact:
(As per one-off contact **and**):

- ... continue to monitor any change or escalation of behaviour or any need related to risk (refer to **Appendix 2**), by:
  - ... Asking about changes to circumstances
  - ... Asking about coping strategies
- ... provide information on the services and supports available to the service user.

Proactively share information about the person using violence to respond to risk for adult or child victim survivors, such as with a specialist family violence service or any other service known to be working with an adult or child victim survivor

Seek secondary consultation with specialist family violence services (including perpetrator intervention services)

If immediate risk to any person is identified

An immediate risk may include a targeted threat against any person.

- ... contact Triple Zero (000) and ask for police if a crime has been committed or is likely to be committed
- ... contact your local CAT team if acute signs of mental ill health is present
- ... contact Child Protection where mandatory reporting obligations are present
- ... consider child wellbeing and safety, and share information if needed
- ... (if safe to do so) ask the person using violence if they would like support from specialist services. If yes, provide referral.

Proactively share information about the person using violence or seek secondary consultation with specialist family violence service to support adult or child victim survivors, or perpetrator intervention specialist services to support the person using violence (or provide secondary consultation)

If you have any concern for the safety of any adult or child victim survivor, call police (000).

If appropriate to your role, complete further assessment (intermediate or comprehensive) to explore more fully the information disclosed by the person using violence to assist you in determining the level of risk and types of behaviours, attitudes and narratives present.

Perpetrator-focused **Responsibility 3: Intermediate risk assessment** and **Responsibility 4: Intermediate Risk Management**

APPENDIX 2: IDENTIFICATION TOOL FOR PEOPLE WHO USE VIOLENCE

Service user details (suspected perpetrator)

Full Name:	Alias:
Date of Birth:	Also known as:
Gender: ☐ Male ☐ Female ☐ 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:	Service provider client ID:
Aboriginal and/or Torres Strait Islander ☐ Aboriginal ☐ Mob/Tribe: ☐ 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 **Cognitive, physical, sensory disability**: **Rural** ☐ Yes ☐ No ☐ Not known **Older person** ☐ Yes ☐ No ☐ Not known
Was a language or Auslan interpreter used?	☐ Yes ☐ No (If yes, what language):
Country of birth:	Year of arrival in Australia:
Are you on a visa?	☐ Yes ☐ No (If yes, what type):
Language mainly spoken at home:	
Emergency contact: Relationship to service user:	Name: Contact Number:
Further details	

Ex/partner, family member, person in care, third party (potential victim survivor)

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:
☐ Female ☐ Male
☐ 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 ☐ Mob/Tribe:
☐ 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
Cognitive, physical, sensory disability:

Rural ☐ Yes ☐ No ☐ Not known
Older person ☐ Yes ☐ No ☐ Not known

Country of birth:

Year of arrival in Australia:

Are you on a visa? ☐ Yes ☐ No (If yes, what type):

Language mainly spoken at home:

Further details

Child 1 Details#	#Separate risk assessment must be completed
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: ☐ Male ☐ Female ☐ 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 person suspected of using violence:
Aboriginal and/or Torres Strait Islander ☐ Aboriginal ☐ Mob/Tribe: ☐ 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 **Cognitive, physical, sensory disability**: **Rural** ☐ Yes ☐ No ☐ Not known **Older person** ☐ Yes ☐ No ☐ Not known

Section 1 – Observed Narratives or behaviours indicating or disclosing use of family violence risk factors

Item

Includes family violence risk to adult victim survivor (partner, ex-partner, older person, person in care, family member) or child/young person victim survivor

	Yes	No	Not known	Comment/detail of observation
Observed narratives: Beliefs or attitudes				
Makes statements that indicate sexist, misogynistic, homophobic, biphobic, transphobic, ableist, ageist or racist beliefs (denigrating person or group based on identity)	☐	☐	☐	
Makes statements that indicate gendered entitlement to power, control and decision making	☐	☐	☐	
Makes statements that indicate belief in ownership over victim survivor	☐	☐	☐	
Comments negatively on victim survivor's decisions and actions	☐	☐	☐	
Pathologises victim survivor (describing their behaviour or presentation as behavioural disorder, mental illness or addiction)	☐	☐	☐	
Displays limited empathy or desire to understand experiences of victim survivor	☐	☐	☐	
Complains that victim survivor does not show them 'respect'	☐	☐	☐	
Openly dismisses victim survivor's viewpoints and/or needs, particularly if it conflicts with their own	☐	☐	☐	
[Adult victim survivor only] Makes decisions for adult victim survivor	☐	☐	☐	
[If applicable] Displays indictors of ownership and entitlement, in relation to children and rights to access and/or custody	☐	☐	☐	
[If applicable] Threatens to report partner/ex-partner to authorities about their 'poor parenting'	☐	☐	☐	
[If applicable] Criticises ex/partner's parenting (put downs, devaluing worth)	☐	☐	☐	
Observed behaviours: Physical / verbal behaviour				
Displays controlling behaviour	☐	☐	☐	
Displays indicators of jealousy and/or possessiveness	☐	☐	☐	
Displays indicators of fixation with victim survivor's actions and whereabouts (monitoring, rumination and intent focus)	☐	☐	☐	
Controls adult victim survivor's finances and/or access to employment	☐	☐	☐	

	Yes	No	Not known	Comment/detail of observation
Demonstrates threatening non-verbal behaviour (physical standover, intrusion into personal space)	☐	☐	☐	
Hostile language and attitudes towards authority figures and systems	☐	☐	☐	
Talks about victim survivor in emotionally abusive or degrading ways	☐	☐	☐	
Interrupts, corrects and/or dominates victim survivor in conversation	☐	☐	☐	
Raises voice and/or yells	☐	☐	☐	
Is violent and/or controlling towards victim survivor before, during or after the session	☐	☐		
Insists on sitting in on appointments with victim survivor	☐	☐	☐	
Discloses any harm or threat to harm animals or pets	☐	☐	☐	
Physical signs of violent altercation (on victim survivor or person suspected of using violence)	☐	☐	☐	
Expresses feelings of excessive anger that is 'outside their control'	☐	☐	☐	
Discloses that they have targeted and/or damaged victim survivor's property	☐	☐	☐	
Observed narratives: Minimising or justifying				
Minimising physical harm and/or neglectful behaviour	☐	☐	☐	
Direct comments or euphemisms that could indicate use of violence	☐	☐	☐	
Presents or talks about themselves as the real victim (victim stance)	☐	☐	☐	
Presents as having difficulty with emotional and/or behavioural regulation	☐	☐	☐	
Uses impulsivity as a justification of violent and abusive behaviours (may relate to presenting needs such as mental health, use of alcohol/drugs)	☐	☐	☐	
Observed narrative or behaviour: Practitioner experience				
Tries to get you **[professional]** to agree with their negative views about partner or family member **[invitation to collude]** throughout service engagement, over time	☐	☐	☐	
Practitioner observes or feels intimidated, manipulated and/or controlled during sessions	☐	☐	☐	
Immediate risk				
Discloses a targeted threat against any person	☐	☐	☐	

Section 2: Presenting needs and circumstances (related to risk or protective factors)[1]

Consider the person's context:	Note any presenting needs or circumstances that could be stabilised or protective factors that could be strengthened Note link to any identified risk factors
Personal identity, status of relationships/dynamics[2]	
Personal identity, attributes and experiences	
Partner (current/former), children, other family members	
Social and community connections[3]	
Connection to friends or extended family network	
Connection/sense of belonging to community, cultural groups, networks, social media, clubs	
Presence of systems interventions RF	
Police, Child Protection, Court, Corrections or other coordinated interventions	
Practical or environmental issues	
Aboriginal cultural or diverse community support services	
Professional or therapeutic services, counselling,RF disability services, medical or mental health servicesRF	
Centrelink or employment services, RF financial counselling, housing or homelessness, tenancy or private rental services	
Legal services, migration services	
Communication (e.g. access to telephone, social media[4]), transport	

1 Information about needs and circumstances is risk-relevant for purposes of information sharing to support understanding of person using violence in context to their family violence behaviours.
2 Relationship may or may not be with the identified victim survivor.
3 Consider if family, social and community connections indicate they reinforce narratives or behaviours.
4 Note any other identified methods used by person using violence to contact adult or child victim survivor

Section 3: Decision on presence of risk indicators/factors

Observed narratives or behaviours indicate or disclose use of family violence risk (to adult or child victim survivor):

☐ Not indicated
☐ Indicated
☐ Requires immediate intervention

Risk to self (disclosed risk of suicide or self-harm):

☐ Not indicated
☐ Indicated
☐ Requires immediate intervention

Risk indicated to any other person in community (including you/professional)

☐ Not indicated
☐ Indicated
☐ Requires immediate intervention

Have you used this tool to determine the predominant aggressor? (responding to misidentification)

☐ Yes
☐ No

Is further assessment required to determine the predominant aggressor? (if uncertain)

If yes, update your records and share information with other professionals
☐ Yes
☐ No
Shared with:

Has Intermediate Assessment been completed?

If immediate risk is present, consider flow diagram at Appendix 1.
☐ Yes
☐ No
☐ Referral made for Intermediate Assessment

Has information been shared? (add lines as needed)

☐ Yes
☐ No
Comment/detail of information shared:
Shared with:

Actions:	Comment/detail of actions:

MARAM PRACTICE GUIDES

RESPONSIBILITY 3: INTERMEDIATE RISK ASSESSMENT

Working with adult people using family violence

VICTORIA
State Government

RESPONSIBILITY 3

INTERMEDIATE RISK ASSESSMENT

NOTE

This Practice Guide is for all professionals who have received training to provide a service response to a person they know is using family violence.

The learning objective for **Responsibility 3** builds on the material in the *Foundation Knowledge Guide* and in preceding **Responsibilities 1 and 2**.

3 INTERMEDIATE RISK ASSESSMENT

3.1 OVERVIEW

Professionals should refer to the *Foundation Knowledge Guide* and perpetrator-focused **Responsibilities 1** and **2** before commencing intermediate risk assessment.

This chapter guides you in undertaking an intermediate risk assessment. This helps determine the level or 'seriousness' of risk presented by a person using family violence towards an adult or child victim survivor.

You can do this assessment directly after a service user discloses using family violence. You can also do it when you become aware of information confirming the person is using family violence, such as from another service, the victim survivor/s or a third party.

Intermediate risk assessment is also used to assess and monitor risk over time.

Key capabilities

This guide supports professionals to have knowledge of **Responsibility 3**, which includes:

- asking questions to obtain information related to risk factors
- using the model of Structured Professional Judgement in practice
- using intersectional analysis and inclusive practice
- using the **Adult Person Using Violence Intermediate Assessment Tool**
- understanding how observed narratives and behaviours and presenting needs or circumstances link to evidence-based risk factors
- evidence-based risk factors
- forming a professional judgement to determine the level or seriousness of risk, including 'at risk', 'elevated risk' or 'serious risk'/'serious risk and requires immediate protection/intervention'.

When working with a person using violence, an intermediate risk assessment focuses on information gathering and an analysis of:

- responses to prompting questions asked directly to the person using violence (refer to the **Intermediate assessment conversation model** in **Appendix 4**)
- your observation of the person's narratives and behaviours (refer to **Responsibility 2**)
- information shared by other services about risk factors
- the person's disclosed motivations for seeking help or support for their presenting needs or family violence behaviours
- family violence behaviours to identify recency, frequency and patterns, including patterns of coercive control.

The **Adult Person Using Violence Intermediate Assessment Tool (Intermediate Assessment Tool)** in **Appendix 3** provides a structure to support your analysis of information and application of Structured Professional Judgement to determine the level of risk.

Remember, **Responsibility 3** of the victim survivor–focused MARAM Practice Guides provides practice considerations, guidance and tools for assessing risk for children, young people and adult victim survivors.

Responsibility 3 of the perpetrator-focused MARAM Practice Guides (this document) helps you identify and assess the person's use of violence and its impact on children, their parenting role and co-parenting relationships.

It also considers the person's motivations and capacity for change in relation to their parenting role, prioritising the safety, wellbeing and needs of children and young people.

Each guide prompts you to consider what is safe, appropriate and reasonable, considering the age and developmental stage of the child or young person as the first guiding consideration.

After an intermediate risk assessment, a professional may escalate the risk assessment (through secondary consultation or referral) for a comprehensive assessment to be undertaken by a specialist perpetrator intervention service practitioner.

REMEMBER

Adolescents who use violence need a different response than adults who use violence.

You should consider their age, developmental stage, whether they are also a victim survivor of violence, and their therapeutic needs.

You should also consider the specific protective factors that will support their development and stabilisation and recovery (such as family reunification where it is safe to do so), as well as overall circumstances.

For adolescents who are nearing adulthood, particularly if they are using intimate partner violence, you may use this guide with caution.

You should consider their age and developmental stage when asking prompting questions to explore risk, behaviour and motivation.

Narratives and behaviours indicating family violence from adolescents and young people nearing adulthood can be recorded in the **Intermediate Assessment Tool**.

Refer to MARAM Practice Guides for working with adolescents using violence for more information.

3.1.1 Who should undertake intermediate risk assessment and in what situations?

This guide is for professionals whose role is linked to, but not directly focused on, family violence.

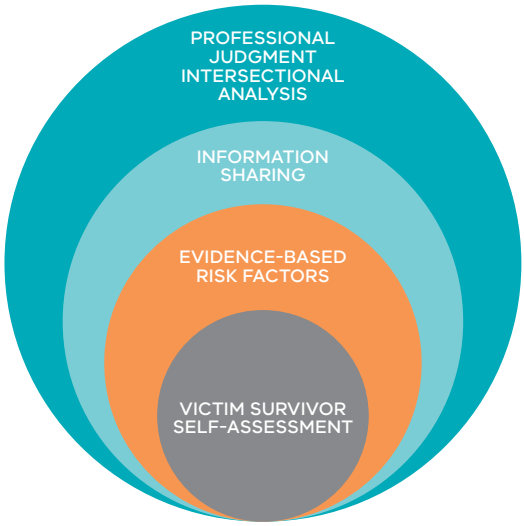
As part of, or connected to, your core work, you will engage with people who are:

- using family violence (identified by observation of their narratives or behaviours, through direct disclosure, or information shared from another service/third party)
- using family violence (not yet identified or disclosed) where the presenting need may contribute to their use of violence and controlling behaviours, for example:
  - their presenting need is related to mental health or drug and/or alcohol use, and may relate to family violence risk factor/s
  - their presenting need is masking or hiding their use of violence (for example, they are using the presenting need to justify, minimise or deny the use of violence)
- mandated to attend your service (their use of violence has been identified by the referring service/agency or disclosed)
- in a crisis situation as a result of their presenting needs or circumstances or use of family violence (and they are or are not aware/ready to admit/disclose this).

3.2 STRUCTURED PROFESSIONAL JUDGEMENT IN INTERMEDIATE RISK ASSESSMENT

Reflect on the model of Structured Professional Judgement when working with a person using violence, as outlined in **Section 10** of the *Foundation Knowledge Guide*.

Figure 1: Model of Structured Professional Judgement



The model of Structured Professional Judgement is an approach to risk assessment that supports you to determine the level or seriousness of risk presented by a person using family violence.

It provides a framework for analysing information to identify and understand patterns of family violence.

Risk assessment with a person using violence relies on you or another professional:

- centring the **lived experience and risk to the victim survivor** during your assessment
- identifying the **evidence-based risk factors** present.
- Victim-centred practice ensures that the **lived experience, dignity and safety** of all victim survivors is at the centre of your assessment.[1]
- You should apply your knowledge of the impact of family violence on adult and child victim survivors to understand or contextualise their experience of the person using violence.[2]
- You can share information and seek the advice and views of victim survivor advocates and/or specialist family violence services or other professionals working with adult and child victim survivors to understand their self-assessed level of risk and identify protective factors.

You can identify and analyse **evidence-based risk** factors through:

- your observations of the person using violence's presentation, violence-supporting narratives and behaviours, including attitudes and accepted norms that may underpin a person's choice or intention to use violence
- direct disclosures about their use of family violence behaviours
- the person's presenting needs and circumstances related to family violence risk factors
- your observations of patterns of coercive control, including where behaviours are targeted towards a victim survivor's identity, lived experience, needs or circumstances
- your observations or direct disclosures of motivations for engaging with your service or a family violence service.

1 Refer to **Sections 10-12** of the *Foundation Knowledge Guide*

2 Understanding the victim survivor's self-assessed level of risk can either be identified from direct assessment (if your service also works with the victim survivor), information sharing from another service working with the victim survivor, or through applying your understanding of the impacts of family violence

You can seek and **share information** to inform this approach from a variety of sources, including:

- observing or 'assessing' the person using violence directly
- proactively requesting or sharing information, as authorised, about the risk factors present, observations of narratives or behaviours of the person using violence, or other relevant information about a victim survivor's or perpetrator's needs or circumstances. This may be shared by other professionals or services, the victim survivor (if disclosed directly to your service), or a third party.

Intersectional analysis[3] must be applied as part of Structured Professional Judgement.

This means understanding that a person may experience structural inequalities, barriers and discrimination throughout their life.

These experiences will provide context for:

- their own identity and lived experience
- their understanding and capability to name, disclose or understand what constitutes violent behaviours
- how they manage their risk behaviours and safety towards victim survivors and themselves
- their engagement or access to services responding to their use of family violence, presenting needs and circumstances.

Applying a person-centred, trauma and violence-informed lens as part of Structured Professional Judgement also supports a better understanding of the person using violence (outlined in **Section 10** in the *Foundation Knowledge Guide*).

Together, the elements underpinning Structured Professional Judgement provide a structure for gathering and analysing information to assist you to determine the level or 'seriousness' of risk. You will use this analysis to determine intermediate level risk management responses, as required (refer to **Responsibility 4**).

3 You can find detail about applying intersectional analysis in **Section 10.3 of the** *Foundation Knowledge Guide*

REMEMBER

Refer to the *Foundation Knowledge Guide* and **Responsibility 1** for information on trauma and violence-informed practice.

Some people who use family violence have experienced trauma in their lives. They may need support to address this, while also addressing their use of family violence.

If your role is not to address trauma, you should support the person using violence to access a referral to a specialist service.

You may also seek secondary consultation to ensure no further trauma or harm occurs in your engagement approach.

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

In some circumstances, experiences of trauma are a barrier to engagement in conversations about family violence risk or may be used to seek your collusion with a victim stance (refer to **Section 3.6**).

Trauma and violence-informed practice supports you to engage with the person using violence. You can acknowledge the trauma they may have experienced, minimise further trauma and reduce the likelihood of escalating the level of risk.

REMEMBER

Engaging with a person using family violence is critical to them stopping the violence, reducing risk and supporting motivation for behaviour change.

Refer to **Responsibilities 1 and 2** for guidance on engaging in a respectful, safe and non-collusive way to support a person using violence's ongoing contact with the service system. This also increases opportunities to monitor and manage the risk they present, while actively working towards behaviour change.

Responsibility 3 requires a clear understanding of the drivers of family violence (outlined in the *Foundation Knowledge Guide*) and the circumstances and factors that contribute to the person's choice to use family violence (refer to **Responsibility 2**).

3.2.1 Information sharing to inform your assessment

Information sharing is a crucial part of your intermediate risk assessment practice.

Responsibility 6 provides further guidance on 'risk-relevant' information when sharing information about a person using violence.

The *Family Violence Information Sharing Scheme Guidelines* and *Child Information Sharing Scheme Guidelines* outline how to make requests and share information if you are authorised under these schemes.

- Limitations on privacy and confidentiality should be clearly explained at initial engagement unless it would increase risk to a victim survivor (refer to **Responsibility 1 and Responsibility 6**).
- You should document in the **Intermediate Assessment Tool** whether a limited confidentiality conversation would increase risk to the victim survivor from the person using violence.

Intermediate risk assessment of a person using family violence is a collaborative activity. You undertake it with other professionals and services working with the person using violence, as well as adult and child victim survivor/s[4] and other family members (where relevant).

You may request information before engaging with the person using violence, particularly if:

- referral processes alert you to high-risk factors that may require an immediate risk management response to reduce or remove an identified threat
- you require further information about the risk the person presents to manage their attendance at your service, including where the identified victim survivor also attends your service.

If you identify information that risk is escalating or imminent, and you are not working with the victim survivor, you should:

- **call police on Triple 000**
- **seek secondary consultation and share information with specialist family violence services to support risk management responses.**

4 It is likely that the person using violence's ex/partner, child/ren or other family members identified as victim survivors are not involved with your service, or if they are, it is possible that you may not be alerted to this by the person using violence.

3.3 INTERSECTIONAL ANALYSIS AND INCLUSIVE PRACTICE IN INTERMEDIATE RISK ASSESSMENT

Reflect on guidance about applying intersectional analysis in the *Foundation Knowledge Guide*.

The experience of the person using violence is shaped by multiple identities, life experiences and circumstances.

Applying intersectional analysis means considering the person in their context. This involves recognising how experiences of structural inequality, barriers and discrimination can affect the person's trust in services and understanding of their use of violence.

It builds a greater understanding of the person you are engaging with. This allows you to assess risk, establish risk management strategies and support behaviour change.

It also supports you to reflect on your own views, biases and beliefs about a person's use of family violence and to respond safely and appropriately in practice.[5]

Experiences such as service barriers and discrimination related to a person's identity can influence how they might:

- talk about their use of violence, or recognise that their behaviour, beliefs and attitudes are linked to or reinforce their use of violence
- identify the service options available to them, based on actual or perceived barriers. This may be due to discrimination or inadequate service system responses experienced by themselves or people they know, including institutional or statutory services
- perceive or talk about the impact of their behaviours on their family and adult and child victim survivor/s. You may observe this through narratives that minimise, justify or blame others for their behaviour.

5 Reflective practice is outlined in **Section 10.6** of the *Foundation Knowledge Guide* and in the *Organisation Embedding Guidance and Resources*.

Use professional curiosity to remain open to the way the person using violence presents and engages with you. You can respond to their experience of systemic barriers without colluding with a narrative that justifies violent or abusive behaviour.

This includes:

- identifying and recording any concerns the person using violence has about engaging with your service. By considering their identity, circumstances or previous experiences with the service system, you can ensure your responses are safe and respectful
- engaging in a culturally safe and appropriate manner, including offering warm referral to a community specific service if the person using violence chooses. Engage with other agencies and/or the services of a bicultural/bilingual worker (ideally who is trained in family violence). This may be particularly important to assist with working with people from multicultural communities so that narratives of justification, denial and minimisation can be explored appropriately
- discussing supports available if Aboriginal people who use violence choose to engage with non-Aboriginal services due to privacy and confidentiality concerns. This may include exploring the possibilities of collaborative work between mainstream and Aboriginal community organisations or providing an Aboriginal support person
- seeking secondary consultation and possible co-case management with a service that specialises in responding to people from diverse communities in the context of family violence (refer to **Responsibilities 5, 6 and 9**)
- where safe and appropriate, discussing concerns you have about the risk they present to themselves and others because of the perceived or real barriers they face in seeking help.[6]

6 Note, it may be safe and appropriate to discuss concerns if the person using violence is mandated to attend a service (such as an alcohol and drug service) and they are aware they have a family violence intervention order (FVIO).

It is important that you explore and understand the person's:

- individual needs and circumstances, and how these relate to their use or pattern of family violence, as well as other life choices they may have made
- underlying concerns or any reluctance they have about recommended services or engagement with the system (for example, resistance to support and change)
- relationships with any victim survivor/s (including each child and/or family members) residing in the household to ascertain other risks of family violence for each person.

REMEMBER

Refer to **Responsibility 2** for guidance on the conditions that support the development and use of family violence.

A person's identity, early life experiences and circumstances are not excuses for their use of family violence, but they may contribute to their use of violence.

Remember to reflect on and challenge your own biases.

Violence and violence-supporting beliefs and attitudes are not an inherent part of any culture and should not be used to justify a person's use of violence.

These biases and assumptions can increase the risk of collusion with a person using violence and minimise the experience and risk to victim survivors.

Use intersectional analysis, to identify and understand a person's history of experience of violence and experiences of structural inequality or barriers to their willingness to engage or trust your service.

Secondary consultations with professionals and services can assist you to provide appropriate, accessible, inclusive and culturally responsive services to the person using violence.

3.3.1 Assessing risk when cognitive disability is present, including acquired brain injury

Section 12.1.17 in the *Foundation Knowledge Guide* provides information on the prevalence, presentations and responses required in relation to people who use violence who have cognitive disability, including acquired brain injury (ABI).

Appendix 5 provides guidance on screening for cognitive disability including ABI indicators with people using violence.

The **Intermediate Assessment Tool** for people using violence includes an intake field to record if the person using violence and/or victim survivor has cognitive disability.

You can also record the existing or required professional or therapeutic service supports in **Section 2** of the **Intermediate Assessment Tool**, 'Presenting needs and circumstances'. You can use **Sections 1 and 2** to record comments on how cognitive disability is relevant to the person's narratives and behaviours or supports required to respond to presenting needs.

Practice considerations for people with cognitive disability

You should have some understanding of cognitive disability, including:

- how this may affect presentation and capacity of the person using violence to communicate with you and the adjustments needed to ensure your communication approach enables engagement (**Responsibility 1**)
- observable indicators that they may have a cognitive disability
- how to screen for cognitive disability indicators, to inform your understanding of their narratives and behaviours and guide decision making on levels of risk

- when secondary consultation and referral is needed:
  - for support on communicative and neuropsychological assessment of their cognitive disability (refer to **Responsibilities 5 and 6**). This can inform service adjustments required to enable appropriate, effective interventions and address engagement barriers
  - to respond to significantly reduced cognitive capacity. This may be for the purpose of upskilling professionals, such as in making changes to the environment and minimising the risk of aggression. In some instances, management of these cases may also be occurring within Transport Accident Commission (TAC) or National Disability Insurance Scheme (NDIS) frameworks
  - for comprehensive risk assessment and management for the person with cognitive disability using violence. This includes support to tailor approaches and interventions to address the use of violence and safety for victim survivors (**Responsibilities 7 and 8**).

3.4 HOW TO USE THE INTERMEDIATE ASSESSMENT TOOL

A stand-alone template for the **Adult Person Using Violence Intermediate Assessment Tool** is in **Appendix 3**.

The purpose of the **Intermediate Assessment Tool is to:**

- identify the narratives and behaviours you observe that may indicate family violence risk
- identify family violence risk factors and behaviours by sharing information with other sources, as well as asking prompting questions when engaging with the person using violence
- identify presenting needs and circumstances that may be related to risk, increase the level of risk, impact on the person's capacity to act safely or take responsibility, or serve as protective factors
- consider the information gained through the assessment process and apply Structured Professional Judgement to identify patterns of coercive controlling behaviour, the person's intent or choice to use violence, and any motivations to engage and change behaviour. This analysis will support you to determine the level of risk at a point in time or changes in risk over time.

The **Intermediate Assessment Tool** asks you to note how you have formed the belief they are using violence.

This may be from:

- direct disclosure (from the service user)
- victim survivor disclosure
- observation of family violence risk factors (narratives or behaviours)
- information shared by another service or professional or third party (Victoria Police Family Violence Report (FVR, also known as an L17), Child Protection report, other risk assessments or information about use of violence shared by another service)
- referred or court mandated engagement.

Consider this information in your analysis of the person's intent or choice to use violence and motivation to engage and change behaviour.

The **Intermediate Assessment Tool** includes intake information and sections that help you to collect and analyse risk-relevant information.

This includes:

- **Section 1:** Observed narratives and behaviours indicating or disclosing family violence risk factors. Refer to **Responsibility 2** for guidance on identifying beliefs, attitudes and behaviours linked to the use of family violence and any narratives indicating minimisation or justification. These narratives may support you to identify underlying aspects of the person's intent or choice to use violence.

- **Section 2:** Presenting needs and circumstances that may contribute to risk behaviours, or function as a protective factor. Use the **person in their context** approach to understand and record any presenting needs and circumstances outlined under the areas of identity/relationships, community/social connections, systems interventions and practical/environmental supports.
- **Section 3:** Presence of risk factors identified by information sharing, observation or disclosure (person using violence, victim survivor, third party). Record the presence and detail of evidence-based risk factors, noting the source of information, including from other professionals and services working with the person using violence, or adult or child victim survivor. Information may be shared through professional collaboration and coordination processes. Record details of any risk factors requiring immediate response and seek secondary consultation to escalate the situation to Victoria Police and/or specialist family violence services.
- **Section 4:** Patterns of family violence behaviour and motivations. Patterns may be identified from understanding the types of behaviours used over time, including recency and frequency, and any links to situational circumstances or events. Patterns of behaviour may be different for each adult or child victim survivor. Motivation for the person's engagement about presenting needs may indicate likely motivations and readiness to engage for the purpose of addressing family violence behaviour.
- **Section 5:** Determining level of risk to an adult or child victim survivor, self (person using violence) or community/professionals. Record if the tool was used to support a determination of the predominant aggressor (where misidentification is suspected), identified patterns of coercive control and rationale for the level of risk.

An intermediate risk assessment may be completed over a number of service engagements as you build rapport and a professional relationship with the person using violence.

3.5 UNDERSTANDING THE INTERMEDIATE RISK ASSESSMENT PROCESS AND RISK LEVELS

Assessing risk occurs from the point of first contact and throughout your ongoing engagement with the person using violence.

Ongoing risk assessment helps build your understanding of the person in their context. This includes their risk behaviours, narratives, presenting needs and circumstances, and the impact of this on victim survivors over time.

Intermediate risk assessment can be built **into your existing organisational intake and assessment processes**.

You may already collect information relevant to the evidence-based risk factors or use direct questioning, as appropriate, to explore the person's life situation and behaviours.

3.5.1 Using your existing intake and engagement processes to inform risk assessment

Refer to **Responsibility 1** for guidance on safe engagement to establish trust and rapport supporting **your existing** organisational intake and assessment processes.

Your conversation with the person using violence should outline a process that incorporates:

- taking notes and filling out the service's intake and other relevant assessment forms[7]
- talking about the wellbeing and safety of all family members, including the person using violence (this is not just family violence–specific but for addressing a range of presenting needs and circumstances)
- information sharing (including advising the person using violence of their limited confidentiality)

7 If it is not safe to complete the Intermediate Assessment Tool in session, you may choose to do so outside of a session, e.g. using information gathered from the person using violence and other sources, and recording the information in the Intermediate Assessment Tool when the person using violence is not present.

- discussing the need to ask some challenging or difficult questions, if required, to better understand the person's needs and circumstances
- discussing what a safe environment looks like for the person using violence to discuss their needs
- discussing what a safe environment looks like for you as a worker.

Few people who use, or are suspected of using family violence, decline the process outlined above.

However, they may not disclose honestly or fully, and they are likely to provide a narrative that reflects their minimising, justifying or victim stance (discussed in **Section 3.6**).

If they refuse to participate, record this as a possible risk indicator. It highlights a level of resistance to address issues, including their use of family violence.

It may also indicate risk of disengagement.

You can seek support to navigate resistance or refusal through secondary consultation and supervision.

Your risk assessment process will be informed by:[8]

Outcome	Action
Building trust through safe, non-colluding practices	Ask questions and listen to answers in a balanced, non-judgemental way. **You can listen and respectfully not agree with the responses.** Use active listening skills and practice professional curiosity to: - understand them as a person. You may use prompting questions in the **Intermediate assessment conversation model** in **Appendix 4** to explore how the person understands their own context, needs and circumstances - explore their perspective about why they are at your service. This includes the person's presenting needs or circumstances, and any needs that are not explicitly named - use opportunities to explore behaviours related to family violence as they present throughout your conversation. Opportunities may arise through incidental disclosures about the nature or dynamics of relationships.
Identifying the motivation to engage9	Understanding the capacity of the person using violence and/or driver of motivation to engage with your service is informed by whether they: - are attending voluntarily for presenting needs or circumstances - have been referred to your service - are influenced to attend by ex/partner, children or family members/friends - are mandated[10] to attend.
Gathering risk-relevant information	**Intake** Consider risk-relevant information recorded in your organisation's client intake form to build further understanding of the presenting needs or circumstances of the person using violence. For example, presenting needs such as housing and homelessness issues and gambling. Intake forms also often contain information about family violence evidence-based risk factors, including alcohol and drug use, employment, education, and financial stability. **Presenting needs and circumstances** Identify risk factors and risk-relevant information from the presenting needs, and other needs and circumstances gained throughout the session/over time.

8 This table provides examples only and is not a comprehensive list.
9 Engagement motivation at this point in time will relate to engagement with any support service. Over time you can continue to assess for motivation for referral to specialist perpetrator intervention services, addressed in **Responsibility 4**.
10 Court or corrections interventions at this point in time may or may not relate to family violence offences. Mandated interventions may arise by court order, part of corrections intervention or service, or parole conditions.

Outcome	Action
Analysing risk-relevant information	Analyse information gathered with a risk lens, building an understanding of the 'person in their context' and family violence risk presented by the person using violence, as well as their capacity and motivations to take (a level of) responsibility for their use of violence. Assess the level of risk through evidence-based risk factors, observations of their narratives and behaviours, disclosures (if any), information sharing from other professionals or services, and/or the victim survivor/s. Analysing risk-relevant information also requires you to identify patterns of coercive controlling behaviour over time.
Ongoing engagement and keeping the person using violence in view	This engagement may be the first time the person using violence has a conversation about their presenting needs and circumstances, family relationships, motivations and/or use of family violence. It is important you meet the person using violence 'where they are at'. Do not rush an assessment 'to get it completed', as this: ... may increase likelihood of disengagement, or increase risk to the victim survivor or the person's risk to self ... may not achieve longer-term engagement or enable collection of risk-relevant information over time. Using a strengths-based approach, including acknowledging help-seeking behaviour and feelings of shame or discomfort, may communicate to the person using violence you are there to support them. Strength-based approaches when engaging with a person using violence will direct conversations towards implementing strategies to address their presenting need and the level of family violence risk present, in a collaborative and empowering way for the person using violence. These approaches support the person to identify how they can address their needs, giving them responsibility and ownership for their decisions, actions and behaviours. This builds the foundation for accepting responsibility for their use of violence and the impacts on victim survivors. Offering ongoing engagement, where appropriate to your service, is a way to support the person using violence to remain 'in view' of the service system. Supporting the person to address their needs and stabilise their life circumstances is a useful risk management strategy.
Responding to change in risk over time	Ongoing risk assessment supports you to monitor for changes in behaviour, needs and circumstances over time. Changes to presentations and patterns of risk will require you to update your risk management actions and interventions. This includes responses to presenting needs, information sharing, secondary consultation or referral for specialist perpetrator interventions – or police interventions where there is serious risk requiring immediate intervention.

3.5.2 Conversation prompts to support intermediate risk assessment

The **Intermediate Assessment Tool** should be used in conjunction with the **Intermediate assessment conversation model** (the **Assessment conversation model**) in **Appendix 4**.

This provides an example interview structure, including prompting questions to support your engagement with the person using violence.

The **Assessment conversation** model sets out how to use prompting questions to:

- engage in a dialogue with the person using violence, to uncover their understanding and narrative about themselves and their presenting needs
- build your understanding of how the person using violence views themselves in their context. For example, how they describe themselves as an individual, their relationships and family, and their environment (including social context and community)
- link presenting needs to the impact on relationships and identity, open a conversation about family violence behaviours[11] and encourage disclosure of family violence perpetration (if present)
- support a conversation to uncover information about their underlying beliefs, attitudes and accepted norms that contribute to their intention or choice to use family violence behaviours (refer to **Responsibility 2**). It may also support early conversations about readiness and motivation to address presenting needs and/or use of family violence, and connect to specialist perpetrator intervention services (further explored in **Responsibility 4**).

11 In general, the Assessment conversation model is asking about risk-relevant behaviours, needs and circumstances, without naming family violence directly, unless there is a disclosure that supports direct conversation and it is safe, appropriate and reasonable to continue the conversation.

You can use the **Assessment conversation model** with the person using violence in one session or across a series of sessions.

You should apply Structured Professional Judgement to analyse information the person shares with you.

Every engagement, non-engagement, conversation or observation you have with or in relation to the person using violence will inform your decision making in risk assessment and risk management.

The **Assessment conversation model** provides prompts to help you build rapport with, and elicit responses from, the person using violence. The goal of this is to explore their behaviours, needs and circumstances, including those that may be related to the use of family violence.

It may not be safe or appropriate in the circumstances or at this stage to use the words 'family violence' when talking to a person using violence. You may instead describe the behaviour and the impact of the behaviour.

This is not minimising the use of family violence. Rather, this practice reflects a balanced approach to avoid confrontation.

Introducing behaviours and their impact is a step towards enhancing self-awareness. This aims to increase the person's readiness and motivation to name, identify and address their use of family violence and seek help or referral for specialist interventions and support.

The **Assessment conversation model** is only a guide. You should use your engagement skills and experience to determine the best approach to your conversation with the person using violence, and navigate the conversation based on their responses and any immediate needs.

When preparing for conversations that can identify risk-relevant information, it is important that you consider the questions in the context of:

- your professional role and goals for engagement
- the person's presenting needs leading to engagement with your service, and other needs (identified or not)
- the person's identity, relationships and circumstances
- the nature of the person's relationship to the victim survivor/s
- the person's capacity and capability to participate in the conversation.

Planning for a session will be guided by the initial information you have about the person from previous contact, referral forms and information sharing.

You can seek secondary consultation from senior co-workers, your supervisor or team leader.

The prompts in the **Assessment conversation model** align with the areas of information collected in the **Intermediate Assessment Tool** at **Appendix 3**, and are signposted throughout.

NOTE

People who use family violence will characteristically take little or no responsibility for their use of family violence.

Where they do acknowledge their behaviours, they generally seek to minimise or justify it.

They may not be aware, or do not believe, behaviour such as verbal, emotional, financial and psychological abuse constitutes family violence.

They might frame their use of intimidation, isolation or other controlling behaviours as part of their role in the family, explaining and justifying their behaviour, rather than denying it.

3.5.3 Risk levels

The **Intermediate Assessment Tool** supports you to record and analyse information to assess the level or seriousness' of the risk presented by the person using violence to an adult or child victim survivor, to themselves and the community/ professionals.

Before you undertake intermediate risk assessment, it is important to understand the levels of risk that the person using family violence may present to victim survivors, as outlined in the table below. The likely circumstances for risk level, below, are examples only. As each person's situation is different, professionals must apply Structured Professional Judgement to determine the level of risk.

Table 1: Levels of family violence risk when working with the person using violence or victim survivor

Risk level	Person using violence	Adult or child victim survivor
At risk	High-risk factors are not identified as present. Some other recognised family violence risk factors are present.	
	Likely circumstances for risk level Police involvement may have occurred.[12] The person using violence may be in a contemplative stage[13] – they are considering the need to address their use of family violence. A Safety Plan is developed for the person using violence, and strategies are supported by them. A Risk Management Plan may have been developed and this is consistent with the risk management strategies developed with the victim survivor/s. Referral to a specialist perpetrator intervention service has occurred or is being considered. The person using violence may: ... have stable accommodation ... be connected with services to address other presenting needs or circumstances ... be adhering to orders or interventions related to their use of violence ... present with a pattern of behaviour that has been successfully intervened or managed to lessen or prevent risk.[14]	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 person using violence. Adult victim survivor's self-assessed level of fear and risk is low, and safety is high. Victim survivor/s are engaged with a specialist family violence service or other appropriate services supporting their safety, needs and recovery.

12 Previous history of family violence is a strong risk indicator of future family violence. History is often indicated through past police incident records. However, be aware that some high-risk perpetrators, including those who commit homicide, will have had no prior involvement with police or the justice system. Lack of history of police involvement alone does not indicate lower level of risk.
13 Refer to **Responsibility 4** for further information about stages of change.
14 The pattern of behaviour must be considered alongside the tactics of coercive control and impact on victim survivor/s.

Risk level	Person using violence	Adult or child victim survivor
Elevated risk	A number of risk factors are present, including some high-risk factors. Risk is likely to continue if risk management is not initiated/increased.	
	Likely circumstances for risk level A Safety Plan may not yet be in place for the person using violence, or they are unable[15] to enact it. Risk management strategies may: ... not be in place ... require review to strengthen the approach ... have successfully reduced risk from a previously assessed level of 'serious risk'. Police have been involved on more than one occasion.[16] The person using violence may: ... be in a pre-contemplative stage[17] – not believing there is a problem ... have intermittent contact with services responding to their presenting needs, circumstances or behaviour that impact on risk ... be likely to disengage from services ... present with changes to dynamic risk factors and level of coercive control, or have likely changes in the near future[18] ... present to services falsely reporting to be the victim, making false cross-accusations of violence, or is known to seek collusion from professionals increasing risk of misidentification.[19]	The likelihood of serious injury or death is not high. However, the impact of risk from the person using violence is affecting the victim survivor/s' day-to-day functioning. Adult victim survivor's self-assessed level of fear and risk is elevated, and safety is medium. Victim survivor/s are engaged with a specialist family violence service or other appropriate services supporting their safety, needs and recovery.

15 This may be related to other presenting needs and circumstances impacting on risk, or level of readiness and motivation for engagement and change.
16 Refer to footnote 12 regarding police intervention and contact.
17 Refer to **Responsibility 4** for further information about stages of change.
18 Dynamic risk must be considered alongside an understanding of the changing level and dynamics of coercive control. Understanding levels of coercive control is outlined further in **Responsibility 7**.
19 Consideration is required to identify tactics and levels of systems abuse.

Risk level	Person using violence	Adult or child victim survivor
Serious risk	A number of high-risk factors are present. Frequency or severity of risk factors may have **changed or escalated**. Serious outcomes may have occurred from current violence and it is indicated **further serious outcomes** from the use of violence are **likely**, and there **may be imminent** threat to the life of the victim survivor, themselves or the community. Immediate risk management is required to lessen the level of risk or prevent a serious outcome from the identified threat presented by the person using violence. Statutory and non-statutory service responses are required and coordinated and collaborative risk management and action planning may be required.	
	Likely circumstances for risk level The person using violence may: ... have previously and/or repeatedly used family violence against current and/or previous victim survivors ... have had police attendance at family violence incidents on several occasions[20] ... be actively counteracting the risk management or system interventions in place, including avoiding police, statutory authorities, or services, to remain 'unknown' or out of view of the system ... present with changed or escalating frequency or severity of violence within a short period of time (1–4 weeks) ... display a pattern of coercive controlling behaviours that has escalated or changed, with increased hostility, including extreme displays of entitlement, revenge and retribution, underlying their intention or choice for using violence	Adult victim survivor's self-assessed level of fear and risk is high to extremely high and safety is low. Victim survivor/s are seeking an immediate intervention or unable to seek intervention due to levels of fear and risk.

20 Crime Statistics Agency reports that 'Only 6.9% of alleged perpetrators had more than five family violence incidents recorded over the past ten years, but this group accounted for 30.7% of all family violence incidents.' Crime Statistics Agency 2016, *in fact*, no. 2.

Risk level	Person using violence	Adult or child victim survivor
	... present with characteristics linked to serious risk[21] ... have breached or is at risk of breaching court orders, intervention orders, community-based correction orders or family court orders. This includes recent, increasing or persistent breaches of orders. ... have very intermittent attendance or engagement with your service or has disengaged, and/or has no contact with any service ... have presenting needs or circumstances linked to risk that have not been addressed, have changed/escalated recently, or are linked to deterioration of circumstances.	
	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, coordinated and collaborative responses and require formally convened crisis responses (such as RAMP).*** **Serious risk and requires immediate protection (for victim survivor) or intervention (for person using violence):** *In addition to serious risk, as outlined above:* Previous strategies for risk management have been unsuccessful. **Escalation** of severity of violence has occurred/is likely to occur. The person using violence does not respond to internal or external motivators. Concerns and observations about escalating behaviours become evident and require direct intervention. There are threats to suicide or self-harm present. The threats are recent, repeated and/or specific. There may be other risk factors present, including stalking, sexual assault, change in behaviours. Non-fatal strangulation has occurred. **Likelihood of homicide escalated and/or imminent.** **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). This includes risk assessment and management planning and intervention to reduce or remove serious risk that is likely to result in lethality or serious physical or sexual violence. Adult victim survivor self-assessed level of fear and risk is high to extremely high and safety is extremely low.	

21 Characteristics linked to serious risk are outlined in **Responsibility 7**. This includes how to understand and assess patterns of coercive control.

Supporting your assessment

The above table helps you analyse the information you have gathered through your intermediate risk assessment process.

However, the **Intermediate Assessment Tool** is just one resource you can use to determine the level or seriousness of risk of the person using violence.

You should use your Structured Professional Judgement and your professional experience, skills and knowledge to support your decision-making processes on the level of risk and your risk management actions.

3.5.4 Determining seriousness or level of risk

The model of Structured Professional Judgement provides a framework for gathering and analysing information to assist you to determine the level or 'seriousness' of risk.

This includes information about victim survivor lived experience and self-assessed level of risk, the presence of evidence-based risk factors including patterns of behaviour and intention to use violence, and experiences of structural inequality that impact on the person's risk and capacity for safety.

When working with a person using violence, determining the level of risk requires you to analyse all information related to:

- risk factors (static and dynamic)
- the perpetrator's behaviours, presenting needs and the background to the circumstances that brought them to the service system
- the pattern, history and intention for using family violence.

These elements, combined with an understanding of the effect their behaviour has on adult and child victim survivors, will assist your decision-making processes throughout intermediate risk assessment and risk management.

Static and dynamic risk factors

Risk factors are recognised as static or dynamic. This reflects how much they are able to change (present/not present, frequency, escalation).

Some risk factors are 'highly static', such as history of violence and prior behaviours, as their presence does not change.

Some are 'highly dynamic', such as recent separation, impending court hearings and alcohol and drug use, as their presence can change risk rapidly.

Some dynamic risk factors are more stable in nature, in that they may take longer to change, such as beliefs and attitudes.

Both static and dynamic risk factors contribute to assessing and managing family violence risk.

They can also inform a discussion with the person using violence about safety planning, if appropriate (refer to **Responsibility 4**).

REMEMBER

It is unlikely you will be able to accurately determine the severity, frequency, change or escalation of risk from intermediate risk assessment conversations with the person using violence alone.

Information sharing is a critical input to your understanding of risk.

This will support you to more accurately determine the level or seriousness of risk.

You should proactively seek risk-relevant information from other services and professionals working with the person using violence or victim survivor/s to inform your assessment.

Understanding the concepts of severity, frequency, change or escalation of risk will support you to determine the level of family violence risk.

This is particularly important when analysing information shared by the victim survivor or another service that has undertaken a risk assessment with the victim survivor.

For further information about victim survivor–focused risk assessment, refer to victim survivor–focused **Responsibilities 3 and 7**.

3.5.5 Reviewing risk assessment over time

The intermediate risk assessment process is ongoing and should occur throughout your ongoing contact or engagement with the person using violence.

When you decide on the level or seriousness of risk, this reflects risk at 'a point in time'.

Your risk management strategy should be a direct response to the determined level of risk. It should address the risk factors, behaviours, needs and circumstances underpinning your rationale for risk level (developing a risk management strategy is outlined in **Responsibility 4**).

Risk is dynamic and can rapidly change or escalate over time.

Ongoing risk assessment requires you to assess and monitor the person using family violence's presentation and engagement, and presenting needs or circumstances related to family violence risk.

Risk factors will change and may escalate or de-escalate depending on the circumstances of the person using family violence.

Where possible, ongoing engagement ensures you can identify change or escalation of risk and behaviours.

You should take **every engagement** (such as conversation or observation), **non-engagement** (where the person declines to engage), **disengagement** (where person discontinues engagement with your service), as well as **historical and current information** into consideration when assessing the risk presented by the person using violence.

You should regularly revisit and build upon the prompting questions outlined in the **Assessment conversation model** with the person using violence. This helps you to understand changes in presentation and risk, and to gain a deeper understanding of the person's pattern and intent to use family violence.

You should also regularly and proactively seek and share information with others to inform and update your risk assessment.

If you identify changes in a person's behaviours, needs or circumstances, or gain further information related to risk, apply Structured Professional Judgement to determine the 'point in time' level of risk.

You can record this information using the **Intermediate Assessment Tool** and compare with previous risk assessments to identify patterns and changes to risk over time.

The key to determining seriousness of risk is to understand how risk changes or escalates over time.

If you identify that no change has occurred, you can continue to observe and monitor narratives related to risk. This will allow you to identify patterns of coercive control and the person's intent or choice to use violence.

Remember, no change or no reported change can also indicate risk.

Factors that impact the dynamic nature of risk presented by the person using violence can include:

- patterns of family violence behaviour
- family violence intervention orders and family violence safety notices, including when recently made, served, varied or expired
- events such as high-profile sports, religious or public holidays or school holidays (if applicable)
- court matters (generally) and Family Court matters pending, being resolved or remaining unresolved – particularly if related to divorce settlement, parenting orders/arrangements and change to arrangements
- emotional distress linked to relationship breakdown or parenting issues/changed arrangements (e.g. outside of court orders, above), particularly around holidays, birthdays or other significant events

- pregnancy/new birth for the adult victim survivor
- housing or homelessness, or change in accommodation or accommodation needs (such as related to family violence intervention order exclusion conditions)
- change in employment or financial situation/instability, disengagement with education
- alcohol or drug use, problematic gambling, and change in behaviour or access to these
- isolation or disconnection from family and/or friends, community
- isolation related or due to cultural or religious/faith-based beliefs.

Change in the relationship or power dynamics can be reflected in a change or escalation of the person's use of family violence.

Change outside of their control, such as change in circumstances or system interventions, may relate to retaliation and co-occurring escalation of family violence risk and general violent behaviours.

NOTE

It is likely the actual risk level is higher than you identify from your conversation, disclosure or observed narratives in a session with a person using violence.

This is because people rarely disclose more serious risk behaviours and incidents, often due to shame, denial or guilt.

This is not uncommon across many forms of engagement and counselling practices when client/worker relationships are forming.

Minimising, denying and blaming are common narratives. It takes time and skill to shift the narrative to one of taking responsibility and accountability.

It is important that you manage any uncomfortable feelings you have about this. Your communication should remain balanced, as this will support your engagement with the person using violence and increase the likelihood of their ongoing engagement with the service system.

3.6 RECOGNISING INVITATIONS TO COLLUDE

Collusion occurs when professionals, organisations and the service system act in ways that reinforce, support, excuse or minimise a person's use of family violence and its impacts.

It reduces your own and the service system's capacity to keep the person using violence engaged, in view and accountable for their behaviour, and to keep victim survivors safe.

All professionals have a responsibility to understand the drivers, contributing factors and presentations of family violence across different relationships and communities (refer to *Foundation Knowledge Guide*).

This knowledge will help you recognise and respond to invitations to collude throughout your practice.

In your engagement with people using violence, you may hear statements that invite you to collude.

These are often identified in narratives, outlined in detail in **Responsibility 2**, including narratives:

- specific to the type of relationship the person using violence has with the victim survivor, such as narratives about intimate partners may vary to narratives about children, family members or people in their care
- that deny, minimise, justify or blame-shift use of coercive control and violence
- that position the person using violence as a victim (victim stance) to further minimise or justify their use of violence
- that the person is entitled to use coercive control or violent behaviour
- that represent myths and stereotypes about family violence, identity, culture, faith and age.

Some people who use violence seek collusion through their narrative and description of their needs or circumstances. This helps them to avoid responsibility for their family violence behaviour, and to deny, minimise or justify their use of violence and control. Some narratives can sound convincing.

The person using violence may be very confident in expressing their justifications, denial and/or minimisation about their behaviour, their rigid beliefs, or use of inflammatory remarks about victim survivors. They may believe these will go unnoticed or unchecked, particularly if they have not been responded to in the past.

Some invitations to collude may be deliberate, considered and calculated. The person using violence may attempt to manipulate you to get you on side or instil doubt in you. This is usually preceded by a set of tactics, where the person using violence seeks to enlist your support for their perspective over time. For example, they may first seek your agreement that their life situation is 'challenging', that they are acting 'reasonably' given the circumstances they face, and that any 'disagreement' with the victim survivor is understandable.

You may be colluding with a person using violence when you accept this narrative as true and respond using terms such as 'relationship issues'.[22] You may continue to collude when you base your professional decisions only on the perspective of the person using violence. This means you accept the person's narrative on face value without considering the experience of the victim survivor.

You may adopt terms such as 'mutual violence' to describe the situation in case conference discussions. Your risk management actions and interventions may actually increase risk for the victim survivor. Refer to **Section 3.9** for guidance on predominant aggressor and misidentification.

22 This terminology implies that both parties are equally 'responsible' and minimises the actions of the person using violence. If there is uncertainty about the identity of the victim survivor or person using violence / predominant aggressor, refer to **Section 12.2.1 in the** *Foundation Knowledge Guide*.

Be aware that:

- People who use violence are poor predictors of, or intentionally minimise, the level of risk they present to others.
- It is uncommon for a person using violence to be open and honest about their patterns of coercive controlling behaviours or violence in the initial stages of engagement.
- People who take little or no responsibility for their use of family violence may be heavily invested in inviting you to collude with them by agreeing or empathising with their story.
- People who use violence often make attempts to avoid acknowledging their use of violence. If they do, they often couch disclosures in narratives that seek to minimise the impact of their behaviour or blame something external for their actions (such as work stress, the behaviour of the victim survivor, or alcohol use).

There are two broad obstacles to a person using violence taking responsibility for their behaviour:

- feelings of shame about their actions
- using deliberate attempts to minimise, deny, shift blame or remove their own responsibility in order to maintain power and control over victim survivors.

Often, a combination of these two obstacles occur simultaneously for the person.

3.6.1 Recognising collusion based on a victim stance

People who use violence often present with a victim stance.

They may adopt a victim stance when they don't recognise their behaviours as family violence. This is particularly the case if they believe physical violence is the only form of family violence and when their use of other behaviours has resulted in police or service intervention.

'Victim stance' is an emerging and complex concept, arising from descriptions of professionals in direct practice in specialist perpetrator interventions.

Responsibility 2 outlines narratives related to a victim stance.

The headings below provide more information on the contexts in which people using violence may adopt a victim stance.

The person has past or recent experiences of trauma

A person using violence may adopt a victim stance when presenting (legitimately) as a victim of violence, trauma, experiences or systems. They may do this without taking responsibility for, or even admitting to, the harm they have caused.

When questioned about their own use of violence or control, the person may respond with avoidance and redirection, shifting the focus of conversations to speak to their own experiences.

This may include their own experiences of family violence and abuse, particularly as a child.

It can be difficult for a person using violence to talk about their own behaviour or beliefs and attitudes that underpin their use of family violence.

For some, changing the conversation to their victim history and using statements such as, 'I'm a victim, too', shifts focus away from themselves and relieves any emotional discomfort.

When professionals accept this invitation to move the conversation away from the person's use of violence, the person learns that strategies of avoidance and redirection work. They do not need to feel the discomfort or shame attached to their behaviour or take personal responsibility for their actions.

The person adopts a victim stance as learned behaviour to reduce responsibility

For some people using violence, adopting a victim stance may be a learned behaviour.

The person may have learned over time that diverting attention away from their behaviour by any means necessary works, and they continue to do so to purposefully avoid responsibility.

Taking a victim stance may be a motivated, purposeful way to hide their responsibility and deflect the conversation.

This is particularly the case where deflection allows them to blame the real victim survivor. They may accuse the victim survivor of being a perpetrator and create the conditions for misidentification.

The person perceives themselves as a victim of the system

This may arise from previous encounters with the justice, police or social services systems. This may be their own experience or that of people they know. This experience may be of real or perceived barriers, structural inequality or systemic and individual discrimination.

Experienced practitioners report that people who use family violence disclose trauma histories to strengthen their victim stance.

This allows them to push back on or avoid a professional's attempts to initiate a difficult conversation about their own violent behaviour.

A victim stance may also arise as a response to the system itself.

When people are arrested or issued with court orders, they may feel as if they have been wronged.

One of the things people using violence do to maintain abusive patterns is normalise these behaviours. Therefore, when the system intervenes, they often perceive this as an unjust intervention.

If your service engages with mandated clients, this is likely to be familiar to you.

Autonomy is a basic psychological need[23] – when autonomy is taken away, you should expect some sort of resistance. The victim stance is just one example of this.

23 Steindl C et al. 2015, 'Understanding psychological reactance: new developments and findings', *Zeitschrift fur Psychologie*, vol. 223, no. 4, pp. 205-214. doi:10.1027/2151-2604/a000222

3.6.2 Recognising collusion through systems abuse

People who use family violence may seek to manipulate services and systems and use them as a 'weapon' against victim survivors.

This is sometimes called 'systems abuse'. Reflect on guidance in **Sections 11.1.2 and 12.1.18** of the *Foundation Knowledge Guide*. *This is sometimes referred to as 'systems abuse'*

Systems abuse can include:

- vexatious applications to courts (which are particularly prevalent in family law proceedings)
- controlling victim survivor access to support services if the person using violence has caring responsibilities
- malicious reports to statutory bodies such as police, health services, family services and Child Protection.

Systems abuse occurs within the broader context of coercive control. It is a strategy to maintain control over a victim survivor or cause further harm.

Systems abuse can have extreme and long-term impacts on victim survivors. **Section 12** in the *Foundation Knowledge Guide i*ncludes a range of examples across relationships and communities.

Systems abuse can also lead to misidentification of people using family violence and victim survivors, particularly where the person using violence adopts a victim stance that goes unnoticed or unchallenged.

Women are more likely to be misidentified as the person using family violence than men,24 and evidence suggests this is a particular risk if victim survivors require interpreters, have a disability or a mental illness, or are Aboriginal or Torres Strait Islander.

24 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.

Myths and stereotypes about the presentation of victim survivors and binary gender norms also contribute to misidentification within LGBTIQ relationships.

Systems abuse can occur when people who use violence target the victim survivor's identity or experiences in their methods of coercive controlling behaviour. This may also increase the likelihood of misidentification of a perpetrator/ predominant aggressor.

This has the effect of exacerbating or exploiting existing structural inequality, barriers and systemic and individual experiences of discrimination. In doing so, they further their own position, undermine the victim survivor and continue to perpetrate violence.

You should be aware that a person using violence may be intentionally manipulating you, your service or parts of the system to further harm or control a victim survivor.

This use of power and coercive control aims to invite you to collude with their position or intention for using violence against the victim survivor.

REMEMBER

- Accepting invitations to collude increases the risk to victim survivors and reduces your capacity to appropriately engage in risk assessment and risk management.
- If you believe you are being invited to collude with a person using violence, you can seek both internal and external support by:
- talking with senior co-workers, your supervisor or team leader for support in your response
- seeking secondary consultation with a specialist perpetrator intervention service.

3.6.3 Key practices to minimise the risk of collusion

For professionals working with a person using family violence, it can be complex and challenging to balance a trusting, respectful working relationship with non-collusive and accountable practice.

When attempting to respond without colluding through agreement (compliant collusion), you must also be equally aware of the challenges of responding without colluding through argument and confrontation (oppositional confrontation).

In both response types, you risk acting in ways that reinforce the person's position of not taking responsibility for their use of family violence.

You may be concerned that engaging proactively with people using family violence signals implicitly or explicitly that you endorse their behaviour.

However, staying engaged with a person using violence allows you to assess and manage risk.

If you feel your professional decision-making process is being compromised by collusion, you should seek secondary consultation with a specialist service working with people using violence.

You can also seek advice from other professionals, such as mental health or alcohol and drug services, who work with the person using violence to identify if they are also being invited to collude.

If the person using violence is Aboriginal or identifies as belonging to a diverse community, you can seek consultation with professionals working in targeted and specialist community services. This can help ensure you do not discount legitimate experiences of discrimination and trauma while taking a balanced approach to engagement.

Be curious and invitational – use professional curiosity

Ask questions and be open to hearing the narrative and understanding the behaviour of the person using violence.

It is important, as outlined in **Responsibility 1**, to build trust and rapport. This will enable a person using violence to continue to engage with your service.

Key practices to balance safe and respectful engagement while minimising the risk of collusion include:

- keeping the victim survivor's experience and the effects of the violence as your central concern. You can do this by listening for information that could be relevant to risk and indicate the impacts on victim survivors
- being alert to the potential of implicitly or explicitly endorsing violence-supporting narratives or behaviours of the person using violence
- intentionally listening, taking an invitational but objectively analytical approach. This can help you to avoid the risk of inadvertently supporting minimising, justifying or blame-shifting narratives of a person using violence
- avoiding confrontation with the person using violence. This helps you to reinforce help-seeking behaviours and model non-confrontational problem solving.

You should be aware of the conditions that contribute to family violence perpetration as outlined in **Responsibility 2** and hold these in mind throughout your engagement.

Applying intersectional analysis, outlined in *Foundation Knowledge Guide* and in **Section 3.3** above, can enable you to understand the person's multi-layered identity, circumstances and life experiences.

Using a balanced approach to engagement

The table below illustrates three styles of engagement professionals often use when working with people who use violence:

- compliant collusion
- a balanced approach
- oppositional confrontation

The style you adopt when engaging with people using violence can affect your capacity to build rapport and trust, keep them engaged with your service, and encourage responsibility-taking.

At times you may adopt a different style in response to invitations to collude.

- Compliant collusion occurs when you become invested in the person's narrative as it is presented, which is likely to reinforce and validate the beliefs or attitudes of the person using violence.
- Using a balanced approach means you are aware of the purpose of their engagement with your service to address a need, you understand that they may disclose or share information with you that indicates they are using family violence, and you can hold these two narratives in mind when working with them in a way that is non-collusive.
- The oppositional confrontation approach is when you use your position, power and knowledge to argue with the person using violence or oppose their invitations to collude. This emulates the power and control of the person using violence, and it can both increase risk and reinforce the message that this type of behaviour is rewarded with more power. Oppositional confrontation occurs when your judgement, assumptions, beliefs or agenda override your risk and safety engagement practices, and you use an aggressive tone, presentation or behaviour that mirrors that used by the person using violence in their relationships. While your intent may be to 'hold the person using violence to account', it can increase risk to the victim survivor and push the person further away from personal accountability and change. Using an oppositional confrontation approach reinforces their behaviour as being appropriate and acceptable.

You should respond using a **balanced approach** to avoid reinforcing behaviour that rewards the use of power over people, while also avoiding validating the person's violence-supporting narratives.

NOTE

There is no one way to have a conversation with a person using violence about their needs, circumstances, relationships and risk to inform a family violence risk assessment. You should build your style and presentation into the process.

Reframe the prompts in the **Assessment conversation model** to align with your own approach, engagement skills, competency and personality. This is important, as a genuine, enquiring and curious approach will build your professional relationship and rapport with a person using violence.

One approach to feel confident in your engagement is to be guided by the responses from the person using violence and use follow-up questions.

It is important to trust your skills, knowledge and experience in the engagement process.

This will support your capacity to elicit answers that build your understanding of the person's story in a safe and respectful way.

Table 2: How to respond to invitations to collude[25]

Compliant collusion	A balanced approach	Oppositional confrontation
Engagement occurs and the conversation feels friendly, personal and easy. You hear their narrative and there is little challenge and conflict, which can lead to validating their experiences and narrative.	**You engage with the person using violence, acknowledging their needs and increasing their readiness to engage with the services you offer or provide.** **You know these services will actively contribute to reducing risk associated with family violence and provide feedback about how these may improve other aspects of their life, like relationships with family members.** **These sessions may be difficult because the person using violence experiences internal conflict, vulnerability or shame, but may not necessarily name these feelings at this point.**	You use information from others to tell the person you know about their use of family violence. You use information to 'catch them out'. The person notices you are judging them for their use of violence, either through what you say or your body language. They respond to you with the same level of opposition, which you experience as 'resistance'.
You join in with the person's views about the behaviours of others (such as perceived 'provocation' to use violence or blame-shifting to focus on another person's behaviour), and the impact of that behaviour on them.	**You use professional curiosity to ask questions to understand the relationship and context of the behaviours the person using violence is listing.** **You invite them to consider what they are bringing into the situation they describe and make gentle suggestions to challenge themselves about how they would like to interact differently in this situation.** **You can acknowledge a person's experience of violence without colluding with narratives that shift blame.**	You confront the person using violence with their wrongdoings, and/or tell them they are probably the cause of someone else's behaviour towards them.

25 Adapted from No to Violence nd, *Tips for engaging men on their use of family violence*, https://www.thelookout.org.au/sites/default/files/tips-for-engaging-men-who-use-family-violence.pdf, and Geldschläger H 2019, ENGAGE *Roadmap for frontline professionals interacting with male perpetrators of domestic violence and abuse to ensure a coordinated multi-agency response to perpetrators*, https://www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/ENGAGE/engage_EN_190313_web.pdf

Compliant collusion	A balanced approach	Oppositional confrontation
You over-empathise when the person talks about themselves as a victim of others or their circumstances.	**You listen to the person using violence's description and use professional curiosity to gather information about the situation and the potential risks they present. You ask questions about whether they feel fearful or unsafe from any other people in the family.**[26] **If they state they are not fearful for themselves, you can explore their capacity for empathy about their behaviour, circumstances or capacity for empathy towards the other person who may be affected in the situation.**	You don't empathise at all or tell them they sound like they are actually a person using family violence.
The person using violence feels you understand them better than their partner or family members. You feel liked by the person using violence and less anxious about your engagement.	**The person using violence may come to value and respect your help.**	The person using violence dislikes you and is unlikely to engage with you. They may disengage from the service and other services. The person using violence becomes visibly angry or upset. They may become verbally aggressive or completely withdraw from the conversation.

REMEMBER

The person using violence will disclose objective indicators of risk and risk factors during assessment of their presenting needs and circumstances, such as employment, use of alcohol or drugs and mental health.

They may also use narratives related to these presenting needs and circumstances that invite you to collude with their minimisation or justification of their use of family violence.

Applying non-collusive practice means you recognise these invitations, do not respond with agreement or argument, but instead use professional curiosity and a balanced approach to explore the person's narrative and use the information to inform your risk assessment and risk management.

If a person using violence invites you to collude, this is risk-relevant information. You can record these invitations as an observed narrative or behaviour in the **Intermediate Assessment Tool** in **Appendix 3**.

26 If they express a high level of fear, you can consider if there has been misidentification of their use of violence. Refer to **Section 12.2.1** of the *Foundation Knowledge Guide*.

3.7 OPPORTUNITIES TO ENGAGE AND MONITOR RISK OVER TIME

Family violence is rarely a single 'incident'.

It is usually a pattern of coercive and controlling family violence behaviours over time.

However, any disclosure of family violence or an identified 'incident' is an opportunity to engage the person using violence in the service system.

There are key points in time[27] following an 'incident' where a person using violence may come into contact with services.

These points in time present opportunities to assess risk and support people who use family violence to stabilise their needs and circumstances and enhance their capacity to change their behaviour.

Time-based opportunities can include:

- following first disclosures in the course of their initial engagement (such as alcohol and other drug use or related to a court order)
- over the course of your ongoing professional relationship with the person to address presenting needs.

An 'incident' may be police-attended (or not), be followed by a new intervention order and/or disclosed as part of the person's engagement with you.

The table below provides an overview of opportunities for non-family violence specialist professionals to engage based on timeframes following an 'incident' or disclosure.

This is generalised information and should be used as a guide only.

This will inform your risk assessment of the person using violence and support you to tailor your responses to each individual presentation (refer to **Responsibility 4** for further information about time-based risk management responses).

27 RMIT Centre for Innovative Justice 2018, *Bringing pathways towards accountability together: Perpetrator journeys and system roles and responsibilities*

Table 3: Key timeframes for assessing and monitoring risk after disclosure or you become aware of a family violence incident

Timeframe after you become aware of family violence	Purpose of engagement, risk assessment and monitoring
Immediately following, up to two days	Contact at this time may have resulted from police, Child Protection, health or mental health service system response – this will affect how a person using violence moves through the service system, re-presents to services, or engages with you about their needs or family violence risk behaviour. In this timeframe, your risk assessment actions can include: ... commencing intermediate risk assessment through your assessment of presenting needs ... identifying any immediate risk or crisis response required for each person ... providing early support to create an experience of trust in the system ... identifying initial motivation to seek help from your service.
Within two weeks	The person using violence may be excluded from the home (temporarily or for an extended period). This time may enable them to adjust, or conversely resist, new living arrangements and any changes in their relationship, such as separation. If they do not adjust to the new arrangements, they may return to the family home in breach of a family violence intervention order. They may believe things can return 'to normal' or express motivation to work towards this. They may have increased motivation to engage with services about family violence risk or related behaviours, parenting or other needs or circumstances. During this period, they may have support needs such as crisis mental health services. Proactive, timely and safe engagement can increase the likelihood of engagement about the incident and acceptance of supports offered. In this timeframe, your risk assessment actions can include: ... continuing your intermediate risk assessment through follow-up engagement and conversations ... information sharing to enhance your understanding of family violence risk factors, patterns of behaviour and coercive control ... identifying the range of presenting needs outside those leading to the person using violence's contact with your service ... identifying and monitor in/stability of presenting needs and circumstances related to risk or protective factors ... identifying motivation to seek help from your service or other services ... increase trust with continued engagement, enabling you to monitor for change or escalation of risk.

Timeframe after you become aware of family violence	Purpose of engagement, risk assessment and monitoring
Two to three weeks	The person using violence may acknowledge some aspects of family violence or related behaviour, reflecting an increased sense of shame or guilt. You may identify attitudes towards compliance or non-compliance with any police/court interventions or family violence safety notice or intervention order conditions. In this timeframe, your risk assessment actions can include: ... review and update your risk assessment to reflect any information about change or escalation of family violence risk, including attitudes or compliance with family violence intervention orders and conditions ... identify changes in motivation to engage with your service or other services ... monitor for risk of disengagement, being aware that some people using violence may: ... disengage with services at this time, believing that the 'crisis' has passed (refer to guidance on disengagement in Section 3.7.1) ... minimise their responsibility or impact of their behaviours. ... regarding time since last incident – monitor narratives/behaviours indicating shame, remorse, minimising, denying, blaming or change/escalation ... repeat incidents or pattern of coercive and controlling behaviours (where identified in risk assessment and information sharing).
One to four months	Your engagement can support the person's capacity for change while monitoring risk over time by: ... offering consistent engagement and support to increase capacity for behaviour change ... identifying and responding to change or escalation of risk associated with any interventions or engagement with the person using violence. In this timeframe, your risk assessment actions can include those outlined in 'Two to three weeks', as well as: ... identifying new dynamic risk factors or change or escalation of existing risk factors, including alcohol or drug use, gambling, disengagement from employment or education ... identifying changes in the person using violence's external and internal motivations to engage or change.
Ongoing	Where appropriate to your professional role, keep the person using violence engaged with your service to monitor for change or escalation of family violence risk. Identify the impact of your support to stabilise the person's needs and circumstances on their level of risk. In this timeframe, your risk assessment actions can include those outlined in 'One to four months', as well as: ... contributing to ongoing risk assessment (to monitor and identify any change or escalation of needs or circumstances that may indicate likely family violence) ... sharing risk-relevant information on change or escalation of risk with services supporting the person using violence, adult or child victim survivors, as appropriate.

3.7.1 What to do if the person using family violence disengages

Disengagement enables the person using violence to be invisible to the service system (not in view) or not accountable, often leading to:

- change or escalation in frequency or severity of family violence. This may relate to changes in needs and circumstances related to risk, such as increased use of alcohol or drugs, housing instability, change in mental health
- increased risk for victim survivors and family members. The inability of services and systems to monitor for change or escalation in risk reduces the likelihood of timely and appropriate responses to new family violence 'incidents'
- increased likelihood that the person using violence will not voluntarily seek help in the future. People using violence may feel abandoned by, or reject the usefulness of, the systems they sought help from or were directed to for help. This may lead to reluctance or rejection of engagement with service systems in future.

You should consider disengagement using a risk assessment lens, and whether it reflects a change or escalation of risk.

If you determine that risk is likely to escalate following disengagement, consider whether there are immediate risk management strategies you need to implement (refer to **Responsibility 4 to 6**).

This includes considering if you have direct contact with an adult or child victim survivor, or with another professional working with them including specialist family violence services.

3.7.2 Intermediate risk assessment without victim survivor contact

In your engagement with people using violence, you may not have any contact with adult or child victim survivors.

You should nonetheless hold the lived experience of the victim survivor at the centre of your intermediate risk assessment.

This is vital to maintain safe and non-collusive practice and to reduce risk for the victim survivor.

As a professional providing services to the person seeking help, it is easy to be drawn into their narrative as a 'real' or 'true' account. This is particularly the case when you are not able to ascertain a victim survivor's self-assessment of risk.

If this is the case, you should:

- reflect on your knowledge of the impact of perpetration of violence on victim survivor/s (*Foundation Knowledge Guide* and the victim survivor–focused MARAM Practice Guides)
- assess, reflect and contextualise your observations of the person using violence's presentation and narrative and how it may demonstrate coercive and controlling behaviours
- seek secondary consultation with a specialist family violence service
- reflect on and challenge your biases and assumptions
- request and share risk-relevant information
- apply your Structured Professional Judgement.

3.7.3 When you do have contact with the victim survivor, or a professional working with them

It is possible in your engagement with the person using violence that you will have contact with the victim survivor.

The victim survivor's self-assessment of their own risk is a crucial component in assessing the level of risk presented by the person using family violence.

The victim survivor's risk assessment should inform your assessment with the person using violence and risk management strategies including safety planning (discussed in **Responsibility 4**).

Contact with a victim survivor might occur when:

- the victim survivor independently seeks support from your service
- the victim survivor engages with you to share information about risk
- the victim survivor attends the appointments/service
  - remember, do not ask the victim survivor about family violence in the presence of the person using violence, or the person using violence about their behaviour in the presence of the victim survivor
  - refer to **Responsibility 2** – your organisation should have policies and procedures for safely separating the victim survivor and the person using violence so you can have a private space for conversation.
- you provide an outreach service that includes engaging with family members
- the family is part of the treatment plan to support presenting needs of the person using violence
- the person using violence invites the victim survivor to be involved
- your intake and assessment process requires contact with family members
- information sharing from another professional working with the victim survivor.

REMEMBER

You must not share information about a victim survivor with the person using violence, even to attempt to verify some or all of the narrative of the person using violence.

This could significantly increase the risk of violence towards the victim survivor by the person using violence.

Risk assessment and risk management with a victim survivor should occur when the person using violence is not present.

If the victim survivor requests that the person using violence is present, this may need further exploration with the victim survivor to ensure there is no coercion from the person using violence.

A person using family violence may invite you to disclose if you have contact with the victim survivor.

In your response, state your organisation's guidelines regarding information sharing and confidentiality.

3.8 IDENTIFYING MOTIVATIONS

People who use violence are likely to enter your service with a range of motivations, both conscious and unconscious, short and long-term.

Some motivations are extremely influential on day-to-day behaviours and others are never acted upon.

The strength of motivations can increase and decrease depending on internal and external interests and influences.

Motivation may arise in response to a need or reflect a person's values and beliefs. For example, a person may be in crisis and have short-term, immediate needs to find stable accommodation. This same person may also hold a longer-term motivation related to parenting or caring roles, reflecting their values of family and relationships.

When working with a person using violence, you can work with them to identify their motivations for:

- engaging with you and accepting support for their presenting needs
- addressing their presenting needs and other circumstances that raise issues or challenges
- discussing their use of violence
- addressing their use of violence or working towards safety and change.

The latter two points are discussed in **Responsibility 4**.

The person using violence may speak about motivation in ways that are not inherently abusive. For example, they may want a relationship with their children following separation.

However, the person's narrative should be approached with caution, as their actions may indicate a continued use of violent and controlling behaviours.

Where safe and appropriate to your role and relationship with the person using violence, you can discuss motivations with them to assess the person's readiness to accept further support for behaviour change.

Refer to the **Intermediate assessment conversation model** (**Appendix 4**) and **Intermediate safety planning conversation model** (**Appendix 9**) for examples of prompting questions to explore motivation as part of intermediate risk assessment and management.

Responsibility 4 has further guidance on using motivators to increase readiness for behaviour change as part of risk management.

3.8.1 Parenting as a motivation for engagement and change

You should prioritise the safety, wellbeing and needs of children and young people and adult victim survivors.

Engaging and intervening with people who use family violence who are parents, or who have an ongoing parenting role, is an important part of this.[28]

During your engagement and risk assessment process, you should identify if they have a parenting or caring 'identity' or role.

The person's narratives that relate to their parenting or caring identity often indicate their beliefs and attitudes about parenting, including expectations about themselves and other parent/s.

This information can provide insight into their intention or choice for using coercive controlling behaviours and any targeting of behaviours.

For example, the person may express beliefs about parental ownership of children. Together with an expectation of being entitled to a parenting role regardless of their behaviour, this may result in the person continuing to harass, harm or intimidate the adult victim survivor after separation.

Responsibility 4 provides guidance on determining whether it is safe, appropriate and reasonable to use parenting or caring as a motivator.

Caution: parents using violence can also use children to further control and harm a non-violent parent/carer who may also be a victim survivor.

It is important to keep child and adult victim survivors at the centre of your practice when using conversation prompts during intermediate risk assessment.

Parenting can be a motivator for engagement and behaviour change. However, the person using violence may use their parenting responsibilities to mask violent behaviours towards adult and child victim survivors.

28 Adapted from No to Violence 2017, *Position statement: fathering programs for men who use family violence.*

Additionally, the person using violence may associate the parent/carer identity or role with shame, hopelessness, and resentment. Each of these aspects is risk-relevant for your risk assessment.

You can also refer to **Section 3.8.2** for further guidance on identifying change or escalation of risk related to the parenting role, and **Section 3.10** for guidance on narratives and indicators of homicide–suicide risk.

Children and young people's safety, needs and wellbeing must be kept at the centre of your decision making for exploring whether parenting can be a motivator for engagement or behaviour change.

Use your Structured Professional Judgement and training in working with people using violence to navigate these conversations in a curious way, while not colluding with their motivations related to their parenting if these are linked to their use of coercive control and violence.

You can seek secondary consultation support from a victim survivor specialist family violence service or specialist perpetrator intervention service to guide your consideration of parenting, understanding of the person's intent or choice to use violence, and any behaviours directly targeting the non-violent parent/carer (refer to **Responsibility 5**).

Disclosures of family violence use

During your engagement, a person using violence may openly acknowledge their use of family violence.

This may include where they are attending your service related to a court order.

Be cautious of the **motivations** of a person who provides details of their behaviours and presents as 'desperate' to seek help.

If safe and appropriate, a further exploration of their narrative can unpack their level of actual motivation and willingness to stop their use of family violence and reduce risk to family members or engage in services to change their behaviour.

For the purposes of your risk assessment, be aware of how the person using violence expresses their motivations for engaging and disclosing family violence behaviours. Observe their narratives and behaviours to identify their underlying intent or choice to use violence (refer to **Responsibility 2**).

People who openly disclose details of their use of family violence typically do this to:

- minimise what is happening
- demonstrate to their ex/partner/family their willingness to change
- seek a letter for court appearances
- invite you to collude with their narrative to shift blame at a later time
- gain access to their children through increased or changed parenting arrangements/orders.

In applying your Structured Professional Judgement, where you believe the motivation to change is genuine, consider ways of engaging that maintain the person in your service and the system to support long-term involvement and behaviour change opportunities.

3.8.2 Serious risk escalation related to change in parenting role and relationships status

Threats by the person using violence to report the other parent/caregiver to authorities (systems abuse) are common. This often indicates a heightened level of control being exercised on the adult and children.

In cases of separation or changes to parenting arrangements related to court matters, the threat to report can become more frequent.

It is common for people using violence to contact services to find out the best ways to do this. They often support their allegations with material such as photos and statements from witnesses. They may invite service providers to collude with them in their reports against the adult victim survivor/parent.

At the point of separation, people who use violence can escalate their controlling behaviour to keep their partner in the relationship, particularly when children are involved.

This can trigger a new narrative that their relationship with their children is being destroyed by the other parent.

Indicators of serious and escalating risk that must be acted upon immediately include when the person using violence:

- expresses feelings of losing control of the relationship, in particular, observing obsessive and desperate behaviours and victim stance narratives
- presents with declining mental wellbeing and statements about inability to cope, expressions of feeling hopeless
- experiences a loss or reduction of protective factors, such as employment, connections with other family, friends or community supports
- expresses narratives that empathise with people who have killed partners or children, for example 'I now understand what they went through when they killed their partner/child'.

You may identify risk factors related to escalation when discussing the person's presenting needs, circumstances and relationships.

Each of the examples listed above can indicate suicide and homicide–suicide risk.

Refer to Appendix 6 for guidance on what you should keep in mind to identify suicide risk when observing or exploring family violence risk factors with a person using violence.

3.9 MISIDENTIFICATION OF VICTIM SURVIVOR AND PERSON USING FAMILY VIOLENCE (PREDOMINANT AGGRESSOR)

Section 12.2.1 of the *Foundation Knowledge Guide* describes the issue of misidentification of the 'predominant aggressor' or perpetrator of family violence.

Complexity can arise where:

- the victim survivor uses self-defence or violent resistance in response to ongoing coercive and controlling family violence behaviours from the predominant aggressor/person using violence
- there are cross-accusations of violence
- the person using family violence uses systems abuse, seeking to manipulate professionals and services by overtly presenting themselves as the victim in the situation (victim stance)
- the predominant aggressor / person using family violence uses significant coercive and controlling behaviours to minimise, justify and deflect responsibility to undermine or confuse the 'real' victim survivor to believe themselves as the perpetrator.

These complexities can lead to the 'real' victim survivor being identified as the person using family violence.

You should be aware of this issue and alert to common family violence narratives and behaviours (as outlined in Section 1 of the **Intermediate Assessment Tool** and the *Foundation Knowledge Guide*).

Where complexity in presentation arises and you are uncertain about the identity of the person using violence, you should:

- identify any invitations to collude with a perpetrator's victim stance, or narratives that minimise, justify, deny or shift blame. Acceptance of invitations to collude can unintentionally reinforce the person's victim stance and can silence, minimise or justify violence used against a 'real' victim survivor
- document identified risk factors and observed narratives and behaviours in the **Intermediate Assessment Tool**
- proactively share risk-relevant information to identify further detail related to family violence risk factors and the person's pattern and history of coercive control
- use Structured Professional Judgement to identify who may be using patterns of coercive controlling family violence behaviours.

You can document that you have used the **Intermediate Assessment Tool** to support your determination of the predominant aggressor in response to suspected misidentification or where complexity in presentation arises (in **Section 5**). Where a determination is made in response to suspected misidentification, ensure your records are corrected and proactively share information with appropriate organisations.

Where there is continued uncertainty about the identity of a person as either a victim survivor or person using family violence, document this in **Section 5** of the **Intermediate Assessment Tool**, seek secondary consultation and share information with specialist family violence services.[29]

29 Specialist services are Risk Assessment Entities (RAEs) under the FVISS, and where an ISE is uncertain of the identity of a person as either a victim survivor or person using violence, RAEs are responsible for undertaking assessment to determine the identity of the victim survivor and predominant aggressor / perpetrator.

Prior to and following determination of identity of the parties, each person should be supported to be safe in the relationship through comprehensive risk assessment, risk management and safety planning.

It is important that each person is provided with their own individual support to ensure their safety and dignity is upheld throughout any risk assessment, risk management and ongoing support offered.

In these circumstances, it **is not appropriate** to work with both parties as a couple, or for both parties to be supported by the same professional (except where this is not practicable – such as in some remote/rural settings).

Regardless of identifying a victim survivor and predominant aggressor / perpetrator, each person will likely present with their own risk, needs, trauma and use of violence/ violent resistance. Each person can be better supported through a tailored and responsive approach.

Specialists will use the guidance on identifying the predominant aggressor (person using family violence) in **Responsibility 7**.

Practice guides for **Responsibilities 5 and 6** will also help you to respond to this issue through information sharing, secondary consultation and referral to specialists.

3.10 IDENTIFYING 'IN COMMON' RISK FACTORS OF SUICIDE AND USE OF FAMILY VIOLENCE

Appendix 6 outlines the 'in common' or 'shared' risk factors for suicide and family violence risk, as well as:

- guidance on the context (such as presenting needs or circumstances) and
- importance of responding to key common risk factors.

Effective risk assessment for determining accurate levels of suicide risk are still emerging. The trajectories and contributing factors to suicide risk are complex.

For these reasons, this guidance is framed as practice considerations for what you should keep in mind to identify suicide risk when exploring family violence risk factors.

Combining established research with reflective practice provides an approach that takes account of contextual nuances. This is often called 'evidence-informed practices'.[30]

Consistent with family violence risk factors outlined in the *Foundation Knowledge Guide*, serious family violence risk factors — those that may indicate an increased risk of the victim being killed or almost killed — are highlighted with **bold**/**shading**.

30 'Dodd S and Savage A 2016, 'Ethics and values, research and evidence-based practice', Social Work Profession, doi:10.1093/acrefore/9780199975839.013.91.

Guidance is intended to recognise the 'in common' risk factors for **adults** who use family violence.[31]

There are additional suicide (only) risk factors, noted in a separate section, which are not 'in common' with family violence risk factors.

You may identify these additional suicide risk factors through your engagement when discussing presenting needs and circumstances.

Responsibility 4 has further guidance and questions to identify suicide risk with a person using violence as part of preparing a Safety Plan.

Call police on **Triple Zero (000)** if there is **immediate risk.**

If risk is not immediate, you can seek secondary consultation or refer to an appropriate suicide response service or appropriately trained clinician.

If an individual has let you know they are Aboriginal or identify as belonging to a diverse community, you can ask them if they would like to be referred to a specialist targeted community service.

31 Risk factors for suicide in common to adolescents who use family violence are outlined in the Adolescents who use family violence MARAM Practice Guides.

3.10.1 Identifying narratives and indicators of homicide–suicide risk (imminent risk)

There are some in common narratives indicating suicide and homicide risk from the person using violence to adult and child victim survivors.

If these narratives are present in your family violence risk assessment, they indicate an assessment of 'serious risk and requires an immediate intervention' (imminent risk). These may include:

- narratives of sympathy with another person who has died by suicide and/or killed others, such as expressing empathy for a homicide case in the media
- narratives of revenge or the victim survivor 'deserving consequences' for their actions
- indications they believe the ultimate show of power and control over ex/partner would be by removing children from them, by any means possible
- indications of extreme fixation, rumination or focused hatred against the victim survivor or the system as having wronged them
- extreme hopelessness about the end of a relationship or lack of access to children/parenting arrangements combined with strong narratives of entitlement and possession.

If you hear these narratives, there is **immediate risk**, you should call police on **Triple Zero (000)**.

If the person is attending your service, you can seek secondary consultation or refer to an appropriate suicide response service or appropriately trained clinician.

You should proactively share information with professionals working with adult or child victim survivors to enact risk **management interventions.**

3.11 WHAT'S NEXT

Once the level or 'seriousness' of risk is determined, refer to **Responsibility 4** for guidance on developing a Risk Management Plan and Safety Plan, as required.

If the assessed level of risk is 'serious risk' or 'serious risk and requires immediate intervention' (imminent risk), call police on Triple Zero (000).

You can seek advice and information from specialist family violence services and specialist perpetrator intervention services:

- for support to determine level of risk, risk management and safety planning actions with the person using family violence
- to develop or update risk assessments, risk management and safety plans with victim survivors.

In some circumstances, it is appropriate to seek secondary consultation or referral to a specialist perpetrator intervention services for comprehensive risk management.

Secondary consultation or referral:

- must occur if the assessed level of risk is 'serious risk' or 'serious risk and requires immediate intervention'
- may occur if the assessed level of risk is 'elevated risk'.

These situations may also require police action. Consider referring the matter to Victoria Police for investigation, particularly where there is serious risk to the safety of any person.

You may still have a role if another professional, usually in a specialist perpetrator intervention service, takes a leadership role in coordinating risk management activities targeted towards the person using violence and creating a comprehensive safety plan.

This may include:

- collaborating to create the risk management plan
- agreeing to actions assigned to you or your service
- keeping the person using violence engaged with you
- regularly sharing information about their family violence narratives, behaviour, needs or circumstances, particularly as related to change or escalation of risk.

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**.

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:

- limited confidentiality conversation
- intermediate risk assessment details, determined level of risk, identified patterns of coercive controlling family violence behaviours and rationale for risk level
- (if possible) contact details for the victim survivor (refer to victim survivor-focused MARAM Practice Guides)
- (if possible/applicable) children's details
- if an interpreter was used in the assessment
- if a support person was present and relationship to the person using violence
- information related to direct disclosures made by the person using violence. This may include their general statements about their behaviour and any links to observable narratives and behaviour documented in the risk assessment. You should take care not to document in ways that collude with the person's minimisation or justification of violence, and refrain from using mutualising language in your descriptions.
- identified motivations to seek help, case notes and any other relevant information about the person using family violence or circumstances of the victim survivor
- if misidentification was suspected or there is uncertainty about the identity of parties or their presentation and you used the Intermediate Assessment Tool to support your determination of the predominant aggressor
- actions taken to correct your records where misidentification previously occurred and steps to proactively share information about the predominant aggressor with other organisations
- any information sharing and secondary consultation actions you undertake to support your risk assessment, including for the purpose of seeking further assessment to determine the predominant aggressor.

APPENDIX 3: ADULT PERSON USING VIOLENCE INTERMEDIATE ASSESSMENT TOOL

Service user details

Full Name:	Alias:
Date of Birth:	Also known as:
Gender: ☐ Male ☐ Female ☐ 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:	Service provider client ID:
Aboriginal and/or Torres Strait Islander ☐ Aboriginal ☐ Mob/Tribe: ☐ 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 **Cognitive, physical, sensory disability**: **Rural** ☐ Yes ☐ No ☐ Not known **Older person** ☐ Yes ☐ No ☐ Not known
Was a language or Auslan interpreter used?	☐ Yes ☐ No (If yes, what language):
Country of birth:	Year of arrival in Australia:
Are you on a visa?	☐ Yes ☐ No (If yes, what type):
Language mainly spoken at home:	
Emergency contact: Relationship to service user:	Name: Contact Number:

Person identified as using violence by:

☐ Direct disclosure (self)
☐ Victim survivor disclosure
☐ Observation of family violence risk factors (narratives or behaviours)
☐ Information sharing from another professional or service, or third party
☐ Referred or court order for mandated engagement

Limited confidentiality conversation conducted?

☐ Yes
☐ No, detail reason:

The status of the family unit:

☐ Lives alone ☐ Lives with carer
☐ 0 Family live together/ not separated
☐ Recently separated/anticipated
☐ Separated where child/children reside with the victim survivor
☐ Separated family where child resides with the person using family violence
☐ Separated, children are in alternant/kinship or family care

Further details

Adult victim survivor details (add per adult victim survivor)

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

☐ Female ☐ Male
☐ 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 ☐ Mob/Tribe:
☐ 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
Cognitive, physical, sensory disability:

Rural ☐ Yes ☐ No ☐ Not known
Older person ☐ Yes ☐ No ☐ Not known

Country of birth:	Year of arrival in Australia:
Are they on a visa?	☐ Yes ☐ No (If yes, what type):
Language mainly spoken at home:	

[if applicable]

Child 1 Details#
(Add per child victim survivor)

#Separate risk assessment must be completed

Full Name:	Alias:
Date of Birth:	Also known as:
Gender: ☐ Male ☐ Female ☐ 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 person using violence:
Aboriginal and/or Torres Strait Islander ☐ Aboriginal ☐ Mob/Tribe: ☐ 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 **Cognitive, physical, sensory disability**: **Rural** ☐ Yes ☐ No ☐ Not known **Older person** ☐ Yes ☐ No ☐ Not known

Section 1: Observed narratives or behaviours indicating or disclosing use of family violence risk factors

Item

Includes family violence risk to adult victim survivor (partner, ex-partner, older person, person in care, family member) or child/young person victim survivor

	Yes	No	Not known	Comment/detail of observation
Observed narratives: Beliefs or attitudes				
Makes statements that indicate sexist, misogynistic, homophobic, biphobic, transphobic, ableist, ageist or racist beliefs (denigrating person or group based on identity)	☐	☐	☐	
Makes statements that indicate gendered entitlement to power, control and decision making	☐	☐	☐	
Makes statements that indicate belief in ownership over victim survivor	☐	☐	☐	
Comments negatively on victim survivor's decisions and actions	☐	☐	☐	
Pathologises victim survivor (describing their behaviour or presentation as behavioural disorder, mental illness or addiction)	☐	☐	☐	
Displays limited empathy or desire to understand experiences of victim survivor	☐	☐	☐	
Complains that victim survivor does not show them 'respect'	☐	☐	☐	
Openly dismisses victim survivor's viewpoints and/or needs, particularly if it conflicts with their own	☐	☐	☐	
[Adult victim survivor only] Makes decisions for adult victim survivor	☐	☐	☐	
[If applicable] Displays indictors of ownership and entitlement, in relation to children and rights to access and/or custody	☐	☐	☐	
[If applicable] Threatens to report partner/ex-partner to authorities about their 'poor parenting'	☐	☐	☐	
[If applicable] Criticises ex/partner's parenting (put downs, devaluing worth)	☐	☐	☐	
Observed behaviours: Physical / verbal behaviour				
Displays controlling behaviour	☐	☐	☐	
Displays indicators of jealousy and/or possessiveness	☐	☐	☐	
Displays indicators of fixation with victim survivor's actions and whereabouts (monitoring, rumination and intent focus)	☐	☐	☐	
Controls adult victim survivor's finances and/or access to employment	☐	☐	☐	

	Yes	No	Not known	Comment/detail of observation
Demonstrates threatening non-verbal behaviour (physical standover, intrusion into personal space)	☐	☐	☐	
Hostile language and attitudes towards authority figures and systems	☐	☐	☐	
Talks about victim survivor in emotionally abusive or degrading ways	☐	☐	☐	
Interrupts, corrects and/or dominates victim survivor in conversation	☐	☐	☐	
Raises voice and/or yells	☐	☐	☐	
Is violent and/or controlling towards victim survivor before, during or after the session	☐	☐	☐	
Insists on sitting in on appointments with victim survivor	☐	☐	☐	
Discloses any harm or threat to harm animals or pets	☐	☐	☐	
Physical signs of violent altercation (on victim survivor or person suspected of using violence)	☐	☐	☐	
Expresses feelings of excessive anger that is 'outside their control'	☐	☐	☐	
Discloses that they have targeted and/or damaged victim survivor's property	☐	☐	☐	
Observed narratives: Minimising or justifying				
Minimising physical harm and/or neglectful behaviour	☐	☐	☐	
Direct comments or euphemisms that could indicate use of violence	☐	☐	☐	
Presents or talks about themselves as the real victim (victim stance)	☐	☐	☐	
Presents as having difficulty with emotional and/or behavioural regulation	☐	☐	☐	
Uses impulsivity as a justification of violent and abusive behaviours (may relate to presenting needs such as mental health, use of alcohol/drugs)	☐	☐	☐	
Observed narrative or behaviour: Practitioner experience				
Tries to get you **[professional]** to agree with their negative views about partner or family member **[invitation to collude]** throughout service engagement, over time	☐	☐	☐	
Practitioner observes or feels intimidated, manipulated and/or controlled during sessions	☐	☐	☐	
Immediate risk				
Discloses a targeted threat against any person	☐	☐	☐	

Section 2: Presenting needs and circumstances (related to risk or protective factors)[1]

Identify presenting needs and circumstances that contribute to family violence risk and require support to stabilise or may be strengthened as a protective factor[2]

Consider the person's context:	Note any presenting needs or circumstances that could be stabilised or protective factors that could be strengthened Note link to any identified risk factors
Personal identity, status of relationships/dynamics[3]	
Personal identity, attributes and experiences	
Partner – current	
Partner – former	
Children	
Other family members	
Social and community connections[4]	
Connection to friends or extended family network	
Connection/sense of belonging to community, cultural groups, networks, social media, clubs	
Presence of systems interventions RF	
Police (e.g. family violence safety notices, intervention orders)	
Child Protection	
Court matters (recent, pending, orders)	
Corrections	
Coordinated system interventions, including RAMPs	
Practical or environmental issues	
Aboriginal cultural or diverse community support services	
Centrelink or employment services RF	
Communication (e.g. access to telephone, social media)	
Counselling services (e.g. alcohol RF and other drugs, RF gambling)	
Counselling (e.g. problematic sexual behaviours RF)	
Disability services	
Financial security, counselling	
Housing or homelessness, tenancy or private rental services	
Legal services	
Medical or mental health RF	
Migration services	
Transport	

Section 3: Presence of risk factors identified by information sharing, observation or disclosure

Information about risk factors present	Source (Organisation name, contact person)[5] or Observed, disclosed	Information sought from/shared with Date received Detail Information safety (note if not to be shared with perpetrator)[6]
Risk factors relevant to an adult victim's circumstances		
Physical assault while pregnant/following new birth*		
Self-assessed level of risk		
Planning to leave or recent separation		
Escalation — increase in severity and/or frequency of violence*		
Imminence		
Financial abuse/difficulties		
Risk factors for adult or child victim survivors caused by perpetrator behaviours		
Controlling behaviours*		
Access to weapons*		
Use of weapon in most recent event*		
Has ever harmed or threatened to harm victim or family members		
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[7]*		
Stalking of victim*		
Sexual assault of victim*		
Previous or current breach of court orders/intervention orders		
History of family violence		

5 Risk factor identified from information shared from other service, victim survivor, disclosure from perpetrator, or other source.
6 Note whether information should be withheld/safeguarded from perpetrator.
7 Refer to suicide and self-harm assessment and safety plan in **Responsibility 4**.

Information about risk factors present	Source (Organisation name, contact person)[5] or Observed, disclosed	Information sought from/shared with Date received Detail Information safety (note if not to be shared with perpetrator)[6]
History of violent behaviour (not family violence)		
Obsession/jealous behaviour towards victim*		
Unemployed / disengaged from education*		
Drug and/or alcohol misuse/ abuse*		
Mental illness / depression		
Isolation		
Physical harm		
Emotional abuse		
Property damage		
Risk factors specific to children caused by perpetrator behaviours		
Exposure to family violence		
Sexualised behaviours towards a child by the perpetrator		
Child intervention in violence		
Behaviour indicating non-return of child		
Undermining the child-parent relationship		
Professional and statutory intervention		
Risk factors specific to children's circumstances		
History of professional involvement and/or statutory intervention		
Change in behaviour not explained by other causes		
Child is a victim of other forms of harm		

Section 4: Identifying patterns of family violence behaviour and motivation

Identify pattern of family violence and timeframes related to frequency and recency[8]

Timeframe		Identifying frequency, pattern and timeframes of family violence Identifying opportunities to engage and respond
Recency: ... 1–2 days ... 1–3 weeks ... 1–3 months **Frequency:** 'How often has this kind of event occurred?' (that is, what is the frequency or number of times this occurred?):		
Once only / rarely	A few times per year Indicates at risk	Consider the scale of the escalation, change in severity and the impact on the victim survivor.
Sometimes	Monthly / at least once a month / every few weeks Has the frequency or severity changed/ escalated? **May indicate elevated risk**	
Often	Weekly / at least once a week	
Always / all the time	Daily Has the frequency or severity changed/ escalated? **May indicate serious risk**	

Identified motivations to seek help or support for change about presenting needs or family violence risk behaviours[9]

Motivations/readiness present to seek support (self-reflective related to status / capacity / goals):

- ☐ Circumstances (stabilisation of presenting needs)
- ☐ Safety – capacity to empathise with impact of behaviours (adult or child victim survivor, service user (self), community)
- ☐ Relationship with partner / family member
- ☐ Relationship with children (identity as parent / carer; bond with children)
- ☐ Relationship with person in care
- ☐ Self-worth / identity as better person
- ☐ Court or system interventions
- ☐ Direct disclosure

8 See information sharing time-based protocols with specialist family violence (perpetrator and victim survivor) services with regard to coordinated service responses supporting perpetrator accountability. Understanding change or escalation to frequency and severity is important in identifying risk of lethality and may indicate if risk is imminent.

9 Identifying patterns of coercive control may include family violence targeting retaining a relationship with an adult or child victim survivor, linked to identity as partner/carer or parent/ parenting role.

Section 5: Determining level of risk and describing identified patterns of coercive control

Level of risk (victim survivor, self and community):

Professional who determined level of risk:[10]

☐ Self

☐ By another professional or service

Level of risk (adult or child victim survivor)[11]

☐ At risk

☐ Elevated risk

☐ Serious risk

☐ Serious risk and requires immediate protection

Risk to self (perpetrator suicide or self-harm)

☐ Not indicated

☐ Indicated

☐ Requires immediate intervention

Risk to community (including you/professional)

☐ Not indicated

☐ Indicated

☐ Requires immediate intervention

Responding to suspected misidentification:

Have you used this tool to determine the predominant aggressor? (responding to misidentification)

☐ Yes – **If yes, update your records and share information with other professionals.**

☐ No

Shared with:

Is further assessment required to determine the predominant aggressor? (if uncertain)

☐ Yes

☐ No

Identified patterns of coercive controlling family violence behaviours[12]

Rationale for risk level

Perpetrator Safety Plan completed:[13]

☐ Yes ☐ No

☐ By another professional or service

☐ Not known

10 Determination of level of risk made by you or another professional/service working with victim survivor (adult or child).
11 Refer to levels of risk in **Responsibility 3, 7**.
12 Identifying patterns of coercive control may include family violence targeting victim survivor's identity, experience, needs or circumstances, including through use of systems abuse tactics.
13 See **Responsibility 4**.

APPENDIX 4: INTERMEDIATE ASSESSMENT CONVERSATION MODEL

The table below outlines an example conversation model. It provides guidance on the context and importance of the prompting questions to support your use of the **Adult Person Using Violence Intermediate Assessment Tool (Intermediate Assessment Tool)**.

Sections 1–5 within the **Intermediate Assessment Tool** are signposted throughout the guidance, so you can record the information you gather into the tool.[1]

The **Assessment conversation model** proposes an interview flow from the commencement of your engagement, exploring the person's:

- presenting needs
- relationships
- behaviours, needs and circumstances and their impact on family members and themselves
- motivations for engaging with services.

Consider the level and type of involvement your service has with the person using violence, their level of active engagement and motivation for support, and adapt the flow of prompting questions as appropriate to the situation.

You can use this guidance to support your interaction with the person using violence in one or across a series of sessions to inform your risk assessment. Applying the model of Structured Professional Judgement and your engagement skills and experience will enable you to navigate the conversation in a safe and non-collusive way.

Be prepared for these prompting questions to elicit emotional responses from the person using violence. Refer to Responsibilities 1 and 3 for more information on considerations for safe, non-collusive communication when working with a person using family violence. Responsibility 4 also has guidance on closing the conversation safely.

Further questions to elicit information regarding risk factors are explored in **Responsibility 7**. If a service user is not ready to engage with specialist services, you can seek secondary consultation support around this.

1 References in this appendix to 'Sections' mean those in the Intermediate Assessment Tool, unless otherwise specifically stated.

Conversation-prompting questions	What should you keep in mind when asking these questions?
Making a connection and building a professional relationship with the service user	
Leading questions *Before we talk about what brought you here today, tell me a bit about yourself. I'm interested to find out who you are so I can better support you.* **Following questions** *Tell me about:* ... *your work* ... *where you live and with who* ... *activities, sports, or community activities you are involved with* ... *any cultural community connection you have.* *Are there activities that you are involved with regularly or occasionally?* *What do you like doing when you are not at home or work?* *Are there things that you don't do that you would like to do?* *How would you describe yourself to others?* *What would you like me to know about you?*	**Why is this important to consider for family violence risk assessment?** Responses to these questions will start the process of building a picture of the person in their context. Knowing who the person resides with will give you an indication of who may be most affected by the person's presenting needs and help you identify victim survivor/s. At this stage, you may observe the presence of beliefs or attitudes (**Section 1**) and any environmental factors that contribute to the person's choice to use violence and reinforce, support, excuse or minimise their behaviours (such as friend, group or workplace cultures). You may also identify protective factors (**Section 2**), including positive influences in the person's life, that may reduce risk (for example, family or a community member who role models safety and wellbeing). While not asking directly about risk factors, the person's responses to the questions may provide insight into risk (for example, financial issues, unemployment, mental illness, alcohol or drug use, lack of support networks – **Section 3**). Their responses may also identify isolation and withdrawal from family, friends and community.

Conversation-prompting questions	What should you keep in mind when asking these questions?
	Practice considerations Asking open, invitational questions about who they are indicates to the person using violence you are genuinely interested in them as a person, not just for the reason they have presented at your service. This will increase your understanding of the person, their circumstances and environment. It may also help you uncover the person's perceptions or expectations about themselves and others, which may provide insight into their intention or choice for using violence (refer to **Responsibility 2**). If it is part of your professional practice, you may choose to use an ecomap (refer to **Appendix 16**) to help you explore with the person their relationships, supports, connections to work, friends, community and other services. This may highlight aspects of the person's world that are important to them, as well as lacking supports or relationships with others. It may also reveal their willingness to actively engage in a conversation with you at this time. It is important to observe any feelings of shame as the person starts to share their story with you. If the person feels judged by professionals or services through real or perceived experiences of discrimination or stigma, this may impede help-seeking and future engagement with services. Refer to guidance on shame in **Section 12.1.14** in the *Foundation Knowledge Guide*. If the person talks about trauma in their life, it may reveal their level of stress and anxiety in attending and engaging in the session. Trauma may also be used as an excuse for their use of violence and abuse, shifting responsibility onto the trauma and away from the choices they have made (refer to **Section 10.4** on trauma and violence-informed practice in the *Foundation Knowledge Guide* for further information). Referral to a specialist service to address their trauma might be the most appropriate response if your role or service is not to undertake trauma work.

Conversation-prompting questions	What should you keep in mind when asking these questions?

Asking about why they are at your service

Note: your experience and knowledge will assist you in these discussions. If you are not qualified or skilled to address additional presenting issues, you should link the service user to the appropriate service.

Leading questions

Tell me about what brought you here today.

What is the most pressing issue you would like to discuss?

Following questions

What are your thoughts on why you've come to this service?

What would you like to get out of this?

How did you find out about our service? Were you referred by someone?

How do you feel about the referral?

Where the person has attended your service before or another service for the same presenting need:

What was that experience like for you? What did you find helpful/not helpful?

How have you found your interactions with other services?

How does your (presenting need X) affect you?

How does your (presenting need X) affect your [family member, partner, children]*?*

What are you most worried about?

What would others in your life say they are most worried about in relation to your (presenting need X)?

Are you noticing yourself behaving in ways that you don't normally?

How does this affect you and others around you – your [family member, partner, children]*?*

Why is this important to consider for family violence risk assessment?

Presenting needs may contribute to the person's use of family violence and coercive control (**Section 2**). The presenting need may not be family violence, but relate to family violence risk factor/s (for example, unemployment/disengagement from education, drug and/or alcohol use, mental illness/depression, financial difficulties – **Section 3**), or be masking their use of violence (for example, they use the presenting need to justify, minimise or deny the use of violence).

The person's understanding (description) of their presenting needs will provide insight into:

- who they hold responsible for 'causing' the presenting needs to be in their life (for example 'stress at work is causing me to drink too much')
- their belief in their capacity/confidence to exert control over their own behaviour and choices (self-efficacy) (**Section 4**)
- their motivation/s for addressing the presenting needs and other issues or challenges they face (**Section 4**)
- how they understand the impact of the presenting needs on others in their life (capacity for empathy)
- their ability to reflect on self and engage in challenging conversations, demonstrated by their physical, emotional and verbal behaviours and presentations.

If the person describes having a diagnosis of depression or depression symptoms, assess for severity, including degree of hopelessness. Deteriorating mental health, including experiencing suicidal ideation, are particular risks associated with suicide and homicide–suicide among people who use violence.

Conversation-prompting questions	What should you keep in mind when asking these questions?
	Practice considerations Exploring the person's presenting need will assist in your assessment of its impact on relationships and identity and contribute to early understandings of the type of narrative likely to be presented about their use of family violence. You can use this to determine when it may be safe and appropriate to prompt further about the links between their presenting needs and their use of violence. You may also identify supports the person requires to address presenting needs and circumstances that contribute to family violence risk, current and historical patterns of engagement with services, and the person's readiness and motivation to accept further professional intervention (**Section 2 and 4**). Aboriginal people and people from diverse communities may experience multiple layers of discrimination and barriers to opportunities, including barriers to accessing employment or housing. While this may result in instability across aspects of a person's life circumstances, it does not in itself indicate an increased risk of family violence for these communities. It is important to understand the context surrounding the person's presenting needs (for example, long-term discrimination when attempting to gain employment) to understand how it may impact the presence of family violence risk factors (for example, perpetrator unemployed) and extent to which they impact on victim survivors (for example, victim survivor being forced to work and hand over income to the person using violence). You should also consider how the presenting needs have changed recently to bring the person into contact with your service (for example, whether mental health and symptoms have changed recently), and whether the presenting needs are co-occurring with others (for example, gambling with alcohol or drug use). This information may support you in your analysis of risk and formulating your rationale for risk level (**Section 5**).

Conversation-prompting questions	What should you keep in mind when asking these questions?

Asking about important people and relationships

Leading questions

Could you describe what your relationship is like with your family/people who are important to you? This can be family, close friends, communities you are part of.

Can you tell me a little about your family growing up?

Following questions

Who is in your family?

Who are the important people in your life?

Who would you go to for help?

Are there other people or community members who you consider to be family or like family?

Who do you live with?

What are your memories of how you were raised? (positive and negative)?

What is your relationship like now with your parents, siblings, grandparents, extended family members?

Do family members visit and/or stay at your home?

[if children]

In what ways do you think your life until now has shaped the way you relate to your children, partner, family members?

Why is this important to consider for family violence risk assessment?

Responses about the person's relationships with family and people important to them will further contribute to your understanding of the person in their context.

As the person shares information with you, you may start to observe narratives (beliefs or attitudes) and behaviours (verbal expressions) about family members as well as their perception of relationship dynamics (**Section 1**).

You may hear about experiences of childhood, and norms within broader family life and social circles, which may provide further context to understand their intent or choice in using violence. You may also identify possible risk factors including victim survivor/s' experiences of isolation or controlling behaviours (**Section 3**).

Responses to questions about help-seeking in family, friendship and community contexts will provide you with some indication of who, if anyone, the person engages with for emotional support. If the person does not identify anyone, you can explore who they ideally would like to be able to approach for help and the reasons this feels inaccessible.

You may uncover narratives about social norms and beliefs about help-seeking and feelings about pressure to conform to these beliefs. You may also be alerted to potential risk if the person is isolated and also experiences depression, extreme sadness or hopelessness. This may be an indicator of suicide risk.

Responses to questions about childhood and families of origin may indicate possible adverse childhood experiences, including experiences of family violence, trauma, and systemic discrimination and marginalisation.

It is important to observe whether the person adopts a victim stance, identifies with violence as a learned behaviour, or uses these conversations as opportunities to deflect or hide their responsibility for their own behaviours.

Practice considerations

If it is part of your practice, you may choose to use a genogram (refer to **Appendix 13**) to help you explore with the person their relationships with family members, including families of origin and families of choice, as well as those close connections who the person identifies as family in their life, including friends and community members.

You should explore any relationships the person using violence has with children, including children and step-children in current or past intimate relationships, children they provide care to, and any children they may have contact with as part of a short-term or dating relationship. This conversation will assist you to identify whether the person has a parenting or caring 'identity' or role.

It is important to apply an intersectional and trauma and violence-informed lens when using a genogram with the person using violence.

Being aware of who is involved in this person's life may assist you and the person using violence to identify appropriate people they can draw upon for support in addressing their family violence risk (refer to the **Intermediate Safety Plan** at **Appendix 8** and **Intermediate safety planning conversation model** at **Appendix 9**.

Conversation-prompting questions	What should you keep in mind when asking these questions?
Asking about adult victim survivors	
Leading questions *Can you tell me more about your partner/family member?* (who you have identified as an adult victim survivor; if known, use their name throughout discussion, if not known, ask their name). **Following questions** *How would you describe your family member* [adult victim survivor/s] *in five words* (adjectives) *with a couple of examples of why you chose these?* **Where the relationship is an intimate partner:** *How long have you been/were you together?* *What was it that brought you together?* **Where the relationship is not an intimate partner:** *How would you describe your relationship with them?* *How long have you provided care for them/lived with them?* **For all relationship types:** *What does your family member do?* *What do they like doing?* *How do they spend their time?* *What would you say their strengths are?* *What would you say their weaknesses are?* *How do you think they might describe (see) themselves?*	**Why is this important to consider for family violence risk assessment?** These conversation prompts seek to elicit the narrative (beliefs or attitudes) of the person using violence in relation to the victim survivor, including beliefs of power in relationships and expectations of behaviours and roles (**Section 1**). Responses may indicate the presence of a range of risk factors, including but not limited to, controlling behaviours, obsession/jealous behaviour and emotional abuse (**Section 3**). You may observe verbal behaviours, such as the person speaking in degrading ways and criticising the victim survivor's abilities and decisions. You may also identify the victim survivor is in some way reliant on the person using violence for care and/or financial support (for example, for migration purposes, older people, people with disability, stay at home parent). If this is identified, consider ways to ask about the behaviours of the person using violence that may elicit further information about any targeting of the victim survivor's identity, experience, or exploitation of dependence throughout your conversation. This information may provide you with some insight about their pattern of coercive controlling family violence behaviours (**Section 5**). You may also observe whether the person using violence has an ability or willingness to empathise with the victim survivor's point of view. You should familiarise yourself with **Section 1** to consider the range of narratives and behaviours that may indicate the use of family violence.

Conversation-prompting questions	What should you keep in mind when asking these questions?
	Practice considerations Throughout your conversation, it is important to consider ways to bring the voice and lived experience of the victim survivor into the room. As a practitioner, you should use the name of family members (where known), particularly if they are a victim survivor, throughout your conversation with the person using family violence. Not using the person's proper names can be a way the person using violence chooses to objectify or further display power over the victim survivor. If it is within your service's usual course of business to invite a family member to receive support from the organisation, or for the family member to attend the service with the person using violence, consider whether it is safe and appropriate to do so. The person using violence may attempt to suggest the victim survivor also needs 'help', which may be an invitation for you to collude with the narrative the person using violence has about the victim survivor's capacity, needs and circumstances. If the family member does engage with your service for a discussion about the relationship or support needs of the person using violence, it is important to ask about family violence separately. Refer to victim survivor–focused MARAM Practice Guides. **Note:** discussions relating to family violence should not occur in the first instance with a couple or family group. This should only occur with consent from the victim survivor or family member and where your assessment of risk through Structured Professional Judgement determines it safe to do so. A discussion with the victim survivor or family member alone should be considered. If not possible, a secondary consultation with a specialist family violence service working with victim survivors is advised.

Conversation-prompting questions	What should you keep in mind when asking these questions?

If applicable: ***Asking about ex-partners***

Note: If the person is in a current relationship, you should use your knowledge of the person to identify appropriate timing to have a conversation exploring their relationship with their ex-partner/s.

Leading questions

Tell me about your past relationships/your relationship with your ex-partner (if known, use their name throughout discussion, if not known, ask their name).

Following questions

How would you describe the relationship?

How would you describe the reasons for the relationship ending?

When you think back on this relationship, are there things you learned that you have taken into your current/future relationships?

Why is this important to consider for family violence risk assessment?

Information about the timing (recency) of separation, who instigated the separation and how the person using violence makes sense of the separation are critical to risk assessment. Separation is a high-risk time and can be linked to homicide–suicide risk (**Section 3**).

The person using violence may be unable to accept that the separation has occurred, may be hopeful that the relationship will be reunited, may place blame with the ex-partner, and/or may not be willing to negotiate any separation-related processes, such as parenting orders and division of assets.

You may observe narratives or physical and verbal behaviours that indicate anger and resentment, jealousy, obsession and controlling behaviours.

You should consider the risk assessment and practice considerations outlined above (asking about adult victim survivors) when observing the responses of the person using violence about ex-partners.

The narrative of the person using violence about past relationships may provide insight into current or future relationships and assist you to identify patterns of violent and coercive controlling behaviours (**Section 5**).

Practice considerations

When discussing separation, the person using violence may present as:

- distressed, despondent, anxious or agitated
- hostile or angry towards the victim survivor
- not accepting of the separation and post-separation outcomes (financial and parenting).

During these conversations, it is important to pay attention to invitations to collude, and any experiences or feelings you have of the person attempting to intimidate, manipulate or control you and the conversation (**Section 1**).

Seek support and advice from colleagues and supervisors for support in your responses and to ensure your own safety. If you are concerned that the person using violence may increase their risk, refer to **Responsibility 4** for guidance on closing the conversation safety and proactively share information with relevant services.

Conversation-prompting questions	What should you keep in mind when asking these questions?
If applicable: ***Asking about children***	
Leading questions *I'd like to talk some more about your children/step-children/ children you provide care to and your relationship with them. Can you tell me about them?* (if known, use their name throughout discussion, if not known, ask their name). **Following questions** *What are they like? What is it about each of them that you love?* *What do they like doing? What do they not like doing?* *When* [child] *gets angry or upset, how do they behave?* *When they see you or your ex/ partner/other carer unhappy, distressed or angry, what do they do? Do you think they are they worried about you? Do they express being worried or anxious about their own safety?* If child/ren are accessing support from services: *How do you show your support to* [child] *around their engagement with X service/professional?* If the person has contact with children within a dating relationship context: *What is your relationship like with* [dating partner's] *child/ren?*	**Why is this important to consider for family violence risk assessment?** Through the person using violence's responses about each child, you may start to build an understanding of the types of relationships the person has formed with children in their life (for example, they take on a disciplinary role), how they place value on children (for example, the person's narrative may indicate they are considered possessions), and how they empathise with or respect children's decisions or needs (for example, 'my child makes a big deal out of nothing, just like their mother') (**Section 1**). You may also start to build an understanding of how the person views their parenting or caring identity or role, including whether they accept their role, feel an expectation to accept a parenting role, or assume a parenting role early in a dating relationship. You should observe any narratives indicating the person's sense of entitlement to relationships with children, including forcing themselves into children's lives where it may not be safe or appropriate for them to have a parenting or caring role. The narrative the person uses may indicate that children are exposed to family violence, its impacts or being directly targeted by the person's violence (**Section 3**). Each child and young person in a family will have different experiences of the violence and some may be targeted more than others. Targeting includes expressing hostility, resentment or indifference towards a child, using tactics to isolate a child from their other parent, culture and/or community supports, isolating a child from health, mental health and wellbeing, medical and educational services, threatening to enforce mental health treatment as a form of control, or using highly authoritarian parenting practices. Risk may increase where the children are not biologically related to the person using violence (**Section 3**). Where the person using violence discloses that their child/ren are accessing mental health and wellbeing services, including counselling, you may consider prompting for how the person using violence engages with or feels about the service's involvement. You may observe narratives that indicate control over the child/ren's access to services, hostility towards services, or are degrading or critical of their child/ren for requiring support.

Conversation-prompting questions	What should you keep in mind when asking these questions?
	Practice considerations Throughout your conversation, it is important to consider ways to bring the voice and lived experience of children as victim survivors in their own right into the room. Although children can be a strong motivator for change for people using family violence, they are also commonly targeted for abuse, or used as tools to further the abuse, coerce and control the other parent. Depending on your relationship and level of disclosure from the person using violence about their behaviours and use of coercive control, there may be opportunities to discuss the impact of violence on children and family functioning. This includes through direct or indirect exposure to their use of violence, ongoing behaviours towards the other parent, and the use of systems to isolate children from the non-violent parent/carer. Refer to guidance on using parenting as a motivator for change in risk assessment (**Responsibility 3**) and risk management (**Responsibility 4**) to support your practice. You can record any identified motivation related to children in **Section 4**. Consider your mandatory reporting obligations to Child Protection (**Responsibility 4**). Depending on the person using violence's responses, you may consider whether it is safe, appropriate and reasonable for your engagement, and the safety of all family members, to notify the person about requirements to report to Child Protection. If you are unsure, use a secondary consultation with a specialist perpetrator intervention service to seek their advice about informing the person using violence. Where you are unsure about assessing the risk and needs of children through the narrative provided by the person using violence, it is important to seek secondary consultation from a senior practitioner or supervisor within your own organisation, or from another appropriate service provider.

Conversation-prompting questions	What should you keep in mind when asking these questions?

If applicable: ***Asking about parenting***

Leading questions

Can we talk about you as a parent and the role you play?

Following questions

Tell me about yourself as a parent. What roles and responsibilities do you take on as a parent/in the home?

How do you and your partner decide on parenting roles? What roles and responsibilities for parenting/in the home do you notice your partner taking on?

How do you work with your partner to support your child/ren?

Are there times when being a parent is hard?

When things get hard how do you manage these situations?

Do you think your child/ren are struggling with what is going on at present?

Tell me about how you discipline your child/ren?

What was your experience like of being parented?

Why is this important to consider for family violence risk assessment?

People who use violence often engage in behaviours that cause damage to the relationship between an adult victim survivor / non-violent parent/carer and their child/ren.

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 survivor.

This can have long-term impacts on the psychological, developmental and emotional wellbeing of children, and it indicates the person using violence's willingness to involve children in their abuse.

These prompting questions seek to elicit information about the person using violence's behaviour towards the other parent, including narratives about the other person's parenting, assumed expectations about parenting roles, and established parenting norms.

You should familiarise yourself with **Section 1** to consider the range of narratives and behaviours that may indicate the presence of risk factors specific to children and document identified risk factors in **Section 3**.

Practice considerations

Parenting practices and norms across all families is varied. It is important to be aware of and understand culturally relevant family and parenting norms, such as for families within Aboriginal and diverse communities, in order to understand and contextualise the person's behaviour and identify family violence.

While it may be tempting for the person using violence to focus on the non-violent parent/carer's behaviours and perceptions of skill and capacity. It is critical that you bring the person's attention back to themselves through use of a **balanced approach to engagement**.

You may use statements such as *'It's helpful to hear about how you understand [name's] parenting. I'm wondering about how you understand your own parenting – how would you describe that?'*.

Conversation-prompting questions	What should you keep in mind when asking these questions?

If applicable: ***Asking about parenting with an ex-partner***

Leading questions

Can you tell me what parenting is like for you as a separated family?

Following questions

What is your relationship like with your ex-partner?

How does this impact on the children?

How do you manage shared parenting?

How do your child/ren feel when they leave you?

How do your child/ren feel when they leave their [other parent/s]?

Are there any court orders in place that we need to be aware of that talk about the children?

Do you think it's important for the children that they see their parents being friends?

Why is this important to consider for family violence risk assessment?

Some people who use violence may provide a narrative that they are a safe parent. This is often presented through statements that seek to explain their behaviours as 'only' directed at adult victim survivors and not towards children.

It is important to note that violence directed towards an adult victim survivor/non-violent parent/carer and safe parenting are incongruous. The use of family violence is a harmful parenting choice.

Through these conversation prompts, you may uncover risk factors (**Section 3**) related to:

- undermining the other parent's relationship with children
- use of violence at times of child handover
- adherence to court-ordered arrangements, including behaviours that indicate the non-return of children
- third parties, including family members, friends or others, who may monitor or support child contact arrangements
- the use of systems to continue their violent and coercive controlling behaviours, including through family law proceedings and reporting to Child Protection.

If you identify risk to third parties, you should document this in **Section 5**. If it is appropriate to your role and you have a built a professional, trusting relationship with the person using violence, you may be in a position to further explore risk to third parties.

You can also seek secondary consultation with specialist perpetrator intervention services about the person using violence's presentation and risk, and to identify options for engaging with third parties for risk assessment and risk management.

Practice considerations

Having conversations with people who use violence about their co-parenting relationships and children can be challenging for professionals. A range of family violence behaviours and tactics may emerge that are difficult and uncomfortable to hear.

It is important to continuously reflect on your own assumptions, values and beliefs as you work with the person using violence and seek supervision and support from senior practitioners.

People who use violence may not provide accurate or holistic information about their children and the non-violent parent/carer. You should be attentive to indicators demonstrating the person using violence's pattern of behaviour to understand the impacts on children, the non-violent parent/carer, and overall family functioning.

You can document your observations about the person's pattern of behaviour and impacts in **Section 5** and use this to inform your determination of risk level.

Using a **balanced approach to engagement** can help you to navigate this conversation with the person using violence, who may present to you with conflicting beliefs and behaviours about themselves as a parent – a belief they are a 'good' parent while acknowledging the use and impact of family violence on children.

Where appropriate to your role and relationship with the person using violence, you may use the person's cognitive dissonance to enhance motivation to engage with services, address their violence and parenting and set goals for safety.

Conversation-prompting questions	What should you keep in mind when asking these questions?

Using the presenting need to ask about person's use of family violence

Note: If safe, appropriate, and reasonable to do so, you may use these prompts to link what you have noticed about how the person has responded to previous questions to explore family violence risk indicators.

Leading questions

You came here because of [presenting need, such as drug use, homelessness, etc.].

In our discussions you have described disagreements or fighting at home.

Can we talk about this more? I am concerned for you and your family.

Following questions

Can you talk me through what is happening for you?

You have indicated that what is occurring is a lot more fighting. Can we talk some more about what fighting looks like?

- *What happens when you and your family member fight?*
- *What does this look like?*
- *How do you feel when this happens? Do you regret this or feel ashamed?*
- *Who else is around when this happens?*
- *How often does it happen? When was the last time it happened?*
- *Has there ever been any police or court involvement?*
- *How do you think your* [presenting need] *relates to your behaviour?*

Are there any [court/intervention] *orders in place that I need to know about?*

Can you tell be about how the [court/intervention] *orders came about?*

Why is this important to consider for family violence risk assessment?

Asking directly about family violence behaviours using the person's chosen words to describe situations can contribute to your understanding and assessment of risk. By inviting the person to tell their 'story', you can listen for:

- how they make sense of their use of violence
- the types of violence they are ready to acknowledge (noting they may not think some of these behaviours are violent)
- what strategies they use to harm, control or dominate victim survivor/s
- any emerging patterns of behaviour
- how they understand the impact of their violence on others
- any evidence that behaviours are increasing in frequency or severity (for example, 'we are fighting more, it used to be one a month').

You can document observed or disclosed risk factors caused by the person using violence's behaviours in **Section 3** and patterns and timeframes related to frequency and recency in **Section 4**.

Through discussions on the presence and conditions of court orders such as a family violence intervention order, you may uncover risk factors related to the person's use of family violence. This can include narratives that indicate controlling behaviours, stalking, emotional abuse and breaches of orders.

While people who use violence often significantly under-report their use of violent and coercive controlling behaviours, their descriptions are key to informing how you approach conversations about safety planning and undertake collaborative risk management.

If you have identified the adult victim survivor is dependent on the person using violence for care and/or financial support, you may ask further prompting questions to uncover information relevant to their particular circumstances and any behaviours that target the victim survivor's identity, experience, or dependence.

For example, *'what does police/court involvement mean to your family member's migration application?', 'what does this "fighting" mean in relation to your family member's mobility?'*

Behaviours that target the victim survivor form part of the person's pattern of coercive controlling behaviour and can be documented at **Section 5** to form part of your process for determining the level of risk.

Conversation-prompting questions	What should you keep in mind when asking these questions?
	Practice considerations The relationship you have built with the person and level of disclosures made throughout your conversation should give you an indicator of the depth of family violence specific questions you can ask the person without risking them having an elevated emotional response, or escalating risk to victim survivors. You may already have intake and assessment processes that ask a broad range of questions to help you understand the person in their context, including to seek clarification on all legal issues. These questions can be a useful 'in' to commence discussing family violence matters. It is important to be aware of any feelings of shame as the person discloses their use of violence with you. Refer to **Section 12.1.14** in the *Foundation Knowledge Guide* for more information on shame. It is important to maintain a **balanced approach to engagement** while the person using violence tells their 'story'. You can use professional curiosity to ask questions to understand the context of the person's behaviours and invite them to reflect on their own actions rather than that of others.

Conversation-prompting questions	What should you keep in mind when asking these questions?

Asking about others' experience of their use of violence and past strategies to stop

Leading questions

Tell me about what is and isn't working for you and your family when you use violence / fight?

Following questions

Are there times when you feel unsafe?

Do you think there are times when those people close to you [partner/ children/ other family members] *feel unsafe or afraid?*

How do you feel about your behaviour?

I am wondering what you want to do about this.

Do you want to look at changing your behaviour? Would you like to 'check in' on your actions and get some information about how others in similar situations have found this helpful?

What are you getting really tired of? What kinds of strategies have you tried in the past to change your actions? What has worked, even in the short term?

Why is this important to consider for family violence risk assessment?

Exploring the person's understanding of their use of violence, including what is and isn't working for them, may indicate their capacity and/or willingness to display empathy for victim survivor/s and readiness to discuss the possibility of changing their behaviour. People who use violence may attempt to dismiss these questions, commenting that:

- violence is inevitable as a result of someone or something else that 'triggered' them
- the violence (for example, fighting) isn't bad, comparing it to others' violence
- it doesn't matter what they do about it because the 'problem' sits with the other person (victim survivor).

These types of responses will give you an indication that family violence risk is likely to continue. This will contribute to your understanding of the person's intent or choice for using violence (refer to **Responsibility 2**).

Practice considerations

Professionals should be particularly attentive to rationalising, minimising and justifying narratives. If the person continually evades taking responsibility for their behaviour and adopts a victim stance, it may not be appropriate to your role and responsibilities to pursue this conversation.

Keeping the person engaged with your service in order to address their presenting needs may be the best opportunity you have to keep the person in view of the system. Their continued engagement with you will provide opportunities for ongoing monitoring of risk and collaborative and coordinated risk management.

Narratives of denial, minimisation, justification and blame are designed not only to keep up appearances to community services but also as a means by individuals to protect themselves against feelings of shame. The experience of shame impairs decisions for help-seeking and can increase risk of family violence towards victim survivors, as well as harm to self.

It is important to maintain a respectful, non-judgemental and strengths-based approach when working with the person using violence, to increase the likelihood of their continued engagement with your service. For more information on creating safe, non-collusive communication practices refer to **Responsibilities 1 and 3**.

These conversation prompts seek to understand how the person using violence is making sense of their behaviours and the extent to which they are able to separate themselves from their behaviours, marking the starting point of conversations to explore motivation (**Section 4**).

Conversation-prompting questions	What should you keep in mind when asking these questions?

Exploring motivations to address presenting needs and/or use of violence

Note: these questions are posed to support the person using violence to explore what is important to them and how this might look differently in the future for themselves and their family.

Leading questions

While we are addressing the issue/s that brought you here are there other areas of your life that you might like to work on?

We talked about the need to make changes in your life to address the needs you have, so can we talk about how we might put this into action?

Following questions

If you were to describe the person you want to be, what might that look like?

If you made changes to your life, what impact do you think this might have on your relationship with your family/partner?

If you made changes to your life, what impact do you think this might have on you and your relationship with your children? What kind of parent would you want to be? How do you want the kids to see you in one year, or five years?

How important is this difference for you and your family?

Let's talk about what small things you can do now to change. What things can we put in place now?

Why is this important to consider for family violence risk assessment?

Throughout your risk assessment process, and ongoing professional relationship, you may identify a range of motivations, both short and long-term, that the person using violence holds (**Section 4**). Short-term motivations may include experiencing crisis, including through homelessness and police and court involvement, while long-term motivations tend to arise from their values, such as becoming a better parent, or having healthy and loving family relationships.

If the person preferences short-term motivations and cannot identify and connect with longer-term ones, their capacity for engaging in conversations to address their risk to victim survivors may be limited.

It is important to identify and understand the person's motivation at various points in time to make best use of the opportunity you have to assess risk and create a safety and risk management plan. You can document motivations and readiness in **Section 4**.

Practice considerations

Strengths-based approaches when working with the person using violence provides opportunities for them to identify and articulate what they can do to address their needs. Steps towards taking responsibility and ownership for their goals, decisions, actions and behaviours related to presenting needs can form the foundation for addressing their use of family violence.

The person's role as a parent can be a significant motivator for change. While you may uncover motivation through your ongoing professional relationship with the person using violence, it is not expected that you will work with them to address parenting and/or violence, unless it is within the scope of your role to do so.

Consider the person's readiness and motivations to address parenting in the context of their use of family violence and explore options for a referral to an appropriate service to respond to their specific need.

Determining if it is safe, appropriate or reasonable to engage with parenting as a potential motivator for change is outlined in **Responsibility 4**.

APPENDIX 5: SCREENING QUESTIONS FOR COGNITIVE DISABILITY AND ACQUIRED BRAIN INJURY

When you screen for cognitive disability with a person using violence, remember they may not answer the questions honestly for a range of reasons.

They may be distrustful of why you are collecting the information, or may not remember or know the answers.

Refer to **Responsibility 1** for guidance on developing trust and rapport for safe engagement.

The responses to questions are indicated with 'disclosed' or 'not disclosed' to note that these questions don't lead to a definitive 'yes' or 'no'. Instead, they screen for what the person is willing and able to tell you.

The responses you get in these screening questions are not definitive 'assessments', but they may prompt you to adjust your communication approach and support referrals to another service.

It may be appropriate for you to ask if there is a family member or another person that knows the service user who could support with providing this information.

To initiate the screening assessment,[1] you can say and ask the following:

'We ask all service users a broad range of questions about their health and wellbeing in order to better support them. With this in mind …'

1 Abbreviated version of the OSU TBI-ID screening tool; Corrigan JD and Bogner J 2007 'Initial reliability and validity of the Ohio State University TBI identification method', *Journal of Head Trauma Rehabilitation*, vol. 22, no. 6, pp. 318–329.

Screening questions

Screening for possible general cognitive disability	Guidance and further questions
Q: Can you tell me why you are here today?	This question asks the person why they think they are at the service and to explain their situation. This will give an indicator of capacity or potential limitations if they are not able to explain. It can also support you to understand which communication adjustments or supports might be required. Follow-up questions you can ask about a person's daily life include: *How did you get here today?* *What kind of doctors do you see?* *Do you drive?* Answers to these questions may indicate the supports they receive. You may be able to contact these services for secondary consultation when considering approaches to adapting communication.

Screening for possible general cognitive disability	Guidance and further questions
Q. Have you had an injury to the brain? *This could be from stroke or other illnesses, use of alcohol or other drugs, near drowning, strangulation or any other causes?*	If relevant to their response, you can ask: *Have you ever needed help with how much you drink alcohol or because of the drugs you take?* *Have you ever had an operation on your brain? Did you have difficulties learning at school?* *Which school did you go to? (Look for any answers suggesting a specialist school or specialist support service.)* *Did you have specialist support in the classroom, such as speech therapists, occupational therapists or other aides?*
If not disclosed – stop here.	If not disclosed, you can still offer adaptations to communication. Suggested wording for this could be: *'I understand this can be a stressful situation.* *When I'm stressed, I understand information better when it's in an easier way.* *Does that work for you too?'*
If disclosed: *Q: From this injury, have you had troubles with your body or mood? Such as: your speech, memory, increased feelings of anger or being impulsive, or any other changes?*	If relevant, you can reflect on other progressive neurological disorders, including multiple sclerosis or dementia.
Q: *Do you receive support from NDIS, TAC or Forensic Clinical Service?* *If so, which one and what for?*	
Q: Do you receive a disability support pension? *If so, what for?*	
Q: Have you ever had an assessment, including the following: ... *speech pathology* ... *occupational therapist* ... *neuropsychiatrist* ... *other professional?*	Remember to ask these questions with sensitivity. It is helpful to have developed a level of trust and rapport with the service user before asking these questions.
Q: Do you think people in your life would say there has been a big change in your behaviour recently?	
Screening for other forms of cognitive disability	
There are further behaviours you might observe that could indicate a person has cognitive disability, including: ... verbal aggression ... physical aggression against objects ... physical acts against self ... physical aggression against other people ... inappropriate sexual behaviour ... repetitive behaviour ... wandering/absconding ... inappropriate social behaviour ... Impulsivity and risk-taking behaviours	These indicators are documented in the Overt Behaviour Scale,[2] a measure purpose-designed to assess challenging behaviours after ABI. If you are trained you may choose to use this resource measure, however, you are not expected to as part of your MARAM responsibilities.

2 Kelly G, Todd J, Simpson GK, Kremer P, Martin C. The Overt Behaviour Scale (OBS): A tool for measuring challenging behaviours following ABI in community settings. Brain Injury. 2006; 20: 307-319.

Screening questions specifically for acquired brain injury[3]	Guidance and further questions
Q. Have you ever had an injury to your head?	If relevant, further questions include: *Have you ever gone to the hospital or Emergency room?* *Have you ever had any injuries from:* *... car or bicycle accidents* *... being hit by something or someone* *... falling down* *... playing sport* *... injury during military service or at work?*
If not disclosed, stop ABI screening questions here	Consider asking about other forms of cognitive disability using the above prompts.
If disclosed: *Q. Were you ever knocked out or did you lose consciousness?* *If so, what was the longest time you were knocked out or unconscious?*	This question helps you to identify the most severe traumatic brain injury (TBI) the person has sustained. The severity of the injury is classified by the length of time that the person was knocked out or lost consciousness (less than 30 min, indicates a MILD TBI; between 30 min and 24 hours indicates a MODERATE TBI; 24 hours or longer indicates a SEVERE TBI).
Q. How old were you the first time you were knocked out or lost consciousness?	The age that someone first sustained a TBI is important to know, as people who sustain injuries at a younger age (children, adolescent, early adulthood), have an increased chance of displaying more challenging behaviours.
Q: Have you ever sustained an injury to your neck?	This question is asking about non-fatal strangulation and the possibility of loss of oxygen to the brain (hypoxia).

If a person has a diagnosed cognitive disability including ABI, discloses this, or your observation using the above information suggests they might have, use Practice Guides for **Responsibilities 5 and 6** to inform your approach to secondary consultation and referral for specialist support including neuropsychological assessment, aged care assessments (if appropriate), Forensic Clinical Services and NDIS.

3 Note that acquired brain injury includes traumatic brain injury (TBI) due to an external force applied to the head, and non-TBI, including from stroke, lack of oxygen or strangulation, or poisoning. Brain Injury Australia (2018) *The Prevalence of Acquired Brain Injury among Victims and Perpetrators of Family Violence,* page 2.

APPENDIX 6: RECOGNISING SUICIDE RISK IN THE CONTEXT OF ADULT PEOPLE USING VIOLENCE

The table below describes risk factors that are 'in common' to both family violence and suicide risk for adults who use family violence.

It also emphasises the importance of understanding suicide risk in the context of family violence and coercive control.

Refer to the MARAM Risk Factors in **Section 9** of the Foundation Knowledge Guide and the victim survivor–focused Practice Guide **Appendices 2 and 8**.

Professionals with **Responsibilities 7 and 8** should also refer to **Appendix 12 Comprehensive assessment interview guide** for additional guidance related to homicide–suicide risk.

Serious family violence risk factors — those that may indicate an increased risk of the victim being killed or almost killed — are highlighted with **bold/shading**. 'In common' **suicide risk factors** are described under the practice guidance with the correlating family violence risk factors.

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
The following risk factors refer to the **circumstances** relevant to the victim survivor	
Physical assault while pregnant/ following new birth	**Other family violence risk factors to keep in mind when identifying this risk factor include:** **Sexual assault of victim survivor** **Suicide risk factor:** In isolation, this is not a known common risk factor for suicide or self-harm risk. However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk requiring immediate response**.

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
Planning to leave or recent separation	Other family violence risk factors to keep in mind when identifying this risk factor include: Escalation — increase in severity and/or frequency of violence Imminence Suicide risk factor: Recent separation **Why is this important to consider for suicide risk?** People experiencing 'relationship breakdown', family conflict or conflict with their partner are at higher risk of death by suicide. 'Disruption of family by separation and divorce', 'problems in relationship with spouse or partner', 'problems related to primary support group', 'other stressful life events affecting family and household', and 'problems in relationship with parents and in-laws' are indicated in the most frequently occurring psychosocial risk factors in coroner-certified suicide deaths in Australia.[1] For Aboriginal and Torres Strait Islander people, 'problems in relationship with spouse or partner' is the number one psychosocial risk factor identified in coroner-certified suicide deaths in 2017.[2] **What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?** When people who use violence feel they are losing control of the victim survivor, or their relationship with them, they may increase the frequency and severity of their abusive behaviours in an attempt to regain control. They may also become distressed, despondent, desperate or anxious about the prospect of separation or current situation. You may hear narratives from the person using violence that link separation to their life 'being over', or feelings of 'giving up'. Narratives that appear to catastrophise outcomes, including that they will never have contact with their children again, or express feelings of shame or hopelessness, are key indicators of concern.

1 Government of Australia 2019, *Psychosocial risk factors as they relate to coroner-referred deaths in Australia, 2017*, Australian Bureau of Statistics, Canberra.
2 Ibid.; World Health Organization 2014, *Preventing suicide: a global imperative*, WHO, Geneva.

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
Escalation — increase in severity and/or frequency of violence	**Other family violence risk factors to keep in mind when identifying this risk factor include:** Imminence Physical harm **Controlling behaviours** Emotional abuse **Threats** **Stalking of victim** **Common suicide risk factors:** **Imminence** **Why is this important to consider for suicide risk?** If the behaviour of the person using violence increases in severity and/or frequency, they may be more likely to have contact with authorities. Their escalated use of violence may also relate to increased involvement with systems or because they feel they have lost control over their life situation and/or victim survivors. Suicide risk is likely higher at the time of, or directly after, situational stressors occur, and/or if a change within the person's life involves a loss of control or power. Situations include: removal from the home, when paperwork is served (following a family violence notification – either a 'caution' or a family violence intervention order), when a court report is handed down, leading up to court appearance, family court and parenting orders (that result in loss of/reduced access to children). People in contact with the legal system, including with police, courts and corrections, are at higher suicide risk. This risk has been found to increase with '**recency**' and '**frequency**' of contact.[3] 'Problems related to other legal circumstances' is a frequently occurring psychosocial risk factor in coroner-certified suicide deaths in Australia in 2017 – particularly for males aged 25 to 64 years.[4] When there are Family Court matters in the context of family violence, the perpetrator may feel disempowered and may experience a loss of control, which can increase risk. Times when the Family Court denies the person using violence access to their children present particularly serious risk to the adult and child victim survivors. Consider if there are other decision points pending such as Child Protection proceedings.

3 Webb RT, Qin P, Stevens H, Mortensen PB, Appleby L and Shaw J 2011, National study of suicide in all people with a criminal justice history. *Archives of General Psychiatry*, vol. 68, no. 6, pp. 591-599. doi:10.1001/archgenpsychiatry.2011.7

4 Government of Australia 2019, *Psychosocial risk factors as they relate to coroner-referred deaths in Australia*, 2017. Australian Bureau of Statistics, Canberra.

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
	What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor? A person's use of violence and pattern of behaviour occurring more often or becoming worse is associated with increased risk of serious injury or death. This includes when a victim survivor reports that physical violence has increased in severity or frequency. An increase in severity may not be just about physical violence. The person using violence may increasingly make threats to victim survivors, damage property, monitor or stalk (including through technology), or use other family violence behaviours more regularly or to more serious extents than in the past. An example may include if the person using violence has previously made threats to kill and has recently escalated to threats involving specific actions of how they will kill the victim survivor. The person using violence may describe feeling out of control or overwhelmed about their life, the involvement of authorities, or other situational stressors. Escalation of family violence and increased contact with policing and legal systems should be considered alongside any presentation of threats to suicide or self-harm to identify both suicide and homicide–suicide risk. If a perpetrator feels like a court case is not going to go their way, their level of violence can escalate. 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.
Imminence	Other family violence risk factors to keep in mind when identifying this risk factor include: Planning to leave or recent separation Escalation — increase in severity and/or frequency of violence History of violent behaviour (not family violence) History of family violence Common suicide risk factors: **Why is this important to consider for suicide risk?** Refer to guidance on **Escalation – increase in severity and/or frequency of violence.** **What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?** Where you have identified imminence in the context of family violence risk assessment, you should consider both the presence and likelihood of suicide and homicide–suicide risk. You may hear statements from the person using violence that indicate an imminence of self-harm or suicide, empathy with others who have suicided or homicide-suicided, greater specificity in terms of the nature of threats to victim survivors and self, increasing hostile rumination about the victim survivor, or intense hopelessness about their situation. For children and young people, take into account factors such as parenting arrangements and hand over when considering imminence.

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
Financial abuse/ difficulties	**Other family violence risk factors to keep in mind when identifying this risk factor include:** Unemployed / disengaged from education **Common suicide risk factor:** Financial difficulties **Why is this important to consider for suicide risk?** People experiencing unemployment and financial difficulties are at higher risk of death by suicide. 'Unemployment', 'problems related to economic circumstances', 'threatened or actual job loss', 'other physical and mental strain related to work' and 'gambling and betting' are indicated in the commonly occurring psychosocial risk factors in coroner-certified suicide deaths in Australia.[5] **What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?** Asking questions about income and employment may be standard within your organisation's intake and assessment processes. You should explore financial difficulties to identify issues related to gambling, debts, recent changes to income (including through loss of employment), and other ways the person feels financial pressure. Financial pressure may include responsibilities for financial support to extended families or others in their life. You should assess for the impact of financial difficulties and abuse on victim survivors and observe and identify intensity of despondency, stress, or powerlessness associated with gambling, financial pressures and/or debt.
The following risk factors refer to the behaviour and/or circumstances of a person using violence against adult **or** child victim survivors	
Controlling behaviours	**Other family violence risk factors to keep in mind when identifying this risk factor include:** **Obsession/jealous behaviour toward victim survivor (as a driver of controlling behaviour)** Emotional abuse **Stalking of victim** **Escalation — increase in severity and/or frequency of violence (refer to associated risk factors)** Imminence **Has ever threatened or attempted self-harm or suicide** **Common suicide risk factor:** **In isolation**, this is not a known common risk factor for suicide or self-harm risk. However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**. This may include homicide–suicide risk.

5 Government of Australia 2019, *Psychosocial risk factors as they relate to coroner-referred deaths in Australia*, 2017, Australian Bureau of Statistics, Canberra.

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
Access to weapons	**Other family violence risk factors to keep in mind when identifying this risk factor include:** **Use of weapon in the most recent event** **Controlling behaviours** Emotional abuse **Threats to kill** **Common suicide risk factor:** Access to weapons **Why is this important to consider for suicide risk?** Access to weapons is associated with increased risk of suicide. **Restricting access to the means of suicide** is one of the most effective suicide prevention strategies. Significant declines in 'general suicide rates have been reported after restricting access to firearms, toxic domestic gas, pesticides, barbiturates, erecting safety barriers and introducing "safe rooms" (which eliminate suspension points for hanging) in prisons and hospitals'.[6] People living in rural communities may have increased access to means/weapons. **What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?** You may identify that the person using violence has access to weapons through direct disclosure or orders requiring the removal or surrender of firearms/weapons. Access to weapons may be related to occupation (for example farming or law enforcement), involvement in sports or recreational activities (for example shooting/pistol club), or involvement in criminal activities. Where the person has previously made attempts to suicide, you may explore the presence of any weapons in the home, or ideation and/or plans involving use of weapons.

6 Black Dog Institute 2016, *An evidence-based systems approach to suicide prevention: guidance on planning, commissioning and monitoring.*

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
Use of weapon in the most recent event	**Other family violence risk factors to keep in mind when identifying this risk factor include:** **Access to weapons** Emotional abuse Property damage **Threats to kill** Physical harm **Common suicide risk factor:** **Access to weapons** **Why is this important to consider for suicide risk?** In isolation, the use of a weapon in the most recent event is not a known common risk factor for suicide or self-harm risk. However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**. This may include homicide–suicide risk.
Has ever harmed or threatened to harm victim survivor or family members	**Other family violence risk factors to keep in mind when identifying this risk factor include:** Emotional abuse Imminence **Has ever threatened or attempted self-harm or suicide** **Common suicide risk factor:** Has ever threatened or tried to self-harm or suicide **In isolation**, this is not a known common risk factor for suicide or self-harm risk. However, in combination with suicide or self-harm risk factors it may indicate a **serious risk and/or requiring immediate response**. This may include homicide–suicide risk. Refer to 'imminence' and 'escalation' related to change or escalation in recency or frequency of violence.
Has ever tried to strangle or choke the victim	**In isolation**, this is not a known common risk factor for suicide or self-harm risk. However, in combination with suicide or self-harm risk factors it may indicate a **serious risk and/or requiring immediate response**. This may include homicide–suicide risk.
Has ever threatened to kill victim survivor	**Other family violence risk factors to keep in mind when identifying this risk factor include:** Emotional abuse **Common suicide risk factor:** Has ever threatened or tried to self-harm or die by suicide **Why is this important to consider for suicide risk?** People using violence often use threats to kill in combination with threats to self-harm or suicide. Refer to 'Has ever threatened or attempted self-harm or suicide' for more information.
Has ever harmed or threatened to harm or kill pets or other animals	**Other family violence risk factors to keep in mind when identifying this risk factor include:** **Controlling behaviours** Emotional abuse **In isolation**, this is not a known common risk factor for suicide or self-harm risk. However, in combination with suicide or self-harm risk factors it may indicate a **serious risk and/or requiring immediate response**. This may include homicide–suicide risk.

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
Has ever threatened or attempted self-harm or suicide[7]	**Other family violence risk factors to keep in mind when identifying this risk factor include:** **Has ever threatened or tried to self-harm or commit suicide** **Controlling behaviours** Emotional abuse Mental illness/depression **Common suicide risk factors:** Has ever threatened or tried to self-harm or suicide Mental illness/depression Chronic suicidality **Why is this important to consider for suicide risk?** Personal history of self-harm is the most frequently occurring psychosocial risk factor in coroner-certified suicide deaths in Australia for 2017.[8] Within the family violence context, 'threats of self-harm or suicide' are considered to be a risk factor for homicide–suicide and an extreme extension of controlling behaviours by a person using violence. Suicide prevention practice considers 'threats of self-harm or suicide' as a key warning sign to be taken seriously. A significant number of men who commit suicide each year have a history of using family violence. Risk is heightened for people who have a plan to take their life, who have had a previous suicide attempt and where suicidal ideation is present. Suicidal ideation is not uncommon, and only some people who have thoughts of suicide will attempt to take their lives. However, it is important to treat all suicidality seriously. Leading practitioners in suicide prevention have determined that people with chronic repetitive suicidality are a distinctly different cohort to those with episodic suicidal behaviour – that is, suicidal behaviour that manifests over a shorter time.[9] A history of chronic, repetitive suicidal behaviour is considered a significant risk factor for suicide, with one study placing young men who had a history of previous attempts at 30 times the risk of suicide.[10] Furthermore, suicidality including suicidal ideation and attempts are a core feature of borderline personality disorder, with individuals diagnosed indicated as having a high risk of suicide.[11] Threatening to self-harm or suicide as a means of controlling a victim survivor is not always linked to the presence of mental illness. However, in some instances they may be co-occurring.

7 Note practice advice on language has changed since MARAM Framework was published in 2018, and the term 'commit' suicide is no longer used.
8 Government of Australia 2019, *Psychosocial risk factors as they relate to coroner-referred deaths in Australia*, 2017, Australian Bureau of Statistics, Canberra.
9 Paris J 2007, *Half in love with death: Managing the chronically suicidal patient*, Lawrence Erlbaum, Mahwah, NJ.
10 May AM, Klonsky ED and Klein DN 2012, 'Predicting future suicide attempts among depressed suicide ideators: a 10-year longitudinal study', Journal of Psychiatric Research, vol. 46, no. 7, pp. 946-952, doi:https://doi.org/10.1016/j.jpsychires.2012.04.009; Gould MS, Greenberg TED, Velting DM and Shaffer D 2003, 'Youth suicide risk and preventive interventions: a review of the past 10 years', *Journal of the American Academy of Child & Adolescent Psychiatry*, vol. 42, no. 4, pp. 386-405. doi:https://doi.org/10.1097/01.CHI.0000046821.95464.CF
11 Broadbear JH, Dwyer J, Bugeja L and Rao S 2020, 'Coroners' investigations of suicide in Australia: the hidden toll of borderline personality disorder', *Journal of Psychiatric Research*, vol. 129, pp. 241-249. doi:https://doi.org/10.1016/j.jpsychires.2020.07.007

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
	What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor? Understanding the presence, context and characteristics of this risk factor provides insight into the state of mind of the person using violence. 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. All threats should be taken seriously, both in terms of genuine intent to suicide or self-harm, as well as a means to control the victim survivor. Where there is escalation in threats or attempts, or greater specificity of threats, consider steps for immediate intervention and risk management. **The combination of threats to suicide or self-harm with other controlling behaviours and threats to kill or harm adults, children or pets indicates serious risk.** At times it may be challenging to differentiate between suicidal ideation linked to desperation/distress as opposed to acts of control. In your engagement, you may hear narratives of hopelessness and shame, statements about depression or anxiety, and observe changes in the person using violence's mood or presentation. You may also observe narratives placing blame on victim survivor/s for the mental health or current situation of the person using violence (refer to situational stressors above). The person may make threats to harm themselves to punish victim survivor/s. Any risk of suicide and threat to self-harm must be taken seriously and you must respond appropriately. Refer to guidance on safety planning in **Appendix 9 Safety planning conversation model** and **Responsibilities 5 and 6** for information about secondary consultation, referral and information sharing.
Stalking of victim survivor	Other family violence risk factors to keep in mind when identifying this risk factor include: **Controlling behaviours** **Obsession/jealous behaviours towards victim** Isolation Emotional abuse **Threats to kill** Common suicide risk factor: **In isolation**, this is not a known common risk factor for suicide or self-harm risk. However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**.
Sexual assault of victim survivor	Other family violence risk factors to keep in mind when identifying this risk factor include: Emotional abuse Physical harm **Physical assault while pregnant/following new birth** **Controlling behaviours** **Obsession/jealous behaviours towards victim** **Has ever tried to strangle or choke victim** **Stalking of victim** **In isolation**, this is not a known common risk factor for suicide or self-harm risk. However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**.

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
Previous or current breach of court orders/intervention orders	**Other family violence risk factors to keep in mind when identifying this risk factor include**: **Controlling behaviours** (also refer to Escalation) **Stalking of victim** **Threats** Emotional abuse **Common suicide risk factor:** **In isolation**, this is not a known common risk factor for suicide or self-harm risk. However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**. This may include homicide–suicide risk. 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 orders is also linked to family violence homicide risk.
History of family violence	**History of family violence of any person is a suicide risk factor.**
History of violent behaviour (not family violence)	**In isolation**, history of violent behaviour (not family violence) is not a known common risk factor for suicide or self-harm risk. However, in combination with suicide or self-harm risk factors, it may indicate **a serious risk and/or requiring immediate response**.
Obsession/jealous behaviour toward victim survivor	**In isolation**, this is not a known common risk factor for suicide or self-harm risk. However, in combination with suicide or self- harm risk factors it may indicate a **serious risk and/or requiring immediate response**. Refer to guidance on **Controlling behaviours**.
Unemployed/ disengaged from education	**Other family violence risk factors to keep in mind when identifying this risk factor include:** **Financial abuse / difficulties** **Common suicide risk factor:** **Financial difficulties** **Why is this important to consider for suicide risk?** Refer to guidance on **Financial abuse/difficulties**, unemployment and job insecurity has been found to be associated with an increased risk of suicidal ideation and behaviour.[12] Disengagement from education also increases an individual's suicide risk. **What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?** You can discuss changes to employment or education status, how the person views issues with employment or education, and the impact of unemployment, underemployment and disengagement from education on victim survivors and other family members. If the person is despondent or stressed about unemployment, or reports a sense of powerlessness over their situation, you should screen for both suicide risk and increasing control over victim survivors. The person may blame the victim survivor for their situation and use this as justification for retaliation and intensified coercive controlling behaviours. 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.

12 Milner A, Witt K, LaMontagne AD and Niedhammer I 2018, 'Psychosocial job stressors and suicidality: a meta-analysis and systematic review', *Occupational and Environmental Medicine*, vol. 75, no. 4, pp. 245-253. doi:10.1136/oemed-2017-104531

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
Drug and/or alcohol misuse/abuse (by perpetrator)	**Other family violence risk factors to keep in mind when identifying this risk factor include:** Mental illness/depression Financial abuse/difficulties **Common suicide risk factor:** Drug and/or alcohol misuse (specify substances) **Why is this important to consider for suicide risk?** Problematic substance use has a strong correlation with suicide risk, particularly as those who use substances can be characterised as having mood disorders, stressful life events, interpersonal problems, poor social support, lonely lives and feelings of hopelessness.[13] In particular, **problematic alcohol use** may lead to suicidality through disinhibition, impulsiveness and impaired judgement – and it may also be used as a means to ease the distress associated with the act of suicide.[14] Acute alcohol intoxication should be viewed as an important risk factor directly affecting suicidal behaviour. **What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?** Information about the person using violence's use of alcohol and other drugs provides insight into their current state of mind and level of stability. You should explore the person's use of alcohol and/or drugs, including the contexts in which they use and any increases or changes to patterns of use. Where increased alcohol and drug use is present, you should also explore risk taking behaviours, concerns about changing mood or impulsivity to identify increased suicide risk. You should be aware of the impact of the person's use of alcohol and/or drugs on victim survivors, including whether they 'encourage' or force the victim survivor to use, force victim survivors to watch any risk taking, self-harm or attempts to suicide, or use more severe or physically harmful forms of family violence at times of intoxication. If you observe narratives that externalise responsibility for the person's use of family violence on alcohol or drug use, do not engage in discussions that minimise their behaviours or justify their actions based on their use of alcohol or drugs. Refer to guidance in **Responsibility 3** for information on maintaining a balanced approach and non-collusive practice.

13 Pompili M, Serafini G, Innamorati M, Biondi M, Siracusano A, Di Giannantonio M ... Möller-Leimkühler AM 2012, 'Substance abuse and suicide risk among adolescents', *European Archives of Psychiatry and Clinical Neuroscience*, vol. 262, no. 6, pp. 469-485. doi:10.1007/s00406-012-0292-0

14 mpili M, Serafini G, Innamorati M, Dominici G, Ferracuti S, Kotzalidis GD ... Lester D 2010, 'Suicidal behavior and alcohol abuse', *International journal of environmental research and public health*, vol. 7, no. 4, pp. 1392-1431. doi:10.3390/ijerph7041392

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
Mental illness / depression	**Other family violence risk factors to keep in mind when ask identifying this risk factor include:** **Obsession / jealous behaviour towards victim survivor** **Drug and/or alcohol misuse/abuse by perpetrator** **Common suicide risk factors:** Mental illness / depression Chronic suicidality Hopelessness **Why is this important to consider for suicide risk?** Research indicates that mental illnesses such as depression, psychosis and substance use are associated with an increased risk of suicide.[15] Schizophrenia is associated with 13 times higher risk of suicide than the general population, depression 20 times higher, and borderline personality disorder (BPD) 40 times higher.[16] A history of chronic suicidal ideation and intentional self-harm are core features of a BPD diagnosis.[17] 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 examining an association between suicide threats/attempts and controlling family violence behaviours of people who use family violence in these communities. For people who use family violence, homicide–suicide is associated with mental illness, particularly depression. Depression, despair and hopelessness among people who use violence are key indicators of escalated risk and associated with homicide–suicide in the context of family violence.[18]

15 Brådvik L 2018, 'Suicide risk and mental disorders', *International Journal of Environmental Research and Public Health*, vol. 15, no. 9, 2028, doi:10.3390/ijerph15092028
16 Chesney E, Goodwin GM and Fazel S 2014, 'Risks of all-cause and suicide mortality in mental disorders: a meta-review'. *World Psychiatry*, vol. 13, no. 2, pp. 153-160, doi:10.1002/wps.20128
17 Broadbear JH, Dwyer J, Bugeja L and Rao S 2020, 'Coroners' investigations of suicide in Australia: the hidden toll of borderline personality disorder', *Journal of Psychiatric Research*, vol. 129, pp. 241-249, doi:https://doi.org/10.1016/j.jpsychires.2020.07.007
18 Cheng P and Jaffe P 2019, 'Examining depression among perpetrators of intimate partner homicide', *Journal of Interpersonal Violence*, https://doi.org/10.1177/0886260519867151

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
	What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor? When exploring the person using violence's mental health and wellbeing, including contact with services, it is critical to understand their current mental health status. A person using violence may have an ongoing or undiagnosed mental illness. Family violence risk is increased by **the presence of major mental illness combined with the co-occurrence of other behaviours and/or escalation.** For example, problematic use of alcohol or other drugs, changed or escalating behaviours, or delusions/psychosis, including those that are focused on a particular adult or child. A history of mental illness spanning a range of diagnoses may be observed as contributing to suicide risk. Chronic suicidal behaviour and/or ideation and intentional self-harm are common presentations. When considering suicide risk, you should identify and understand the person using violence's experiences of depression any narratives about hopelessness (refer to additional risk factors below). When people who use violence present to acute mental health services (either voluntarily or accompanied by police), they are generally observed to be in significant crisis and at heightened risk.
Isolation	**Social isolation by the person using violence of the victim survivor is not a suicide risk factor for the person using violence.**
Physical harm Emotional abuse Property damage	**In isolation**, these are not known common risk factors for suicide or self-harm risk. However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**.
The following risk factors refer to the behaviour of a person using violence against children victim survivors	
Exposure to family violence Sexualised behaviours towards a child by the perpetrator Child intervention in violence	**In isolation**, these are not known common risk factors for **adult**[19] suicide or self-harm risk. However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**.

19 Suicide risk for adolescents using family violence and child victim survivors is addressed separately.

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
Behaviour indicating non-return of child	**Other family violence risk factors to keep in mind when ask identifying this risk factor include:** Risk of harm to child/young person **Planning to leave or recent separation** **Escalation — increase in severity and/or frequency of violence** **Common suicide risk factor:** Recent separation **Why is this important to consider for suicide risk?** Refer to guidance on 'planning to leave or recent separation', outlined above. Suicide risk related to this risk factor should be considered in the context of homicide–suicide risk. 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, including:[20] ... 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. **What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?** This factor also relates to parenting arrangements after separation and should also be considered in relation to pending/recent separation with escalation related to court matters. Exploring how the person using violence engages with the process of shared parenting arrangements with co-parent/s may provide some insight into narratives indicating entitlement to children and hostility towards the other parent/s, particularly where they believe their 'right' to contact with their children has been removed. This includes risk to both the child/ren or young person and adult/carer victim survivors. The person using violence can use arrangements to control the parent/carer victim survivor, particularly as unsupervised arrangements can open opportunities for the person using violence to undermine the other parent/carer's relationship with the child/ren. The intensity of hostility towards the other parent/s, alongside other family violence and suicide risk factors, may indicate risk of homicide–suicide, in particular retaliatory filicide. **If you identify children to be at serious risk and/or requiring immediate response, you must act immediately, including calling police on Triple Zero (000).**
Undermining the child/parent relationship	**In isolation**, these are not known common risk factors for **adult** suicide or self-harm risk. However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**.
Professional and statutory intervention	

20 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).

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
The following risk factors refer to the circumstances relevant to children	
History of professional involvement and/or statutory intervention	**In isolation**, these are not known common risk factors for adult suicide or self-harm risk. However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**.
Change in behaviour not explained by other causes	
Child is a victim of other forms of harm	

Additional suicide-only risk factors for adult perpetrators	Practice guidance on correlation of suicide and family violence risk[21]
Exposure to someone who has died – particularly by suicide	**Why is this important to consider for suicide risk?** 'Death of a family member' and 'family history of suicide' are indicated in frequently occurring psychosocial risk factor in coroner-certified suicide deaths in Australia in 2017.[22] Being bereaved by the suicide of a close family member or peer is a risk factor for both suicidal distress (ideation and behaviour) and suicide.
History of childhood trauma – sexual, emotional, physical abuse/ family violence or neglect	**Why is this important to consider for suicide risk?** 'While highlighted as a risk factor for adolescents, a history of interpersonal violence in childhood is also a significant risk factor for suicidality in adults, both for men and women'.[23] This includes a history of family violence and lack of early modelling of positive patterns of behaviour and dealing with stress. This is a co-occurring factor as individuals who engage in intimate partner violence are known to have significant rates of exposure to historical trauma, particularly to violence in childhood.[24]

21 You may identify these suicide risk factors when exploring the persons needs and circumstances.
22 Government of Australia 2019, *Psychosocial risk factors as they relate to coroner-referred deaths in Australia, 2017,* Australian Bureau of Statistics, Canberra.
23 MacIsaac MB, Bugeja L, Weiland T, Dwyer J, Selvakumar K and Jelinek GA 2018, 'Prevalence and characteristics of interpersonal violence in people dying from suicide in Victoria, Australia', *Asia Pacific Journal of Public Health*, vol. 30, no. 1, pp. 36-44, doi:10.1177/1010539517743615; MacIsaac MB, Bugeja LC and Jelinek GA 2017, 'The association between exposure to interpersonal violence and suicide among women: a systematic review', *Australian and New Zealand Journal of Public Health*, vol. 41, no. 1,pp.61-69, doi:10.1111/1753-6405.12594; Rajalin M, Hirvikoski T and Jokinen J 2013, 'Family history of suicide and exposure to interpersonal violence in childhood predict suicide in male suicide attempters', *Journal of Affective Disorders*, vol. 148, no. 1, pp. 92-97, doi:10.1016/j.jad.2012.11.055
24 Taft CT, Murphy CM and Creech SK 2016, *Trauma-informed treatment and prevention of intimate partner violence*, American Psychological Association, Washington, DC.

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
Shame	**Why is this important to consider for suicide risk?** Shame has been found to be associated with self-harm.[25] While shame can be a powerful motivator for change, an intense sense of shame can create heightened suicide risk. Risk may increase when there is a change in or loss of recognition of an individual's previous status in the community, when the person perceives a change in the community's judgement of them, and/or where there is a loss of social standing or 'face', that is, when their use of family violence or offending becomes public. This can manifest itself as family and friends distancing themselves and the person becoming isolated. **What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?** Shame in the context of someone's use of violence can be a useful motivator for change. However, where shame becomes internalised and toxic, it is known to impair decisions for help-seeking. When combined with hopelessness, it may be a significant indicator for suicide and homicide–suicide risk. **Section 12.1.14** in Foundation Knowledge Guide provides further information on shame and externalised violence. You may observe: ... reduced self-esteem and worth, depression ... increased use of aggression and anger towards victim survivors ... narratives of blame directed towards victim survivors for 'ruining their life', 'taking their children', bringing shame on them, their family or community ... narratives indicating community, cultural, faith and identity-specific examples of expectations or shame, including narratives of how separation has impacted the person using violence's standing or reputation.
Homelessness	**Why is this important to consider for suicide risk?** Suicide is recognised as a substantial public health issue in homeless populations, with suicidal ideation and attempts significantly higher in this group than in the general population.[26]

25 Sheehy K, Noureen A, Khaliq A, Dhingra K, Husain N, Pontin EE ... Taylor PJ 2019, 'An examination of the relationship between shame, guilt and self-harm: a systematic review and meta-analysis', *Clinical Psychology Review*, vol. 73, 101779, doi:https://doi.org/10.1016/j.cpr.2019.101779

26 Ayano G, Tsegay L, Abraha M and Yohannes K 2019, 'Suicidal ideation and attempt among homeless people: a systematic review and meta-analysis', *Psychiatric Quarterly*, vol. 90, no. 4, pp. 829-842, doi:10.1007/s11126-019-09667-8

Family violence risk factor	Practice guidance on 'in common' suicide and family violence risk factors
Hopelessness	**Why is this important to consider for suicide risk?** Hopelessness is a recognised risk factor for self-harm and suicidality.[27] A sense of hopelessness/expression of a loss of hope was acknowledged to be a contributory factor to suicidal risk. This can manifest as: an attitude that 'there's nothing left to live for'; a lack of forward thinking or planning, a sense of 'feeling stuck'; or 'feeling completely overwhelmed and incapacitated'. A cluster of negative life experiences and/or prolonged exposure to stressors are also observed to contribute to a sense of hopelessness. Such an increase in the number and magnitude of individual and situational risk factors over time appears to heighten suicidal risk. In addition, this cumulative stress can result in a relatively minor stressor triggering significant suicidal distress. **What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?** Intense hopelessness has been identified among specialist family violence practitioners as indicating both risk of suicide and homicide–suicide. You should observe signs indicating the degree of hopelessness a person expresses to you, which may include: ... believing there is little reason to adopt non-violent and respectful ways of relating as part of making a better life for themselves or others, with narratives that others would be 'better off without them' or 'nothing works' ... deterioration of circumstances and life situation, particularly in relation to court outcomes and restricted or suspended access to their children ... increasing sense of desperation, with narratives indicating there is 'nothing left to lose', particularly where children are involved ... resentment and bitterness towards victim survivors, with narratives of them having 'won' while their life is 'over'.
Social isolation	**Why is this important to consider for suicide risk?** **Social isolation of any person is a suicide risk factor.** 'Social isolation, exclusion and rejection', 'bullying' and 'discord with boss and workmates' are all identified as psychosocial risk factors in coroner-certified suicide deaths in Australia in 2017.[28] A loss of connection to significant others, including family and social networks can indicate an increase in suicide risk. This may be further exacerbated when connected to a change in the individual's sense of identity such as when there is a loss of 'social face' (refer to 'shame' above).

27 Steeg S, Haigh M, Webb RT, Kapur N, Awenat Y, Gooding P ... Cooper J 2016, 'The exacerbating influence of hopelessness on other known risk factors for repeat self-harm and suicide', *Journal of Affective Disorders*, vol. 190, 522-528, doi:https://doi.org/10.1016/j.jad.2015.09.050

28 Government of Australia 2019, *Psychosocial risk factors as they relate to coroner-referred deaths in Australia*, 2017, Australian Bureau of Statistics, Canberra.

MARAM PRACTICE GUIDES

RESPONSIBILITY 4: INTERMEDIATE RISK MANAGEMENT

Working with adult people using family violence

VICTORIA
State Government

RESPONSIBILITY 4

INTERMEDIATE RISK MANAGEMENT

4 INTERMEDIATE RISK MANAGEMENT

4.1 OVERVIEW

This guide supports you to undertake family violence risk management that responds to the person using violence, their 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 perpetrator-focused **Responsibilities 1–3** before commencing intermediate risk management with people who use family violence.

You should also understand the Structured Professional Judgement model and how to apply intersectional analysis (**Responsibility 3** and **Section 10.3** of the *Foundation Knowledge Guide*) to inform your risk management approaches.

When undertaking risk management, you need to consider:

- the actions the victim survivor has taken to protect themselves and (if applicable) their children (who are also victim survivors)
- the actions of other services already engaged, or that need to be engaged, to support risk management
- the actions you can take to develop a professional-facing Risk Management Plan (which is for you to work with other professionals and services, not directly with the person using violence)
- safety planning with the person using violence about their risk behaviours towards both victim survivors and themselves. This includes their presenting needs and any protective factors that keep them engaged and make it more likely risk management interventions will be successful.

Key capabilities

This guide supports professionals to undertake intermediate risk management. This includes:

- understanding and aligning your actions with existing risk management strategies and, where safe and appropriate to do so, engaging the victim survivor themselves, or with services working with them (where consent is provided, as required). Services include specialist family violence services, therapeutic, advocacy and professional services
- where safe and appropriate to do so, working with the person using violence to develop a Safety Plan based on their presenting needs and circumstances and disclosed family violence behaviours and risk
- developing a Risk Management Plan targeted at addressing the person's use of family violence risk behaviours, including coercive controlling behaviours, and related presenting needs. This is undertaken in collaboration and coordination with specialist family violence services, targeted services or other professionals working with the person using violence and/or adult or child victim survivor/s
- responding to the assessed level of risk presented by the person using violence, including serious and immediate risk
- documenting evidence of family violence and risk management responses
- monitoring behaviour, change in risk and collaborating and sharing information with other parts of the system
- reporting any breaches of a family violence intervention order or other family violence crimes to police.

You should use this guide:

- after an intermediate risk assessment (**Responsibility 3**) has been completed and family violence has been assessed as present
- (if safe to do so) to develop a Safety Plan with the person using violence
- to develop, review or update an existing Intermediate Risk Management Plan, particularly if patterns of behaviour have changed, or risk has changed and/or escalated
- to respond to immediate risk.

Intermediate risk management includes addressing the presenting needs and circumstances of the person using violence.

This helps the person to gain or retain stabilisation across aspects of their life linked to risk. It enhances protective factors for both people using violence and victim survivors. It also promotes readiness and motivation for behaviour change.

Responsibilities 5, 6, 9 and 10 provide guidance on other elements of risk management, including information sharing, referral and secondary consultation with other services.

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.

REMEMBER

You should distinguish between adults and adolescents or young people who use violence.

Adolescents should receive a response that considers their age, developmental stage, whether they are also a victim survivor of violence, their therapeutic needs, and the specific protective factors that will support their development and stabilisation and recovery (such as family reunification where it is safe to do so), as well as their overall circumstances.

For adolescents nearing adulthood, particularly if they are using intimate partner violence, you may use this guide with caution.

You should consider their age and developmental stage when asking prompting questions to explore safety planning, readiness and motivation and planning appropriate risk management actions and interventions.

Risk management strategies developed to respond to adolescents and young people nearing adulthood can be recorded in the Intermediate Risk Management Plan.

Refer to adolescents who use family violence MARAM Practice Guides for more information.

4.2 WHAT IS RISK MANAGEMENT?

Risk management is a coordinated set of strategies and actions to enhance the safety of the victim survivor (adult, child or young person) and reduce or remove the likelihood that the person using violence will commit further violence.

It also includes reducing the assessed level of risk the person using violence presents to themselves or any third parties, including professionals.

All risk management must involve developing and documenting the actions to be undertaken by professionals in a Risk Management Plan, and **if safe to do so**, developing a Safety Plan with the person using violence.

Risk management also focuses on direct engagement with the person using violence to support them to take responsibility for their behaviour.

Risk management does not make the adult victim survivor responsible for managing the risk of the person using violence to any adult or child victim survivor, or changing their behaviour.

4.2.1 Elements of intermediate risk management

Intermediate risk management includes responding to a range of risk behaviours from the person using violence. This includes addressing any associated needs and circumstances to reduce risk and improve the person's capacity to take responsibility for the decisions they are making.

Key intermediate risk management actions you can take include:

- strategies to respond to the immediate risk presented by the person using violence to adult and child victim survivor/s, or others (such as identified third parties)
- responding to the immediate risk presented by the person using violence to themselves
- information sharing for the purpose of coordinating and managing risk with other professionals and services
- supporting the person using violence to address their presenting needs and circumstances, ensuring that responses support the goal of risk management
- developing a Safety Plan with the person using violence that encourages them to seek help, stabilises aspects of their life, interrupts their use of violence and reduces their risk
- talking to the person using violence about options that create safety, including accommodation options, and connections to relevant services, including referral to a specialist family violence service, targeted community or culturally specific services
- ongoing risk assessment and management, including updating their Risk Management Plan
- ongoing encouragement for further engagement with your own service or other services to increase opportunities to monitor risk over time and service connection.

Intermediate risk management requires you to engage with other professionals and services. Refer to:

- **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 person using violence, facilitate tailored responses and risk management actions, and can increase the capacity for timely responses to changes in the level of risk. These coordinated responses make victim survivors safer.

It is appropriate to proactively seek and share information with other relevant services the person using violence is engaged with, to establish whether a Risk Management Plan already exists.

If the person using violence is engaged with a specialist perpetrator intervention service, contact that service, including the Family Safety Contact Worker.

If an existing Risk Management Plan or Safety Plan exists (for the person using violence or an adult or child victim survivor), work collaboratively with other services to review and update the plan together to ensure consistency.

It is important to continually review your assessment of risk and update the Risk Management Plan and Safety Plan, 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 and monitor the person using violence, centre victim survivor experience and safety, and share information.

REMEMBER

Managing risk is a shared responsibility across services working with the person using violence and adult and child victim survivor/s.

Risk is dynamic and risk levels can change quickly and at any time.

Reviewing your assessment, Risk Management Plan and Safety Plan should be part of your normal practice.

All professionals must comply with existing legal obligations, such as:

- mandatory reporting to Child Protection
- the reporting of possible sexual abuse of children under 16 years of age to Victoria Police – noting that failure to report is a criminal offence and applies to all adults.

This guidance on risk management is consistent with these obligations.

4.3 STRUCTURED PROFESSIONAL JUDGEMENT IN RISK MANAGEMENT

Structured Professional Judgement supports you to respond using risk management actions appropriate for the presentation and level of risk from the person using violence.

The risk management actions and interventions you undertake must keep the person using family violence in view of the system.

They should also contribute to coordinated support provided to the person using violence to stop their coercive controlling behaviour.

Risk management at an intermediate level comprises the following actions.

Keep the **lived experience** and **safety of victim survivors** at the centre of risk management.

Adult victim survivors are the best judges of the risks they face. It is likely they will have already taken many steps to manage the risk both to them and their children.

As such, victim survivor lived experience and safety should guide your actions and your response to the history of violence, patterns of behaviour and severity of violence experienced.

Where possible, appropriate to your role and safe to do so, you can engage directly with the adult victim survivor, other professionals or services, or the specialist family violence services working with them (if known), to identify and understand existing risk management plans and strategies.

If you cannot contact the victim survivor or the services they are engaged with, use Structured Professional Judgement to keep the adult and child victim survivor's safety at the centre of your risk management.

You should respond to **evidence-based risk factors**, in particular, you should focus on:

- dynamic and serious risk factors
- risk factors that require immediate intervention
- those you determine to be most impactful to the victim survivor.

Presenting needs and circumstances are often linked to dynamic risk factors.

Addressing these with the person using violence can directly contribute to the stabilisation of their life situation and the safety of adult and child victim survivors.

This includes reducing the likelihood of change or escalation in use of family violence from related behaviours, such as those associated with their use of alcohol and drugs, or housing or financial insecurity.

You should determine whether it is safe, appropriate or reasonable to engage in any direct conversations about safety planning with the person using family violence.

You can tailor your safety planning conversation to match the level or depth of disclosure about behaviours linked to risk factors.

Share information with other professionals and services. Appropriate **information sharing** ensures your risk management responses are relevant.

It also keeps people using violence in view of the system.

You can seek secondary consultation with specialist family violence services that will support you to develop risk management strategies.

This will also increase your confidence and skill in safety planning with people using violence.

Continue to use information sharing to collaborate with other professionals and services to ensure your risk management responses remain current, reflect needs and risk of the victim survivor, and keep the person using violence in view across the service system.

Figure 1: Model of Structured Professional Judgement

Analysing the elements in the model of Structured Professional Judgement and applying **your professional experience, skills and knowledge** supports you to respond to the presentation and assessed level of risk of the person using family violence.

Use an **intersectional analysis lens** when determining level of risk that respond to structural inequalities, barriers and systemic, individual and collective discrimination the adult or child victim survivor and the person using violence may face.

Consider the information in relation to the identity, experiences or circumstances of the adult or child victim survivor and the person using violence.

For people using family violence, these and other experiences and circumstances, such as their own experience of violence and trauma, can hinder their capacity to take responsibility for their use of violence.

For people who use violence, these aspects can affect:

- the form and presentation of the violence they use
- their attitudes about their use of violence, including how they perceive and justify their use of violence
- their readiness and motivations to accept further support for behaviour change.

Professionals should consider and make efforts to address any additional barriers for the person.

Refer to **Section 12** in the *Foundation Knowledge Guide* and **Responsibilities 1 to 3** in reducing barriers to engagement for Aboriginal people and people from diverse communities or older people.

Refer to guidance on secondary consultation, referral and information sharing in **Responsibilities 5 and 6**.

4.4 APPROACH TO RISK MANAGEMENT OF THE PERSON USING VIOLENCE

Risk management of the person using violence can be achieved in multiple ways.

The table below outlines the level of direct engagement you may have with the person using violence and the approaches and example actions that support risk management.

The initial contact the person using violence has with your organisation may either be voluntary (self-referral, referral from another professional within or outside your organisation) or mandated (by court order, part of corrections intervention or service, parole conditions).

This information will guide you to consider the type and depth of your risk management conversations with the person using violence, and level of motivation the person using violence has to engage with your service or other services.

Note, however, that mandated service users can also be highly motivated to engage.

Table 1: Approach to risk management and level of direct engagement

Level of direct engagement	Approach and actions supporting risk management
No visible service interventions	The person using violence is **not made aware** there are interventions in place to address their use of violence. These may be from your service, statutory authorities and non-statutory services. This usually occurs when risk management support is being provided to the adult or child victim survivor by specialist family violence services. It may also occur if the statutory service system has intervened because of the assessed level of risk presented by the person using violence to the victim survivor/s, themselves and others. It can include information sharing and secondary consultation between services and may be part of collaborative and coordinated responses. This is likely to include coordination with Victoria Police, victim survivor and perpetrator specialist family violence services (further outlined in **Responsibility 9**) and Child Protection. You or another professional will have developed a Risk Management Plan (refer to **Section 4.7**).
Direct support for needs or circumstances	The person using violence **may or may not be aware** of your knowledge of their use of violence. Your professional engagement contributes to the readiness and motivation of the person using violence to change their behaviour and stop their use of family violence. Intervening at the earliest opportunity and connecting the person with appropriate services can have a lasting positive impact, including on their use of family violence. Interventions are linked to the presenting needs and circumstances of the person using violence. Responding to presenting needs by providing a professional or therapeutic response, will support you to manage behaviours related to family violence risk. Addressing these needs, such as alcohol and other drugs or mental health, indirectly supports the family violence risk management response. By applying intersectional analysis, you can respond to barriers to help seeking, support and change and make timely and appropriate referrals to support the person to stabilise their life situation or enhance their protective factors. You may be undertaking your own risk management actions and responses to presenting needs as part of a broader collaborative and coordinated process. You may be involved in case coordination or case management meetings with a range of services, of which the person using violence may have knowledge, depending on the level of risk and your professional role. You may, alternatively, be providing support to the person using violence, but the person may be **unaware of your knowledge of their behaviour or risk level**. You may have developed a Safety Plan (refer to **Section 4.8**) with the person using violence and a Risk Management Plan you can share with other professionals, or you may have contributed to a Comprehensive Risk Management Plan (refer to **Responsibility 8**).

Level of direct engagement	Approach and actions supporting risk management
Direct support includes family violence	The person using violence is **aware of your knowledge of their family violence behaviour and risk.** They may be already engaged with a specialist perpetrator intervention service, have a safety notice or family violence intervention order, be directed to you by Child Protection, or have current family court proceedings. You may be having direct conversations with the person using violence about their behaviours and level of risk to victim survivors. Where the person is engaged with a specialist perpetrator intervention service, you can frequently and proactively share information to ensure your conversations reinforce any messages and strategies put in place by the service. You may have safety planning conversations that include managing behaviours towards victim survivors and motivation to change, which you can document on the Safety Plan template and share with the person using violence. Where safe, appropriate and reasonable, the person's parenting role or identity may be used as a motivator. As risk changes or escalates, you can seek secondary consultation for support in your risk management response role. You will likely be involved in case coordination or case management meetings between a range of services, or other coordinated risk management response to respond to serious risk. This may include collaborating with other professionals to develop a Comprehensive Risk Management Plan (refer to **Responsibility 7**).

4.5 RESPONDING TO SERIOUS AND IMMEDIATE RISK

If you or any other professional or service identifies any person at serious risk and requires an immediate response from family violence, you or they should immediately:

- **call police on Triple Zero (000)**
- contact a local specialist family violence service, based on the victim survivor's current place of residence, to share information and coordinate support for adult and child victim survivors.

When you call emergency services:

- 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 **– be as clear as possible about your concerns.**
- Give the full name of the person using family violence and their whereabouts and known address and contact number.
- Give the full name and address of the adult and child victim survivor/s at serious risk, and any other family members or identified third parties. You may not have all the adult and child victim survivor's details but can share as many details as possible from your conversations with the person using violence to assist police to locate them quickly.
- Provide details of other people you believe are at immediate risk and the rationale for your determination of risk. This may include a victim survivor's new intimate partner, parents or extended family members, carers or other support people, or other residents with whom the victim survivor lives.

- Provide details about the situation, including:
  - any crime that may have been committed (or indicated they may commit)
  - history of the perpetrator having access to weapons
  - any history of the perpetrator using non-fatal strangulation
  - whether an intervention order is in place.
- Provide any other information requested by the operator.
- Report risk to children or young people to Child Protection as appropriate.

Crisis situations can include both immediate risk from the person using violence, as well as the immediate impacts from family violence, such as serious injury to an adult or child victim survivor, the person using violence to themselves or a third party.

This complexity will be triaged by the Triple Zero (000) operator.

REMEMBER

If you become aware of an injury due to suspected or confirmed physical force to the head or neck (such as strangulation or choking) of any person, seek immediate health assessment for injuries to the brain or body.

Guidance on identifying risk related to choking and strangulation is in the victim-focused **Responsibility 3**, **Appendix 8**.

People who use family violence may threaten or attempt suicide and self-harm strategically to shift responsibility from themselves and place blame onto the victim survivor for the person's use of violence.

Use your professional judgement and, where necessary, seek professional advice on the appropriate steps moving forward. Call police and the Crisis Assessment and Treatment Team, if appropriate.

Refer to guidance on identifying suicide risk factors in **Section 4.15**.

In cases of 'serious risk and requires immediate protection/intervention', 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 who are assessed as presenting a serious risk[1], 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.

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.

4.5.1 Other options to respond to immediate risk

It is critical that a Risk Management Plan is in place to respond to the level and seriousness of risk identified as requiring an immediate response.

Other options to respond to risk include:

- making a referral to a specialist perpetrator intervention service and any services involved with the child, such as Child Protection, including for crisis response to the person using violence
- seeking secondary consultation from a specialist family violence service or the specialist family violence adviser for your area or organisation for comprehensive risk management planning or referral for the victim survivor to be contacted and offered immediate support

1 For further details about RAMP, refer to **Responsibility 9**.

- if anyone discloses that the person using violence has sexually assaulted a child, you have a statutory obligation to report to the police[2] –
  - it is best practice to inform the adult victim survivor/non-violent parent of your responsibility to report where possible. You can also reassure them that you can support them to ensure their own and any children's safety from any increase in risk from the person using violence that may occur as a result of the report
  - if you have no contact or information about the victim survivor, Victoria Police may be best placed to inform them once the report has been made
  - you should also consider if you should inform the person using violence of the report, particularly determining whether it is likely to increase or reduce escalation of risk to a victim survivor. For example, this may be appropriate if the person using violence would otherwise assume an adult victim survivor made the report
- reporting the assessed risk presented by the person using violence to children or young people to Child Protection and schools/childcare centres (including sharing information regarding an intervention order if one is in place)
- referral or secondary consultation for the person using violence who may require support for mental health, alcohol and other drug use, housing or financial insecurity
- referral to Legal Help services for the person using violence, including where there is a new or varied family violence intervention order, child/parenting arrangements, or other court matters.

Engaging with a specialist family violence service to work with the adult victim survivor should occur where possible.

2 Refer to State of Victoria 2018, *Children, youth and families, Criminal offences to improve responses to sex abuse*, available online.

This can occur in several ways, including when:

- you know the victim survivor is engaged with a specialist family violence service – contact them immediately
- the person using family violence is engaged with a specialist perpetrator intervention service – contact them immediately. They will have the capacity to engage with the person to de-escalate the risk and contact the victim survivor through their family safety contact worker
- the victim survivor is not engaged with any services, but you have contact details – attempt to make contact
- the victim survivor is not engaged with any services, and you do not have their contact details –
  - contact a specialist family violence service or The Orange Door in your region and seek advice
  - contact the police.

4.6 ENGAGING WITH THE PERSON USING VIOLENCE FOR RISK MANAGEMENT

Engaging with a person using family violence provides an opportunity to identify and assess their use of violence and intervene in a timely manner to support reducing their level of risk.

Risk management directly with the person using violence will focus on developing a Safety Plan.

Your first contact should create a respectful, sensitive and safe environment for the person using violence to discuss their presenting needs or circumstances that:

- may influence their choice to use violence
- increase the likelihood or severity of risk
- act as barriers to change.

Refer to **Responsibility 1** for guidance on safe and respectful engagement to build trust and rapport.

Where it is safe and appropriate, engaging in risk management conversations with the person using family violence helps to:

- address their presenting needs
- provide direct response strategies and actions to reduce the risk to current and previous adult or child victim survivors, even where they are not referred to as part of your risk management conversation
- reduce the risk to themselves and third parties.

Your risk management conversation should focus on developing a **Safety Plan** with the person using violence.

Safety planning is a chance to support the person using family violence to draw upon their own motivations (if safe to do so), skills and capabilities to lessen the risk associated with their family violence or related behaviours, and unaddressed needs and circumstances.

A Safety Plan can help them to stabilise their needs and circumstances, reflect on their behaviours to take responsibility for their use of violence, and change their risk behaviours.

It also refocuses the responsibility on the person using violence, rather than on the adult victim survivor to manage the risk presented to themselves or child victim survivors.

This includes incorrectly placing responsibility on adult victim survivors to 'protect children' or punishing adult victim survivors for not being 'protective enough' of child victim survivors.

As a professional, locating responsibility for use of violence with the person using violence reduces the risk of professional collusion and maintains the focus on their behaviours and the impact of harm on others.

The information you gather through your risk assessment and safety planning conversation will also inform your **Intermediate Risk Management Plan**.

REMEMBER

Showing empathy towards a person using family violence is not collusive practice, but at times it may be misinterpreted as being collusive. You can acknowledge the person using violence's feelings or emotions, but not affirm their actions.

Refer to **Responsibility 3** for guidance on using safe and respectful engagement practices to minimise the risk of collusion.

Person-centred client–worker relationships can help the person change their attitudes and behaviour.[3]

Apply your professional judgement to reflect on your own biases, and manage these respectfully and safely.

Refer to **Section 10.6** in the Foundation Knowledge Guide for more information on biases and reflective practice.

Engage with the service user proactively and offer them the support they need to increase safety, reduce risk and enable behaviour change.

3 Adapted from Reimer EC 2020, *"Growing to be a better person": exploring the client-worker relationship in men's behaviour change program*, research report no. 15/2020, ANROWS, Sydney.

4.7 HOW TO USE THE INTERMEDIATE RISK MANAGEMENT PLAN AND INTERMEDIATE SAFETY PLAN TEMPLATES

The information you have gathered during the intermediate risk assessment process (Responsibility 3) should inform your risk management strategies and approach to developing a Safety Plan with the person using violence.

A **Risk Management Plan** is usually completed by professionals in collaboration with other services to determine and coordinate actions to reduce risk from the person using violence to adult and child victim survivors.

If safe to do so, you can work directly with the person using violence to develop a **Safety Plan**, which can also inform your Intermediate Risk Management Plan.

4.7.1 Key elements in intermediate risk management and safety planning

Risk management and safety planning are separate activities when working with people using family violence.

- A stand-alone template for the Intermediate Risk Management Plan is in **Appendix 7**. It is for **professionals only** and is not to be accessed by the person using violence.
- A stand-alone template for the Intermediate Safety Plan is in **Appendix 8**. It can be developed with and given to the person using violence so they can refer to it.

You should keep a copy of each document (the Risk Management Plan and Safety Plan) for your records.

Only provide the Safety Plan to the service user

You should ensure you have a copy of any Risk Management Plan and Safety Plan developed by other organisations that relate to the person using violence or the victim survivor/s to avoid any contradicting or conflicting management strategies.

Risk Management Plans and Safety Plans should be developed and documented separately. However, where possible, they should be linked together/aligned with any victim survivor Safety Plans held by your organisation, or copies from other organisations.

Many organisations will have risk management strategies, including victim survivor–focused Safety Plans and worker Safety Plans, built into their existing practices.

Consider linking perpetrator-focused family violence safety planning documents into these practices.[4]

Your role might include a combination of:

- supporting development of risk management strategies and a Safety Plan
- implementing an existing Safety Plan
- proactively sharing information with another professional working with the person using violence or a victim survivor about change or escalation in the person using violence's narratives, behaviours, needs or circumstances linked to family violence risk.

In some organisations, when family violence is identified or disclosed, it is your role to seek secondary consultation or refer to a specialist family violence service.

For example, if there is uncertainty, specialist services can support correct identification of the perpetrator (predominant aggressor) or the victim survivor, or in developing and implementing risk management plans, particularly for response to serious risk or complex cases.

4 Consider if service user files can identify where family violence is present to link information, such as by using a flag, to ensure perpetrators are known in systems and cannot get access to information about victim survivors.

4.7.2 Using the Intermediate Risk Management Plan template

It is not safe, appropriate or reasonable for the person using violence to know you are developing a Risk Management Plan to share with other professionals.

The Risk Management Plan template can be used to record strategies already in place and actions required to manage risk.

It can also be used to record presenting needs and circumstances that require stabilisation and any protective factors requiring strengthening.

The Risk Management Plan can be developed using information gathered through your conversations with the person using violence, often through a safety planning conversation.

You should also use details about risk, patterns of behaviour, and needs and circumstances identified in your risk assessment process, as well as information sharing and secondary consultation.

The Risk Management Plan provides a structure for determining and documenting actions related to the person using violence, including across the following areas requiring risk management:

- emergency and crisis support access and contacts – document these for your service records, consistent with the Safety Plan template in **Appendix 8**
- supports and adjustments – document disability, medical, communication, literacy, community/culture connections and other requirements, including any interventions or measures put in place to manage risk
- contact with victim survivor and immediate accommodation needs – document actions required to respond to immediate risks related to contact and accommodation, and actions the person using violence has identified will support them to interrupt escalation associated with serious risk
- presenting needs and circumstances linked to risk factors or dynamic risk – document planning for events likely to increase risk, monitoring for change in presenting needs and circumstances related to dynamic risk factors and immediate risk, and action planning and information sharing with relevant services
- system interventions – document interventions currently in place, pending interventions and Legal Help support
- risk factors and pattern of coercive control – document any other interventions, actions and strategies targeted at addressing specific risk factors or the person's pattern of coercive controlling behaviour.

Consider proactively requesting or sharing information with other relevant services to verify information you have received from the person using violence. This includes information about the person's family violence risk behaviours, and any needs and/or circumstances that may affect their choice to use violence, or how their behaviour creates risk to each victim survivor.

You should review and update your risk assessment and revise your Risk Management Plan as you gather more information. Use your professional judgement to guide you through this process.

4.7.3 Using the Safety Plan template

The Intermediate Safety Plan template can be **used directly** with the person using violence where family violence is identified through a self-disclosure or identified through your risk assessment.

The Safety Plan template should be used in conjunction with the Intermediate Safety Planning Conversation Model (described below) at **Appendix 9**.

This provides an example interview structure, including prompting questions to support your safety planning conversation with the person using violence.

The Safety Plan template does not use direct language about the person's use of family violence. However, it is designed to outline strategies the person using violence can implement to lessen the risk associated with their behaviours, unaddressed needs and circumstances and enhance emotional and behaviour regulation. .

The Safety Plan also focuses on stabilising the person and strengthening their protective factors, managing events which may increase risk, and safety for self if suicide or mental health responses are needed.

The Safety Plan is designed for the person using violence to take home/refer back to and includes:

- emergency and crisis contacts: reminder to call Triple Zero **(000)** in an emergency, and details of emergency and crisis support contacts
- personal, practical and wellbeing support contacts: to address presenting needs and circumstances with space to detail agreed referral information
- personal responsibility to manage behaviour – managing behaviour and emotional regulation, planning for specific events and situations where behaviour may escalate or risk to family members may increase
- support planning for self – mental health, suicide and self-harm risk-related questions and documenting support information
- useful phone numbers – referral options if they are feeling unsafe to themselves and others or require additional support.

The Safety Plan actions should be **practical, clear and easy to implement**.

Setting unrealistic actions or goals will set the person using violence up to fail, increase risk to victim survivors and potentially contribute to the person disengaging from your service.

The Safety Plan should be reviewed and updated regularly in collaboration with the person using violence, if it remains safe and appropriate to do so.

This includes updates to reflect changes in needs, circumstances and risk levels and to adjust and refine where strategies have not worked. You might do this directly in the session by updating existing documents, or after the session based on your conversation with the person using violence.

All referrals made, or secondary consultations undertaken as part of risk management, should be incorporated and documented (refer to **Section 4.16**).

4.8 SAFETY PLANNING WITH A PERSON USING VIOLENCE

4.8.1 Conversation prompts to support intermediate safety planning

The Intermediate Safety Planning Conversation Model is in **Appendix 9**.

This model continues from the Intermediate Assessment Conversation Model in **Appendix 4**.

The Safety Plan template should be used in conjunction with the Intermediate Safety Planning Conversation Model.

The Intermediate Safety Planning Conversation Model is to be used as a **guide** only.

It sets out how to use prompting questions to:

- introduce the concept of safety planning
- establish readiness and motivation for addressing presenting needs and/or use of violence
- identifying strategies for seeking help for presenting need/s, crisis situations, and use of violence, including acceptance of referrals to other supports for presenting needs and use of family violence
- identifying activities, strategies and interventions to support safe accommodation decisions
- explore ways to notice and regulate emotions, including identifying warning signs for using disclosed behaviours and strategies to maintain safety for victim survivors
- explore ways to manage challenging situations or events to maintain safety for victim survivors
- explore risk of suicide and complete relevant sections of the Safety Plan
- seek agreement for reviewing and sharing the Safety Plan with others.

When planning a safety planning conversation, consider:

- your professional relationship with the person using violence, including the level of trust and rapport developed
- their motivations for addressing their presenting need/s and/or use of violence
- their level of readiness to take responsibility for their use of violence
- your personal views and biases about the person using violence and seek supervision to support your reflective practice
- seeking secondary consultation with a specialist family violence service to support you to navigate the conversations with the person using violence.

4.8.2 Applying an intersectional lens

When undertaking a safety planning conversation, you can acknowledge the identity, experiences, concerns and circumstances of the person using violence and provide tailored and inclusive responses.

You can acknowledge your limitations, biases and understandings as a professional when engaging through an intersectional lens.

You can also:

- provide choice to access community-specific or mainstream service options. If accessing mainstream services, you can address barriers by engaging in secondary consultation and collaborating with community services to manage concerns and provide shared support and cultural safety (refer to **Responsibilities 5 and 6**)
- provide adjustments that might be needed to overcome any limited/reduced capacity or capability due to illness or cognitive disability, including acquired brain injury (refer to **Responsibility 3**)
- utilise secondary consultation with targeted services for support on ensuring you provide culturally safe and accessible services.

REMEMBER

It is never safe or appropriate to discuss any aspect of family violence **Risk Management Plan** with the person using violence if the victim survivor is present.

It is unlikely to be safe for you to discuss your assessment of the level of risk directly with the person using violence.

Direct disclosure by the person using family violence can heighten the level of risk. Similarly, failure to disclose family violence risk is also an indicator of the level of risk. Disclosure does not mean the person is taking responsibility for managing their behaviour or reducing their use of family violence.

When a person using family violence realises the effect of their coercive control and violent behaviours on their family, there is a heightened risk, including the risk that the person will hurt themselves and others.

For a person who uses violence, this realisation, while part of the behaviour change process, can also leave them feeling helpless and out of control.

Feeling the loss of control will affect how they view themselves and their sense of identity.

When there is a risk of escalation, managing and sharing information about risk is crucial to keep the person using violence in view of the service system and support safety for adult and child victim survivors and family members.

Be aware that a conversation about risk management may also escalate risk. It may be unsafe to continue your conversation about risk management if you recognise:

- the person's level of hostility towards the victim survivor is too high
- the person is highly agitated, and you need to focus on de-escalation and calming the person down to a safe state before they leave
- where de-escalation has not worked and/or if risk is escalated and there is a serious risk/threat to any person, you should call Triple Zero **(000)**. Refer to **Section 4.5** for how to respond to serious and immediate risk.

4.9 SAFE CLOSURE OF CONVERSATIONS ABOUT FAMILY VIOLENCE

Safe closure of conversations about family violence is essential.

Closing the session safely can be done in a number of ways, including:

- checking in with how the person is feeling about the conversation
- acknowledging the difficulty of having this type of conversation
- reflecting on the person's contributions to the conversation, including any responsibility taken for behaviour or goals set
- agreeing on actions the person can take after the session and ways to review progress, including Safety Plans
- discussing plans for the next appointment and how to seek help in the interim.

If at any time throughout your engagement you are concerned that the person using violence may escalate their risk, you should close the session safely and take the appropriate risk management action required to minimise risk, including any de-escalation strategies.

This may be required where during the session you notice the person using violence becoming increasingly agitated, angry and/or distressed, or if they make threats to harm the victim survivor(s), other family members, themselves or you.

Refer to **Section 4.5** for 'Responding to serious and immediate risk'.

You should seek support from your supervisor or senior colleagues to de-brief, and consult your organisation's policies and procedures for managing immediate risk.

4.10 UNDERSTANDING READINESS AND MOTIVATION TO ENGAGE FOR RISK MANAGEMENT

For the person using violence, readiness to engage with programs to address their use of family violence will not likely be a priority.

With this in mind, preparing a person to discuss and address their use of family violence can be woven into discussing their presenting needs or circumstances and other safety planning conversations (refer to **Intermediate Safety Planning Conversation Model**).

The approach and timing of using motivations to engage in a conversation about family violence is critical to achieving the long-term goal of behaviour change.

Many people using family violence will delay, avoid or refuse the conversation about their use of family violence and will redirect conversations to focus on the presenting need and other issues.

Guiding them to seek support from a specialist perpetrator intervention service may or may not be an achievable goal.

Moving a person using violence from resistance to readiness takes time, patience and skill.

While at times you may find this frustrating, understanding the challenges and barriers the person faces will help you to provide a safe, non-collusive approach to developing a Safety Plan with the person and tailoring your risk management interventions.

Refer to the *Foundational Knowledge Guide* and **Responsibilities 1 and 2** for information on responding to barriers and safe engagement.

4.10.1 Motivations to engage

A person using violence's motivation to engage with you or other professionals can be understood in the context of internal and external motivators. These can drive or hinder engagement as well as longer-term behaviour change:

- **Internal factors** include a person's values, emotions, goals, wants, desires and their skills and capabilities to achieve outcomes, including self-efficacy.[5]
- **External factors** include police and courts, referral pathways (mandated or voluntary), physical location such as prison or community, capacity to attend and engage with services, support from others, skills and capabilities of professionals offering a service.

4.10.2 Motivations for behaviour change

Behaviour change work relies on actively using **internal motivators** to increase a person's readiness to engage with specialist services and preparedness to change their behaviours.

Working with a person using violence on their internal motivators encourages disclosure responsibility taking and preparedness to address their behaviours.

Initial readiness to engage with services or explore behaviour change, however, is often driven by **external motivators**.

You can use external motivators to prompt an initial referral and provide access to services or programs the person has previously not sought help from.

They are also critical as a system-level accountability mechanism that supports professionals to respond through time-based opportunities (refer to **Responsibility 3** and **Section 4.16**, below) and increase likelihood of ongoing engagement and monitoring.

5 Chambers J, Eccleston L, Day A, Ward T, Howells K 2008, 'Treatment readiness in violent offenders: the influence of cognitive factors on engagement in violence programs', *Aggression and Violent Behavior*, vol. 13, pp. 276-284, doi:10.1016/j.avb.2008.04.003.

External motivators may encourage the person to seek help at a time of crisis, such as for housing or financial crisis, losing contact with children, a relationship breakdown, or rapidly deteriorating mental health.

The person may be motivated to address that immediate crisis but not their use of family violence, and when the crisis is addressed, may view the situation as 'fixed'.

External motivators are not on their own considered the key driver of **behaviour change**. This also requires an internal motivator.

You can support the person using violence to think about the situation beyond the initial crisis or need that brought them to your service, and to look at the factors that continue to influence the decisions they make and the way they behave.

Providing information and interventions that may support change in attitudes can lead to increased readiness to accept a referral to specialist perpetrator intervention services.

4.10.3 Barriers impacting motivations for behaviour change

People using family violence, particularly men, can face additional barriers to help seeking and accessing services because of their beliefs around gender roles and expectations of masculinity.

Individual and community/cultural conceptions of 'shame' may also create a barrier for any person to access services and support, but it plays a particular role as a barrier for Aboriginal men and people from culturally, linguistically and faith diverse communities (refer to **Section 12.1.14** in *Foundation Knowledge Guide*).

Readiness to move beyond the barriers that impede behaviour change requires an **internal motivation** to accept responsibility. Until people who use family violence can accept a level of responsibility, they will continually present narratives that support their position.

Common narratives that are barriers to taking responsibility are in the **Identification** and **Intermediate Assessment Tools**.

These narratives reflect the barriers to taking responsibility and include minimising, denying, blaming others and justifying their use of family violence.

4.11 UNDERSTANDING READINESS TO CHANGE[6]

You are not required to undertake direct family violence behaviour change practice; however, you can support people who use violence to increase their internal motivation, readiness and capacity to seek assistance and engage positively in behaviour change programs.

The Stages of Change model can support your understanding of the person using violence's readiness to change. Change is not always linear and is influenced by changes in the person's needs, circumstances, and motivations over time.[7]

This model outlines the process by which a person's readiness and motivation transform into behaviour change, following five cognitive and behavioural stages.

These stages progress from:

- an unawareness of a problem (precontemplation)
- feelings of ambiguity about a problem behaviour (contemplation)
- making plans to change (preparation)
- undertaking change (action)
- preventing relapse (maintenance).

6 Adapted from Prochaska JO and DiClemente CC 2005, 'The transtheoretical approach', in Norcross JC and Goldfried MR (eds.), *Oxford series in clinical psychology: Handbook of psychotherapy integration*, Oxford University Press, pp. 147-171.

7 Some professionals will be aware of the Transtheoretical model of change (also known as the Stages of Change model), originally developed for behavioural interventions for problems with alcohol and other drugs. Adapted from Prochaska JO and DiClemente CC 1983, 'Stages and processes of self-change of smoking: toward an integrative model of change', *Journal of Consulting and Clinical Psychology*, vol. 51, no. 3, p. 390.

The **action** stage is (hopefully) followed by a **maintenance** stage, during which a person engages in active self-monitoring and maintenance of the behavioural changes that they have made during the intervention.

Motivation should not be mistaken for change.

A person having motivation or a goal to do something can be meaningful, but it is not necessarily in itself, going to lead to change.

In the context of a person's use of family violence, the presence of motivation or a goal for behaviour change will also not fully represent where the person may be located in the Stages of Change model.

Through your engagement you may identify that the person is at varying stages of change to address different parts of their behaviour, as well as their use of family violence as a whole.

This may require you to provide a range of interventions or focus on the aspects of risk that have the greatest chance of supporting their actions towards change and safety.

Adopting the wrong approach or focusing on behaviours they are not ready or willing to take responsibility for carries the risk of a person using violence disengaging, increasing risk and leaving the professional frustrated and confused.

A proportion of people using family violence and accessing non-family violence services will be reluctant to accept a referral to a specialist family violence service, particularly in the early stages of engagement with you.

As you build rapport and trust with the person using violence, opportunities may arise to support a referral.

REMEMBER

This model is just one approach. It should be used in the context that risk is dynamic, people who use family violence will fluctuate between stages, and may be at different stages in relation to different family violence behaviours.

It is important not to box a client into a stage and each session should reflect the person's level of responsibility taking and capacity to engage with you on the day.

You should consider the person using violence's level of engagement and motivations over time, as well as your own assumptions and biases in relation to their current or perceived stage of change.

4.11.1 Using direct disclosures to explore readiness and motivation to be referred to a service for behaviour change

A disclosure of violence might be the person's first step towards taking responsibility for their use of family violence.

This can include facing the reality of the impact of their behaviour on adult and child victim survivors and others.

A direct disclosure, rather than an objective identification of their use of violence, provides an opportunity and invitation to explore the level of responsibility they are willing to take, and their readiness and motivation to engage in behaviour change.

The **Intermediate Safety Planning Conversation Model** provides guidance on exploring the person's level of responsibility, readiness to change their behaviour, interest in committing to the safety of victim survivors and motivation to engage and change.

In the course of your work with the person using violence, you may explore what is meaningful to them in their life (for example, their values), which may provide some insight into their potential internal motivators.

You can support them to strengthen their internal motivators and establish both short-term and long-term goals that support the person to move towards change.

While a person using violence may disclose certain behaviours to you, this may occur with minimising or justifying narratives.

In this case, careful consideration is required in your response to maintain engagement while also addressing risk and safety issues. Their readiness to engage with specialist services will likely be limited at this time.

You may seek secondary consultation with a specialist perpetrator intervention service about the person's disclosures to identify appropriate next steps.

This can include support to guide you in the development of strategies to maintain engagement with the person using violence and increase readiness and motivation to support ongoing work until they are ready to accept a referral to attend a specialist perpetrator intervention service.

You should continue to work with the person using violence to address their presenting needs while also exploring the barriers to addressing their use of violence, if safe to do so (refer to *Foundation Knowledge Guide* for more information on barriers across the community).

Disclosure can also cause the person using violence to feel overwhelming shame and guilt, often heightened by separation anxiety.

This does not excuse family violence risk behaviours, but it provides a context you should be alert to, and it should inform how you respond.

Achieving change in the context of the person's presenting needs, particularly where they have overcome barriers, may increase their capacity and confidence to change their family violence behaviours.

NOTE

A direct disclosure from a person using violence can suggest an initial level of awareness and responsibility taking for their behaviours. However, it can also be an invitation to collude with minimising or justifying narratives. If a disclosure occurs, it is important to explore with the person using violence their motivation for disclosing.

Be cautious when a person using violence describes positive change in their relationships. If possible, you should verify self-reported change in relationships or behaviour. Self-reported positive changes can interrupt an internal belief of the person using violence of the need to take responsibility for their behaviours or engage in 'real' change.

An identification or indirect disclosure in the course of your engagement and assessment lends itself more to a person feeling 'caught out' through your process of engagement and assessment. Further work will be required to move them to a state of readiness to change if they come from an initial position of defensiveness or feel exposed by their behaviour being made public or feeling confronted. This can lead to escalation of risk. Where this occurs, consider your response in your **Risk Management Plan**, including if information sharing or secondary consultation is needed with specialist services.

4.12 TALKING TO THE PERSON USING VIOLENCE ABOUT THEIR OPTIONS, INCLUDING HELP SEEKING

In the early stages of engagement, your safety planning conversations should focus on the practical interventions required to stabilise the person's situation, address their presenting need/s and circumstances, and strengthen their protective factors, for the purpose of managing and reducing the further likelihood or escalation of risk.

In your safety planning conversations with the person using violence, you will get a sense of the person's context, including:

- if there are any system interventions (for example, family violence intervention orders)
- the status of the family unit (for example, separated, living together, children living across households)
- strategies already in place to support stabilisation (for example, services addressing other needs such as alcohol and drug use).

You can support the person using violence to identify and consider their options for addressing their presenting needs, whether or not it is part of your professional role to name the direct link to family violence risk.

You should take a strengths-based approach when identifying options for support, ensuring that any plans made reflect the capacity, readiness and motivation of the person using violence. Refer to **Responsibilities 1 and 5** on exploring barriers impacting readiness and motivation to engage.

You should also take care to identify supports in place for family members/victim survivors, to ensure that current supports for the person using violence or potential referral options do not unintentionally undermine the safety and wellbeing of victim survivors.

The **Intermediate Safety Planning Conversation Model** will support you to discuss:

- actions taken before to address presenting needs and/or use of family violence
- attempts at previous help seeking (generally) from formal supports and informal social supports
- motivation for engagement and setting goals for support from your service
- barriers to service access and help seeking
- engaging with appropriate legal services
- engaging with other services to address needs, including referrals
- strategies for self-managing their behaviour
- mental health needs and suicide safety planning.

A focus on accommodation options is outlined below due to the common circumstances of family violence intervention orders including exclusion conditions and the serious risk time of recent separation.

Making a range of connections for the person using violence to relevant supports and services includes seeking secondary consultation and sharing information.

You should seek consent from the person for a referral, and continue to engage with them, where appropriate to your role, until they are connected.

Refer to **Responsibility 5** for guidance on making (or reducing barriers to) referrals and seeking secondary consultation.

Refer to **Responsibility 6**, and the *Family Violence Information Scheme Guidelines* or *Child Information Sharing Scheme Guidelines*, for guidance on information sharing.

4.12.1 Discussing accommodation options

Talking to the person using violence about accommodation options is essential to understand the status of the family unit and any risks associated with arranging alternative accommodation for the person using violence to increase safety for the adult and child victim survivors.

You should determine whether there is a family violence intervention order or other court orders in place with conditions that exclude the person using violence from the family home. This will inform your discussion and suggestions for safe accommodation options.

If the person using violence is living with the victim survivors, discuss their willingness to use strategies to de-escalate at the times they have identified as early signs for using violence.

Refer to the Intermediate Safety Planning Conversation Model in **Appendix 9** for further guidance about managing behaviour and emotions for the purpose of the safety of others.

You can use the **Safety Plan template** to document agreed upon strategies, including calling support services.

Accommodation options may be a sensitive topic that could potentially escalate risk if the person using violence perceives themselves to be losing control through the process of leaving or being excluded from the family home.

If this discussion is met with reluctance, you can explore this, if safe to do so, to identify underlying beliefs or attitudes that serve as barriers to the conversation.

For example, they may make statements such as 'I paid for the house, it's mine and I'm not going to be told to leave'. This indicates a level of entitlement and expectation based on their perceived role or rights within the family.

This information will be useful when developing strategies to support the person stay away from the home if forced to leave.

If the person using violence has returned to the home of the victim survivors or other family members due to experiencing housing, employment or financial stress, discuss support services that are available to connect them to alternative accommodation as well as provide support for those co-occurring needs.

If the person using violence is a parent and children and/or young people reside in the family home, you can discuss the impact of the violence on their children, if you consider it is **safe, appropriate and reasonable** to use parenting as a motivator (refer to **Section 4.13**, below).

This can be an opportunity to encourage the person using violence to reflect on how their violent behaviours impact the children and young people in their life.

You can frame discussions about alternative accommodation options as a positive parenting choice, which can support their children to feel safe.

> **NOTE**
>
> If you are supporting the person using violence to access alternative accommodation, be aware of their social networks and communities that they may potentially reside with.
>
> These networks and communities have the potential to escalate risk if they collude or support the violence, such as the behaviours of the perpetrator seeking to regain contact with children.
>
> Discuss with the person using violence the people in their life who would be the right support for them.
>
> Be mindful of unintentionally displacing the target of violence onto other victim survivors through risk management interventions.
>
> This can include if the person using violence moves in with older parents and uses violent and coercive controlling behaviours towards them. If no one in their family or social network is suitable, consider connecting with other services such as housing service.

4.13 RISK MANAGEMENT FOR A CHILD OR YOUNG PERSON

You may not have direct contact with a non-violent parent/carer, children or young people in the family through your work with the person using violence.

If you do have direct contact, refer to practice guidance for working with non-violent parent/carer, child/ren and young people in the victim survivor–focused **Responsibility 3 to 4**.

Wherever possible, collaborate with adult victim survivors/non-violent parent/carers to better understand the level of risk presented by people using violence.

Risk-relevant information is best obtained from non-violent parent/carers, older children or young people, or objective sources of information, such as legal, statutory, medical, or health sources.

Consult with other professionals who are working with children or young people to gain a greater understanding of their risk and needs in the risk management process.

When engaging with a person using family violence, you may hear the narrative that 'the children were not affected because they weren't present'. This is an invitation to collude and may minimise recognition of the trauma the children have experienced.

You must consider how you keep the children's lived experience as a victim survivor of family violence central to your risk management planning and decision-making process.

Identifying general circumstances related to children and young people, for example, where they are living and any parenting or contact arrangements, will inform the development of a Safety Plan with the person using violence.

4.13.1 Importance of determining whether parenting is a safe motivation for change

Determining whether it is safe, appropriate and reasonable to use parenting as a motivator will inform your risk management strategies with the person using violence.

If it is safe, appropriate and reasonable, you can work with the person using violence who is a parent/carer about their use of family violence and their role as a parent.

This can include understanding their goals, motivations and strengths in working towards positive and safe relationships with children, and safe relationships with co-parents.

Contact with children is a **potential** stabilisation factor, insofar as it may serve to motivate people using violence[8] to engage with specialist perpetrator intervention services or other services to improve their parenting capacity.

The person's role as parent can function as a source of internal motivation, linked to the desire to become a 'better father' or 'better parent'.[9]

Keeping a focus on the needs of the children and connecting this to being a 'better parent' can in turn reduce the level of risk presented to the adult victim survivor/parent.

You should continuously monitor for change or escalation of risk throughout your engagement when using parenting as a motivator.

This includes assessing whether it is safe, appropriate and reasonable to use parenting as a motivator at a particular point in time, and over time.

If it is not safe, appropriate and reasonable, you can explore other motivators when working directly with the person using violence, such as around other presenting needs, and identify other appropriate risk management strategies.

8 Broady TR, Gray R, Gaffnet I and Lewis P 2017, '"I miss my little one a lot": how father love motivates change in men who have used violence', *Child Abuse Review*, vol. 26, no. 5, pp. 328-338; State of Victoria 2016, *Royal Commission Family Violence: Summary and recommendations*, vol. 2, Parliamentary Paper No. 132 (pp. 2014-2106).

9 Stanley N, Graham-Kevan N and Borthwick R 2012, 'Fathers and domestic violence: building motivation for change through perpetrator programmes', *Child Abuse Review*, vol. 21, doi:10.1002/car.2222.

4.13.2 How to determine if it is safe, appropriate and reasonable to use parenting as a motivator

Consider if it is central to your professional service to engage with the person using violence about their parenting role.

When determining if it is safe, appropriate and reasonable to use parenting as a motivator, you should first consider whether the person using violence has a parenting/caring role or identity, and the level to which they accept their parenting/caring role or identity.

In your conversations with the person using violence, you may observe narratives about their beliefs and attitudes about parenting, their relationship to their children and other children in their life, and their co-parent/s.

Determining if it is safe, appropriate and reasonable to use parenting as a motivator is considered through a two-step **process** of identifying:

- the person's parenting role and the level of acceptance of the parenting role or identity
- aspects of risk and the person's context, including the level of family violence risk, status of family unit/relationships, system interventions and internal motivations and readiness, or other external motivations.

A person's parenting role or identity includes:

- parent
- step-parent/long-term relationship with parent of child/ren – ongoing contact and relationship with child/ren
- caregiver.

Other relationships are not parenting roles or identity, such as:

- dating/in a short-term relationship with a parent of child/ren:
  - there may be no contact or minimal relationship with child/ren at this point in time, or
  - the person using violence may have significant contact with the new partner's children, following a short and often intense period of dating prior to moving in together.

People in dating/short-term relationships may express strong identity as a parent/carer. However, this may be an invitation to collude with an entitlement or 'right' to the role or identity and be a reflection of coercive and controlling behaviours.

The table below provides guidance for assessing if it may be appropriate to use parenting as a motivator, based on the presence of a parenting role or identity and level of acceptance.

Table 2: Determining if there is a parenting role, acceptance and appropriateness of motivator

Parenting role and acceptance	Appropriate/inappropriate motivation
Parent, step-parent or caregiver + accepted parenting role (e.g. may include long-term partner of non-violent parent)	Potential/baseline motivator To determine if safe, appropriate or reasonable – refer to domains and considerations in the table below.
Parent + not accepting parenting role	**Inappropriate motivator** If no external motivator present (court order present or parenting arrangement) – use alternative motivations and risk management interventions. **Inappropriate, but required motivator** (system intervention of court order present or agreed parenting arrangement). If external motivator present, consider: ... risk level to adult and child victim survivors ... child wellbeing. Consider risk management interventions that reduce or remove risk (refer to the table below).
Non-parent (e.g. longer-term relationship with non-violent parent) + not accepting/expected parenting role	**No role: inappropriate motivator** Use alternative motivations and risk management interventions.
Non-parent/no/minimal relationship with child + no parenting role (e.g. dating relationship, short-term relationship with parent, short-term relationship with child/ren)	**No role: inappropriate motivator** Use alternative motivations and risk management interventions.

If the baseline threshold is met (there is a parenting role and it is accepted), refer the table below for detail of the elements that support your professional judgement to determine if it is a **safe**, **appropriate** and **reasonable** motivator.

At all times you should **prioritise safety** when making your determination.

Table 3: Considerations for using parenting as a safe, appropriate or reasonable motivator

Domains: risk, relationship, system intervention and internal/external motivators	Considerations to determine if parenting is a safe, appropriate or reasonable motivator
Level of family violence risk and ways the person uses coercive controlling behaviours	**Parenting may be a safe motivator** to use if any person's level of risk is 'at risk' or 'elevated risk'. **Parenting is not a safe motivator** if any person's level of risk is **'serious risk', or 'serious and requires immediate protection (for victim survivor) or intervention (for person using violence)'**. Consider risk for: ... child or young person/s ... adult victim survivor/non-violent parent/carer ... person using family violence. When considering level of risk, remember to use an intersectional lens and consider if there is any targeting of a child/young person's or non-violent parent/adult victim survivor's identity from a person using violence, such as non-Aboriginal father or stepfather of Aboriginal children. **Parenting may not be a safe or appropriate motivator** if the 'parenting role' is being used to further control or coerce family members. This may be through using systems abuse, direct coercion of adult victim survivors, or strategies to recruit or groom children, in order to gain access to children. This may also be through coercive and controlling tactics to gain access to children or ex/partner through mediation and court processes. These behaviours may also reflect a more serious level of risk.
Risk Management Plan or Safety Plan	**Parenting may be a safe motivator** if risk can be managed through risk management or safety planning, and if other circumstances or needs are being actively managed as needed. **Parenting is not a safe motivator** if any person's level of risk cannot be managed through risk management or safety planning. Risk Management Plans and Safety Plans can provide important information about required risk management responses to reduce or remove risk, including if parenting is considered a safe, appropriate or reasonable motivator, such as: ... arrangements for supervised contact ... sharing information with professionals who may be able to apply to change orders or conditions ... working with adult victim survivor/non-violent parent about parenting arrangements (or professionals supporting them).

Domains: risk, relationship, system intervention and internal/external motivators	Considerations to determine if parenting is a safe, appropriate or reasonable motivator
The status of the family unit	The status of the family unit will contribute to your analysis when determining whether it is **appropriate** to use **parenting as a motivator**. The status examples listed below must be analysed within the context of family violence risk level, including the specific behaviours, abuse intent, and patterns of coercive control of the person using violence. You should also identify the person's ability to make use of parenting opportunities (living with or separate from child/ren), the locations that the person is using violence (at home, public or other contact places), and monitor the person's coercive controlling behaviour to identify escalating/imminent risk. Status includes: ... family live together/not separated ... new relationship of adult victim survivor/non-violent parent or person using violence ... pregnancy or new birth/child in the family ... recently separated/anticipated (serious risk factor for escalated/imminent risk) ... separated: ... where child/ren reside with the adult victim survivor/non-violent parent ... where child/ren reside with the person using family violence ... child/ren are in out-of-home care, which may include kinship, foster or residential care. If family is separated, consider: ... where and when the person using violence has contact with their child/ren ... when/how often child/ren are living with the person using violence ... the wishes of the child/ren to have an ongoing relationship and contact with the person using violence ... the wishes of the adult victim survivor/non-violent parent for the children to have an ongoing relationship and contact with the person using violence.
The status of the relationship/contact between the adult or child victim survivor and the person using violence	**Parenting may be an appropriate motivator** if the status of the relationship and contact is amicable. **Parenting may not be an appropriate motivator** if the status of the relationship or contact is: ... hostile – consider if there is any expression of resentment from the person using violence: ... about the burden of the parenting role ... towards the non-violent parent/adult victim survivor who is believed to be: ... restricting contact with children ... reducing/removing the person using violence's parenting role ... not present – there is no contact between the adult and/or child victim survivor/s and the person using violence due to: ... court order ... agreement ... circumstances or needs of any of the parties preventing contact.

Domains: risk, relationship, system intervention and internal/external motivators	Considerations to determine if parenting is a safe, appropriate or reasonable motivator
The status of system interventions, including court matters, orders (conditions) (external motivator)	**Parenting may be a reasonable (or *required*) motivator** if system interventions and other external factors promoting motivation are present, including informal child contact arrangement as negotiated by the parents. Parenting contact may be a requirement, including under supervision by a court order or agreement, such as: ... supervised parenting contact sessions with child/ren. This may be supervised by professional services or assessed and approved friends/family members ... unsupervised parenting contact with child/ren. This is often regularly scheduled or negotiated between parties ... where contact requires the presence of a mediator for interactions between the non-violent parent/adult victim survivor and the parent using violence. **Parenting may not be a reasonable or appropriate motivator** if system interventions prohibit contact, including: ... where there may be statutory orders pending or in place ... family violence safety notices ... family violence intervention orders (for example, conditions limiting contact) ... bail arrangements or conditions ... probation or parole arrangements or conditions. **System interventions may not be determined** at the point in time, such as: ... Children's Court – Family Division and Criminal Division (pending court matters, recent interim or final court orders) ... family law proceedings and Family Court orders (matters pending, recent and interim or final orders) ... criminal proceedings, sentencing outcomes and court orders in relation to the person using violence.

Domains: risk, relationship, system intervention and internal/external motivators	Considerations to determine if parenting is a safe, appropriate or reasonable motivator
The person using violence's internal motivation and readiness	**Parenting may be a reasonable and appropriate motivator** if the person using violence: ... is taking responsibility for their use of family violence ... is interested or appearing ready to change their behaviour, such as expressing motivation to improve relationships – internal desire to move away from using violence and towards safe, respectful relationships ... is interested in directly meeting the needs of the child/ren to support their wellbeing ... is able to understand the child/ren victim survivors' needs and demonstrates a willingness to put child/ren's needs ahead of their own. Examples include understanding and accepting that an infant should remain in the care of primary caregiver overnight and that children can remain scared of the parent who has used violence and do not want contact at this time ... has capacity (motivation, safety and readiness) to engage with the non-violent parent/adult victim survivor to meet the needs of the child/ren to support their wellbeing. Other factors that promote/inhibit parenting motivation or capacity include: ... presenting needs or related circumstances of the person using violence are being adequately met to support them to perform their parenting role ... fear of child removal (historical, recent, structural discrimination against Aboriginal people) ... shame about violence and its impacts on child/ren and relationships ... rejection of experience of family violence modelled by own parents ... family and community expectations about parenting role, methods of parenting or positive parenting relationships ... timing related to change of status of family unit, relationship/contact, system interventions, or other needs or circumstances of the person using violence, child/ren or adult victim survivor/non-violent parent (refer to timing of risk management planning).

Use your professional judgement to determine if the parenting role is a safe, appropriate or reasonable motivator. If you remain unsure, seek support from your supervisor and secondary consultation with specialist family violence services.

NOTE

Children can be **used** to inflict further family violence on the non-violent parent/adult victim survivor.

It is important that you have a good understanding of the person's pattern of coercive control when considering risk management strategies, including safety planning related to each child or young person to avoid unintentionally increasing risk.

Consider ways you can seek the views and wishes of each child or young person about the level and nature of contact they want with the parent using violence.

4.13.3 Risk management related to parenting role

If parenting is determined to be a safe, appropriate or reasonable motivator, it should be used as part of risk management or safety planning conversations with the person using violence.

You can:

- use parenting motivation to reinforce safety expectations, including working towards safe parenting as appropriate to your role
- clearly discuss your role to support the person using violence to develop safe parenting or more respectful and healthy co-parenting relationships, as appropriate to your role, without making promises to support or advocating to systems for increased access to child/ren
- dispel myths related to parenting, including the notion of 'rights' to children, and explain legal processes
- continue to monitor for change or escalation of risk, or respond to any immediate risk
- continue to share risk-relevant information with other services working with the person using violence, or adult or child victim survivors
- seek secondary consultation on how to engage about the parenting role and motivation for behaviour change referral.

You should document your actions related to using parenting as a motivator in the Presenting needs and circumstances requiring stabilisation section of the Intermediate Risk Management Plan.

4.14 MANDATORY REPORTING TO CHILD PROTECTION AND REFERRAL TO CHILD FIRST

Reflect on your reporting obligations that are an existing part of your professional role.

You may make relevant reports if you have concerns, even if you are not mandated to do so.

REMEMBER

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.

You must consider the safety of victim survivors when responding to mandatory reporting concerns. Refer to the victim survivor–focused MARAM Practice Guides for more information on working with adult victim survivors/non-violent parents.

Where possible, it is important to involve and partner with the adult victim survivor/non-violent parent in the reporting process. Where this is not possible, seek secondary consultation with a specialist family violence service regarding the safest way to proceed that best enables the victim survivors continued engagement with the service system and how to best support them in the process.

When working with the person using violence and undertaking mandatory reporting, it is important to consider the potential for change or escalation of risk from the person using violence to each adult or child victim survivor and their risk to themselves.

If you are working with a person using violence who discloses risk to a child's safety or wellbeing and a Child Protection notification or report is warranted, you are not required to inform them before making a report.

However, it is important to consider informing the person using violence of the report, if you hold a reasonable concern that they may escalate their risk to adult or child victim survivors or another family member, if the person using violence holds a belief that the victim survivors/family member made the report.

For risk management guidance to respond to family violence risk for adult or child victim survivors, refer to the victim survivor–focused **MARAM Practice Guides**.

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, out-of-home care workers, early childhood workers, social workers, school counsellors, registered psychologists, youth justice workers 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.

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).

When working with Aboriginal people and communities, it is also important to recognise the impact of current and historical experiences of systemic discrimination and over-representation of Aboriginal people experiencing transgenerational trauma from child removal policies and the Stolen Generation.

Fear of family separation and disconnection from culture and Country, including the ongoing impact of actual systems abuse based on structural inequality and discriminatory policies and practice, continue to affect Aboriginal people, families and communities.

This may include parental shame, fear of statutory intervention and child removal, and experiencing questions about children's safety as intrusive and undermining, particularly if the person using violence uses attacks on the parent/carer–child bond as a means of control.

The person using violence may also threaten reports to Child Protection or other authorities as a method of coercion or controlling behaviour through manipulation and use of systems-abuse behaviours.

In these circumstances, your determination of the level of risk should be informed by identifying patterns of behaviour, such as targeting and undermining of Aboriginal identity, connection to community or family.

Aboriginal or bicultural workers could help you understand and respond sensitively to the depth of child removal concerns held by Aboriginal adult or child victim survivors, or victim survivors from multicultural, faith and linguistically diverse communities. This is an important aspect of cultural safety.

4.15 SUICIDE RISK MANAGEMENT AND SAFETY PLANNING

Reflect on guidance in the *Foundation Knowledge Guide* and **Responsibility 3**, **Appendix 6** on recognising suicide risk in the context of adult people using family violence.

Responding to suicide risk should consider the risk of the person using violence to themselves, their family and community.

There is strong evidence of high representation of people using family violence in annual reporting of people who die by suicide.

Every person using family violence should receive support for responses to potential or diagnosed mental health issues and to manage the situational stressors that also increase their suicide risk. These include employment, financial and housing issues and drug and alcohol use.

Support for addressing these needs must be informed by and done alongside interventions to address family violence risk to increase safety for victim survivors.

This includes where there is a threat to suicide or self-harm, or not. By providing a universal mental health response, this will have the benefit of:

- reducing the real or potential risk the person using violence presents to themselves
- reducing the real risk the person using violence presents to victim survivor/s from the increased risk of homicide and combined homicide-suicide[10]
- more effectively identifying and responding to threats to suicide as a coercive controlling behaviour, and therefore reducing the impact of these controlling behaviours on victim survivors.

The Intermediate Safety Plan in **Appendix 8** and Intermediate Safety Planning Conversation Model in **Appendix 9** include prompting questions about self-management of mental health and suicide risk and provide referral options for support.

10 Note, in these guides the use of the term 'homicide' includes the killing of children, known as 'filicide'.

Remember, any narratives identified under **Responsibility 3** related to homicide–suicide risk should be considered immediate risk, and immediate risk management strategies should be enacted, refer to Safety Plan template at **Appendix 8**.

4.16 ONGOING RISK ASSESSMENT AND MANAGEMENT

Guidance on collaborative ongoing risk assessment and management is outlined in **Responsibility 10**.

Family violence risk can change and escalate quickly (refer to **Responsibility 3**). You should continue to monitor risk to review and update your risk management approaches and actions.

During service engagement, you will identify risk factors that may escalate the level of risk presented by the person using violence.

These may include alcohol or drug use, homelessness, loss of employment, pending/recent parenting matters/ outcomes in the family court, recent or anticipated relationship breakdown or mental health issues.

Record and refer to these risk factors regularly when responding to and managing risk.

While the immediate risk may not be present at a point in time, you can quickly activate your strategies to manage risk associated with these factors when they change.

Having a shared risk management strategy with other services supporting the person using violence, or adult or child victim survivor, means you can continue to share risk-relevant information and actions as part of a system-wide, coordinated response to a change or escalation in risk.

Your actions in response to the identified immediate risk presented by the person using violence may also be determined by court orders.

For example, if the person breaches an intervention order, parenting order, Children's Court order or a community-based order, you may need to report this to the appropriate authority (remember this is likely to escalate risk and require a management response for the victim survivor/s).

You may also be required to speak with Child Protection or Child FIRST.

4.16.1 Opportunities to respond with time-based interventions and manage risk over time

Refer also to **Section 3.7** in **Responsibility 3** for guidance on key timeframes for assessing and monitoring risk after disclosure or you become aware of a family violence incident.

There are key times[11] following an 'incident' where a person using violence may come into contact with services. The table below provides an overview of opportunities for you to support people who use family violence to stabilise their needs and circumstances, establish or contribute to system accountability mechanisms and enhance their capacity to change their behaviour.

11 RMIT Centre for Innovative Justice 2018, *Bringing pathways towards accountability together: Perpetrator journeys and system roles and responsibilities.*

Table 4: Key timeframes for managing risk after disclosure or you become aware of a family violence incident

Timeframe after you become aware of family violence[12]	Considerations and actions to manage risk
Immediately following, up to two days	In this timeframe, your risk management actions can include: ... responding to any immediate risk or crisis response required for each person ... responding to immediate presenting needs that relate to change or escalation of family violence risk ... leveraging initial motivation to maintain the person's engagement with your service ... providing early support to create an experience of trust in the system.
Within two weeks	In this timeframe, your risk management actions can include: ... seeking secondary consultation and information sharing to determine appropriate risk management actions based on presentation and level of risk ... develop Safety Plan with the person using violence ... develop an Intermediate Risk Management Plan or contribute to a Comprehensive Risk Management Plan ... stabilising presenting needs and/or circumstances leading to their engagement with your service, following the 'crisis' ... responding to the range of identified presenting needs and circumstances related to risk or protective factors, such as legal help, accommodation, parenting arrangements, mental health, alcohol or drug use ... increase motivation to continue engaging with your service and readiness accept supports offered/referrals to address other presenting needs and circumstances, including readiness to address use of family violence.

12 Timeframe may relate to a family violence incident, or be in proximity to a significant event/anniversary, such as public holidays, festive season events and relationship anniversaries. It may also relate to a disclosure of violence.

Timeframe after you become aware of family violence[12]	Considerations and actions to manage risk
Two to three weeks	In this timeframe, your risk management actions can include: ... respond to any changes in motivation, engage with opportunities to increase readiness and motivation to engage with specialist perpetrator intervention services ... proactively seek or share information to manage risk ... monitor for acceptance of referrals and the person's engagement with other services ... review and update the Safety Plan and Risk Management Plan to reflect changes to your intermediate risk assessment and strategies already completed to stabilise the person's presenting needs.
One to four months	In this timeframe, your risk management actions can include those outlined in 'Two to three weeks', as well as: ... responding to new dynamic risk factors or change or escalation of existing risk factors, including alcohol or drug use, gambling, disengagement from employment or education ... responding to changes in the person using violence's external and internal motivations to engage or change ... strengthening internal motivations to change (and replace external motivators). For example, motivation to increase: ... safe, child-centred parenting capacity (recognising impact of behaviour on children and other parent/carer) rather than parent-centred parenting and 'entitlement' to access to children ... safety in the relationship with the adult or child victim survivor based on their own motivation, rather than imposed requirements to engage in behaviour change from external sources, such as their family member, social motivations or a court order.
Ongoing	In this timeframe, your risk management actions can include those outlined in 'One to four months', as well as: ... strengthen protective factors and increase motivation to engage with specialist perpetrator intervention services ... contributing to ongoing collaborative and coordinated risk management processes ... reviewing Risk Management Plan, Safety Plan, and proactively seeking or sharing information, accordingly.

You should record any time-based responses, actions and interventions in the Intermediate Risk Management Plan at **Appendix 7**.

4.16.2 Monitoring change over time by keeping the person using violence 'in view'

The longer you are engaged with the person to address their presenting needs or circumstances, the more insight you will gain into the risk behaviours and patterns present.

This will allow you to monitor change over time, including whether the barriers to service access have changed.

Keeping the person using violence 'in view' means that professionals across the service system are maintaining a proactive and active awareness of their family violence risk and behaviour.

This includes any change or escalation of family violence risk, as well as the presence of or need to reinforce protective or stabilising factors related to their presenting needs and other circumstances.

Being proactive and active means:

- reaching out through secondary consultation to other professionals who may hold risk-relevant information so you can respond to change or escalation of risk, or to access specialist expertise to support your understanding and management of risk and safety
- proactively sharing risk-relevant information with other services who are prescribed and supporting the person using violence or the victim survivor/s
- identifying ways that other professionals in the service system may contribute to safety, risk management, accountability and change
- understanding which interventions, at what time, are the most appropriate for the person using family violence, and their affected family members – prioritising coordinated management of escalated or imminent risk.

If the barriers remain the same:

- continue to work with the person to respond to their presenting needs or circumstances
- work collaboratively with other specialist or targeted services to develop risk management plans that identify actions across services involved
- proactively share information if direct intervention is required to respond to change or escalation of risk.

If your service is no longer providing a service to the person using violence, consider developing a risk management exit plan with specialist family violence services for the victim survivor or person using violence.

Services must proactively continue to have oversight of the risk of the person using violence and continue monitoring this risk over time.

4.16.3 Contact with the victim survivor as part of your ongoing risk assessment and risk management

Consider the options for direct and indirect contact you or your service has with the victim survivor to ensure they are supported to address their risk and enhance their safety.

This includes being provided with information related to identified changes or escalation of risk:

- If you or your organisation is supporting the victim survivor, you should share information with them to update their risk assessment and management strategies, including safety planning.
- If your organisation is not directly involved with the victim survivor, where safe, reasonable and appropriate, you should share information with services supporting the victim survivor, such as therapeutic, support or counselling, or specialist family violence services.
- If the victim survivor is not engaged with the service system, secondary consultation with a specialist family violence service will support your risk management interventions. This may be where any interaction with a victim survivor is a one-off occurrence, including in court settings, and intervention needs to include proactive reaching out to the victim survivor to offer support.

4.16.4 Risk management when a person using family violence is not engaged or has disengaged

In the course of your service delivery, situations may arise where you have been unable to engage or had minimal contact with the person using violence (non-engagement) or the service commenced, but the person does not continue or withdraws from the service (disengagement).

Where the person has disengaged from your service, and you have not already completed an Intermediate Risk Management Plan, you should make attempts to do so.

This should be based on your intermediate risk assessment, information sought from other services involved, and reflect any changes to family violence presentation and risk at the time of disengagement.

You should determine if you or another professional needs to act to lessen or prevent risk and complete any actions required.

You can contact the service supporting the victim survivor to share risk-relevant information and your Risk Management Plan.

Where there is non-engagement, you may still be indirectly involved and be required to contribute to collaborative and coordinated risk management responses (refer to **Section 4.4**, 'no visible service intervention guidance' in the table above).

Your expertise in your service area may be called upon to contribute to:

- information sharing for comprehensive risk assessment
- planning strategies that increase opportunities for engagement
- determining the most appropriate intervention for the person's needs, circumstances, history and context.

Where you are continuing to support the person using violence and they have not engaged with a service you have referred them to, you should explore any barriers, issues, or changes to readiness or motivation.

Maintaining the person's engagement with you at this time is critical for ongoing monitoring.

Non-engagement may be risk-relevant if it relates to presenting needs or circumstances that require stabilising to manage dynamic risk and prevent or reduce escalation of family violence.

4.17 WHAT'S NEXT

You may seek advice and information from specialist family violence services to develop Risk Management Plans and Safety Plans with people who use violence.

After hours, professionals may contact the Men's Referral Service for information and advice.

In some circumstances, it is appropriate to seek secondary consultation or referral to a specialist family violence service for comprehensive risk management, particularly where leadership for coordination is required. Secondary consultation or referral:

- **must occur** if the assessed level of risk is 'serious risk' or 'requires immediate protection/ intervention'
- may occur if the assessed level of risk is 'elevated risk'.

You may still have a role if a comprehensive Risk Management Plan and Safety Plan is developed by a specialist service. This may include implementing actions, monitoring risk and 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**.

4.17.1 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 Plans and Safety Plans you develop for the person using violence, and each adult and child victim survivor (if part of your service/role)
- case notes and any other relevant information about the person using violence's presenting needs, circumstances, readiness and motivation. You should keep any relevant information related to protective factors or needs of victim survivors that must be considered for your direct engagement separately to the person using violence's file
- any emails, text or other communication sent to or from the person using violence
- any comments or disclosures of information that give you concern about the immediate or short-term safety and wellbeing of the victim survivor, children or other people. You should document these using quotation marks, where possible, and any actions you took in response to your concerns
- 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 7: INTERMEDIATE RISK MANAGEMENT PLAN

This **Intermediate Risk Management Plan** is professional facing and is **not to be given to the person using violence.**

Ensure this plan is consistent with the outcomes of risk assessment and any **Intermediate Safety Plan** developed (refer to **Appendix 8**) and aligns to risk management strategies already developed with victim survivors.

Services should make a copy of each plan for their records and may provide only the Intermediate Safety Plan to the person using violence.

Details of person using violence / client

Full name:	Date of risk assessment:
Relationship to victim survivor:	Determined level of risk:

Risk Management Plan Details

Organisation undertaking plan:	Role in service system:
Date plan completed:	Planned review date:
Other organisations involved:	
Has a Safety Plan been completed? ☐ Yes ☐ No	If no, reason:
Planned review date:	Date plan completed:

Area requiring risk management	Detail of strategies in places and/or action required to address area of risk
Emergency and crisis support contacts	
Personal emergency contacts	Name, relationship, contact details: (provide details)
Identified crisis service contacts	Name, contact details and support provided:

Area requiring risk management	Detail of strategies in places and/or action required to address area of risk
Supports and adjustments	
Are supports and adjustments required/in place? ... **disability support aids/adjustments** ... **medical care** ... **interpreters** ... **systems literacy** ... **financial literacy** ... **connection to community and culture** ... **other**	☐ Yes ☐ No ☐ N/A (provide details)
Contact with victim survivor and immediate accommodation needs	
... Is the person using violence in contact with adult or child victim survivor/s?[1]	☐ Yes ☐ No ☐ N/A (provide details of contact)
... Has parenting been determined as a safe, appropriate or reasonable motivator for engagement?	☐ Yes ☐ No ☐ N/A (provide details of contact)
... Is the person using violence living with adult or child victim survivor/s? This includes residing in the same address but in a separate 'granny flat'. If the person using violence is unable to leave the home and live separately during this period (may be due to the partner or family member not wanting them to leave), **it is important to develop a Safety Plan.** ... If no, where are they living? ... If yes, have they recently returned to the home after living apart? ... Have they ever lived separately and returned to the home?	☐ Yes ☐ No ☐ N/A (provide details)
... If yes, has the person using violence recently returned for another reason? If so, what was the other reason (for example, loss of job, housing, release from custody, other change to circumstances)	☐ Yes ☐ No ☐ N/A (provide details of contact)
... What plan does the person using violence have to leave the house (or the location with the victim survivor) when their behaviour is likely to escalate to violence linked to serious harm? ... What plan do they have to reduce their risk to family if they stay in the home and their behaviour is likely to escalate to violence linked to serious harm? ... Who has been identified as potential contact points to support them to manage their behaviour (not the victim survivor)?	(provide details)

1 Indicates may be collected through intake and assessment.

Area requiring risk management	Detail of strategies in places and/or action required to address area of risk
… Does the person using violence have other options for accommodation? … What impact will these plans have on others? (for example, older parents/siblings/family members) … Are accommodation plans consistent with intervention orders, court orders or parole conditions?	☐ Yes ☐ No ☐ N/A (provide details)
Presenting needs and circumstances linked to risk factors (consider dynamic risk)	
… Is there change or escalation in any other presenting need or circumstance that needs managing?	☐ Yes ☐ No ☐ N/A Refer to 'Presenting needs and circumstances' below to document actions against each area
… Are there specific events or situations that are likely to increase risk? … What risk management strategies are in place? … Who else needs to be involved to manage risk?	☐ Yes ☐ No ☐ N/A (provide details)
System intervention	
… Is a family violence intervention order (FVIO) or safety notice in place? … (If applicable) are children named? … Are there any other orders in place? (For example, community corrections order, parole order, court order?) … Does the person using violence need legal support? Refer to presenting needs section. Seek consent to share contact details with legal services to contact service user to provide support? … Does the person using violence require support to understand the conditions of any orders in place?	☐ Yes ☐ No ☐ N/A (provide details) Identify time-based risk management and monitoring responses: Check expiry date
… Has an intervention order recently been varied to exclude the person using violence from the home or allow them back in the home? … What were the circumstances? Check expiry and share information with victim-survivor specialist or advocate services if it needs variation to extend.	☐ Yes ☐ No ☐ N/A (provide details)
… If a FVIO is in place, is it being adhered to? … What strategies/agreements are in place to monitor and report breaches?	☐ Yes ☐ No ☐ N/A (provide details)

Area requiring risk management	Detail of strategies in places and/or action required to address area of risk
... Are there any pending court matters or hearings? ... Is the person using violence currently in custody (police cells or prison)? If so, is their release date known? Check sentence lapse date, parole release date or end of non-parole period. ... Are there pending court matters that may affect custody status? For example, bail application, appeal, hearing of remand charges, upcoming criminal matters etc. ... What strategies are in place to monitor for change/escalation of risk pre- and poste-court dates or release? Who is responsible?	
... Are they managed by a specialist police Family Violence Intervention Unit (FVIU)? If so, provide contact details.	
Risk factors and pattern of coercive control	
... Are there any specific risk factors (e.g. dynamic risk factors or evidence-based risk factors) requiring risk management? ... What other actions are required? ... Do police or specialist family violence services need to be involved to manage this risk?[2]	☐ Yes ☐ No ☐ N/A (provide details)
... What strategies are in place to address the person's pattern of behaviour and use of coercive control? ... What other actions are required? ... Who else needs to be involved to manage this risk?	☐ Yes ☐ No ☐ N/A (provide details)

2 Specialist family violence services includes both victim survivor and perpetrator intervention services.

Presenting needs and circumstances requiring stabilisation (related to risk or protective factors)[3]

This table should be used to document presenting needs and circumstances that contribute to family violence risk as identified in your risk assessment process (Intermediate Risk Assessment) and actions required or strategies already in place to support stabilisation. You can also document actions taken or strategies already in place to strengthen protective factors.

Identify areas likely to be used to increase motivation or readiness to change.[4]

Areas that directly relate to evidence-based family violence risk factors (identified in risk assessment), particularly **dynamic risk factors**, are identified by an RF symbol.

Item	Consider in context to risk factors above	My actions:	Detail actions (requested/agreed, referral contact details, timeframe to action/review):
Personal identity, status of relationships/ dynamics Consider if demonstrating entitlement, controlling or risk behaviours towards: Ensure actions reflect determination of parenting as safe, appropriate and reasonable motivator	Personal identity, attributes and experiences	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Partner – current Partner – former (or services working with them)	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	(if applicable) Children (or services working with them)	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Other family members (or services working with them)	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	

3 Information about needs and circumstances is risk-relevant for purposes of information sharing to support understanding of person using violence in context to their family violence behaviours.
4 Refer to conversation model guiding discussion about presenting needs and circumstances as they relate to family violence risk behaviours in **Responsibility 3**.

Item	Consider in context to risk factors above	My actions:	Detail actions (requested/agreed, referral contact details, timeframe to action/review):
Social and community connections	Connection to friends or extended family network	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
Social and community connections	Connection to friends or extended family network	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Connection/sense of belonging to community, cultural groups, networks, social media, clubs	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
Presence of systems interventions	Police (e.g. family violence safety notices,[RF] intervention orders[RF])	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Child Protection	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Court matters (recent, pending, orders)	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Corrections	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Coordinated system interventions, including RAMPs	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	

Item	Consider in context to risk factors above	My actions:	Detail actions (requested/agreed, referral contact details, timeframe to action/review):
Practical or environmental issues	Aboriginal cultural or diverse community support services	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Centrelink or employment services[RF]	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Communication (e.g. access to telephone, social media)	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Counselling services (e.g. alcohol[RF] and other drugs,[RF] gambling)	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Counselling (e.g. problematic sexual behaviours[RF])	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Disability services	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Financial security, counselling	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	

Item	Consider in context to risk factors above	My actions:	Detail actions (requested/agreed, referral contact details, timeframe to action/review):
	Housing or homelessness, tenancy or private rental services	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Legal services	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Medical or mental health[RF]	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Migration services	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	
	Transport	☐ Direct support for risk/need ☐ Information shared ☐ Secondary consultation ☐ Referral	

APPENDIX 8: INTERMEDIATE SAFETY PLAN

My supports and referral information

Name:	
Date:	
Emergency and crisis contacts:	
Call Triple Zero (000) in an emergency	
Who are my personal emergency contacts?	Name, relationship, contact details: Consent to share plan with personal contacts: ☐ Yes ☐ No Notes on which contacts:
Services I can call in a crisis? (refer to crisis services contact details below)	Name and contact details: Support provided:
Who I can contact for personal and practical support?	**Person/service, support provided and contact details**
… Positive support of family, friends or community	Support provided: Name/s: Phone:
… Community, culture, faith or identity supports, elders or leaders	Support provided: Name/s: Phone:
… Disability services	Support provided: Name/s: Phone:
… Aged care services	Support provided: Name/s: Phone:
… Accommodation support … Housing or homelessness, tenancy or private rental services	Support provided: Name/s: Phone:
… Support for employment or financial counselling … Centrelink or employment services	Support provided: Name/s: Phone:
… Legal help services	Support provided: Name/s: Phone:
… Immigration services … Multicultural services	Support provided: Name/s: Phone:

Who I can contact to support my wellbeing?

... Counselling or community services for alcohol and other drug, gambling, mental health (or other)	Support provided: Name/s: Phone:
... Support for the needs or wellbeing of any children	Support provided: Name/s: Phone:
... Medical or clinical mental health and wellbeing services, including support to access any medications or alcohol/drug treatments	Support provided: Name/s: Phone:
... Peer support services	Support provided: Name/s: Phone:

Managing my behaviour and safety, and the safety of others

Managing my behaviour for the safety of others

Think about:

... My feelings

... My thoughts

... My behaviours

Example actions I can take:

... I can spend time in different rooms.

... I can do exercise at home or close to home.

... I can contact friends or family for support.

When I feel _____ there are things I can do to manage my behaviour.

My early signs for my behaviour are:

Strategies I have used before to manage my behaviour:

Things that will help me to keep on track with my behaviour/not breach my intervention order:

My personal actions:

My plan for managing my behaviour at specific events or situations

Think about:

... What events and situations may be difficult for me to manage my behaviour

... What events or situations are coming up that I need to have a support plan in place for, for example, a court appearance, family birthdays or holidays, discussing care of children or child handover arrangements, same workplace, shared community or cultural events

... What my plan is for maintaining safety and respectful behaviours

My difficult events and situations:

Who I need to be safe and respectful towards:

My strategies to manage my behaviour at these times:

Support plan for when I feel unsafe for myself

If I feel like hurting myself or I feel suicidal, I can enact my safety plan:

... What are my warning signs?

... Who can I talk to? Who can I ask for help?

... What professionals can I contact for help?

... How can I make my environment safer?

... What activities can I do until the feelings pass?

Who can I contact?

... In an emergency always **call Triple Zero (000)**

... Lifeline 13 11 14 (24/7) / Beyond Blue 1300 22 4636

... Suicide Call Back Service 1300 659 467 (24/7)

... My GP: (refer to contact details above)

My strategies to increase safety for myself:

Who I will contact:

Useful phone numbers

Referral options:

- **Men's Referral Service** for men using violence and controlling behaviour by phone 1300 766 491, 24/7
- **Men's Line** telephone and online counselling for men with family and relationship issues by phone 1800 457 870
- **Dardi Munwurro** crisis support line for Aboriginal men by phone 1800 435 799 24/7 days a week
- **The Orange Door** for anyone using family violence and seeking support to access services
- **Rainbow Door** free statewide LGTBIQ helpline for information, support and referral, including family violence, social isolation, mental health and wellbeing, alcohol and other drugs use – available 10 am to 5 pm 7 days a week on 1800 729 367
- **Legal Help** for assistance understanding conditions of intervention orders, parenting orders, or pending court hearings – including for duty lawyer services, even if not attending court. Legal Help operates (9 am to 5 pm, Mon. to Fri.) by phone (1300 792 387) or webchat at http://www.legalaid.vic.gov.au/
- **LGBTIQ Legal Service** – (non-urgent) by email lgbtiqlegalservice@skls.or.au
- **Victorian Aboriginal Legal Service** – 24 hours by phone 1800 064 865
- **VACCA** individual case work, group work, counselling and practical support for Aboriginal people – by phone 03 9287 8800
- **Child Protection**: can provide you referrals where you have parenting support needs
- **Crisis Assessment and Treatment Teams (CATT)** for support with acute mental health concerns
- **Suicide call back service** if risk of self-harm or suicide is present, or increased mental health issues that are not at crisis point by phone 1300 659 467
- **Beyond Blue** or **Lifeline** 13 11 14 for 24-hour crisis support and suicide prevention services
- **Aged Psychiatry and Assessment Team (APATT)** for support with acute mental health concerns for older people
- **Forensic Disability Statewide Access Service (FDSAS)** for support for people with cognitive impairment who have high risk behaviours and are involved in the criminal justice system
- **Alcohol and other drug use** – direct line – 1800 888 236
- **Gambler's Help** – 1800 858 858, 24/7
- **Crisis accommodation**: where excluded from the home and no alternative accommodation available with other family or friends Homeless or risk of homelessness – after hours service by phone 1800 825 955
- **local police** for welfare checks
- **Nurse on call** – 1300 60 60 24
- **Bush support line** – people in rural and remote areas – 1800 805 391

APPENDIX 9: INTERMEDIATE SAFETY PLANNING CONVERSATION MODEL

When you work with a person using violence, your risk management and safety planning must keep adult and child victim survivors' safety as central.

A Safety Plan is developed directly with the person using family violence. If it is not safe for you to complete a Safety Plan directly with the person using violence, you should proactively share this information with relevant services and develop or contribute to a Risk Management Plan in consultation with other professionals.

The **Intermediate Safety Planning Conversation Model** (safety planning conversation model) covers establishing and building readiness and motivation, addressing presenting needs and circumstances to stabilise or strengthen protective factors, and responding to safety for self and safety for others.

Some people who use family violence will be reluctant to accept a referral to a specialist perpetrator intervention service, particularly in the early stages of engagement.

As you build rapport and trust with the person using violence, opportunities may arise to support a referral. Reflect on guidance in **Responsibility 1** for more information on considerations for safe, non-collusive communication when working with a person using family violence.

The following conversation model builds from your intermediate risk assessment, where family violence has been identified through a self-disclosure or your risk assessment prompting questions.

You should tailor the questions to suit the person using violence's context, including:

- the nature of their relationship to the victim survivor/s
- whether they live with the victim survivor/s
- whether children reside or have contact with the person using violence
- the communities and age groups the person using violence and victim survivor/s identify with.

The safety planning conversation model follows the structure of the **Intermediate Safety Plan** in Appendix 8. You can develop the Intermediate Safety Plan covering the topics in an order that works for you and your service. The information you gather can be used to inform your **Intermediate Risk Management Plan** (**Appendix 7**).

You should complete the relevant fields in the Intermediate Safety Plan and add further agreements, strategies or supports as needed based on the person's context, level of disclosure and use of family violence.

Conversation-prompting questions	What should you keep in mind when asking these questions?
Clarifying the person's understanding of their use of violence and introducing safety planning	
Leading questions *Other people I have worked with have been in similar situations to yours – have [use their example, such as used violence/controlling behaviours/have an intervention order/recently separated/have had a relationship breakdown].* *They have found it useful to work on a plan to help manage themselves and their life circumstances, particularly when things feel stressful or difficult.* *Does that sound like something you would be interested in?* **Following questions** *What are the things you think would be most challenging for you in this situation?* *Have you ever spoken to someone before about making a support or Safety Plan?*	**Why is this important to consider for family violence risk management?** Provide information that a Safety Plan is to support the person using violence with a range of their needs, circumstances and, if safe to do so, about their safety for self and their family. Normalising the process of discussing and writing a Safety Plan may help the person using violence to recognise that: ... they are not the only ones who have spoken with someone about their presenting needs/circumstances/use of violence ... it is not shameful to ask for help ... they are capable of managing their behaviour ... their decisions about their own wellbeing and needs can impact on the choices they make about their behaviour. The person's responses to these questions will provide you with insight into: ... whether the person is ready to speak with you about managing their behaviour ... the extent to which the person acknowledges and takes responsibility for their behaviour ... previous attempts at help-seeking ... previous use of strategies (what has worked, or not worked) ... where to target your Risk Management Plan actions when collaborating with other services. **Practice considerations** It is important to provide the person using violence with information about what is included or involved in creating a Safety Plan. Note that safety planning is for the purposes of increasing their supports to address presenting needs and circumstances, their own safety and mental wellbeing, and the safety of the people affected by their use of violence. Ask if the person would like to write the Safety Plan down using the template. It is important to be flexible to the person's requirements and needs regarding literacy, English language, cognitive capacity and the use of other preferred communication tools. You may draw links between the person's presenting needs and their use of violence, such as homelessness, use of alcohol and/or drugs, or financial pressures. This can be a useful starting point for addressing risk. At all times, it is important to match the person using violence's language, while avoiding invitations to collude, and only work with the information they share with you or they know you have received as part of a referral. If the person is not accepting responsibility for their use of violence, and you are both aware an intervention order is in place, this can also be used to start the conversation.

Conversation-prompting questions	What should you keep in mind when asking these questions?
Establishing the readiness and motivation for risk reduction and change	
Leading questions *How would you like things to be different?* **Following questions** *What would it mean to you if you addressed [presenting need]?* *What would it mean to you if you stopped using violence/controlling behaviours/kept to the intervention order conditions?* *What would be the things that would keep you on track with this?* *What would be the things that would shift you off track?* *What have you tried before to help you stop using violence/controlling behaviours? What worked well? What didn't work?* *What goal/s do you want to achieve through our work together?*	**Why is this important to consider for family violence risk management?** This conversation assists you and the person using violence to reflect on the level of: ... responsibility for their use of violence ... interest or readiness to address their presenting need and/or change their behaviour ... interest in meeting the needs of victim survivors, including children ... motivation to engage with others to ensure the safety and wellbeing of victim survivors. Risk management strategies should take into consideration the person using violence's readiness and motivation to change. Remember, the person's readiness to **engage** is different from their readiness to **change**. A person's readiness to **engage** is commonly driven by a range of external motivating factors, including mandated attendance or referral, police or court interventions, encouragement from a family member, or crisis situation. If the person identifies these as primary motivators for **change**, their engagement with your service may be brief, they may not be ready to accept responsibility, and may be unable to look to others' needs beyond their own circumstances. A person's readiness to **change** is often linked to internal factors and longer-term motivators, such as their values, goals, future desires, as well as their belief in their capacity and confidence to use their skills to achieve desired changes (self-efficacy). If the person identifies these as primary motivators for change, it may signify a deeper investment in safety and responsibility-taking. It is important to carefully consider the person's description of their goals related to stopping their use of family violence. They may present goals they think you want to hear or may not understand their goals yet themselves. **Practice considerations** The person using violence may identify a range of external factors that are motivating them to engage with your service to address their presenting needs. These may be the same or different from those motivating them to speak with you about their use of family violence. The person using violence may find it easy to name positive value statements or goals for who they want to be and what types of relationships they want to have with their family members, including children. However, they may find it challenging to name and practice behaviours that get them towards these value statements or goals. In this instance, it may be useful to establish both short-term and longer-term goals with the person using violence. Where you have established it is safe, appropriate and reasonable, you can use parenting as a motivator for engagement and/or change (refer to **Section 4.13** in the perpetrator-focused MARAM Practice Guide for **Responsibility 4**). Listen for parent-centred goals (for example, see my children/have access to my children) and support the person towards developing child-centred goals (for example, have better communication skills so my children feel supported and listened to).

Conversation-prompting questions	What should you keep in mind when asking these questions?
Identifying when and how to reach out in times of an emergency and crisis	
Leading questions *Let's start by talking about the worse-case scenario. If things got to a place where you needed to call for help immediately, who would you contact?* **Following questions** *Have you ever called Triple Zero (000) before about your own behaviour?* ... *Have you ever had contact with police? What was this like?* ... *Would your family member [victim survivor] ever call the police? Why/why not?* ... *When/if your family member [victim survivor] called police, how did/would you respond?* ... *Who else might you call? Do you have a trusted person?* *If something were to happen to you, do you have an emergency contact you would like us to notify or speak to?* *Who have you called when you have been faced with a crisis?* *Have you spoken with Men's Referral Service/The Orange Door/ Rainbow Door before?* *Have you ever spoken with other services, like a GP or counsellor (for example, emergency telephone lines)?*	**Why is this important to consider for family violence risk management?** You may already have emergency contact details as part of your intake process. Identifying the person using violence's emergency contacts and services they would call at a time of crisis will provide you with some indication of the strategies they have used before, as well as perceived and real barriers to engaging with authorities, and the person's willingness to seek help. Through this conversation you may develop some understanding of whether a victim survivor would feel safe/ fearful of contacting police if violence escalated. The person using violence may provide a narrative about authorities, including their own fear of police or perception of police involvement in 'private' matters. If you receive any indication that the person using violence does not accept police intervention, or believes the victim survivor would not contact police, you should consider who else is involved with the person using violence and/or victim survivor to develop a Risk Management Plan in collaboration with other services. **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, it may indicate the presence of specific risks or needs related to the person using violence. Engagement with police may be an issue for Aboriginal people and people from diverse communities due to previous experiences and/or community expectations. It may also be an issue for anyone who has been previously involved with police, particularly where prior involvement has resulted in an escalation in the person's use of violence. It is important to consider whether the person using violence, or the victim survivor, has had negative experiences when engaging with police because of discrimination based on their identity. If you need to engage with the police, including for responding to immediate risk, refer to guidance in **Responsibility 4**. If the person using violence has had negative experiences with police, you should consider the impacts of your contact with police on the person using violence and victim survivor/s, and identify strategies that minimise reinforcing distrust of services and losing engagement. You may observe narratives from the person using violence about police, justice and community services that attempt to position themselves as the victim and deflect responsibility for their behaviour. If safe and appropriate to your role, consider using these opportunities to refocus on their behaviours and current situation to identify what is within their control and shift them away from a 'victim stance'. When identifying services the person using violence can contact at the time of crisis, you should discuss crisis services relevant to their presenting needs and use of family violence, and consider their identity and prior experiences with services. Wherever possible, identify culturally relevant and safe, and community-specific and inclusive services.

Conversation-prompting questions	What should you keep in mind when asking these questions?
Identifying needs and circumstances requiring stabilisation – immediate accommodation needs	
Leading questions *From our previous conversation you have told me you live* [with your partner; family; parents; someone you provide care to; children]. *Have you ever been asked to leave your home?* **Following questions** *Who asked you to leave?* *Where did you go when you left?* *What happened that you are now living with* [family member] *again?* *What would happen if you were asked to leave again? Who would you contact?* [If intervention order or other conditions in place] *What does your intervention order* [other order] *say?* *Do you have a copy of the order?* *Have you spoken to a legal service about your order?* *Do you have any questions about the conditions?*	**Why is this important to consider for family violence risk management?** If the person using violence is unable to leave the home and live separately during any period (including where a partner or family member does not want them to leave), it is important to consider options for **managing risk when exploring managing my behaviour and safety and the safety of others**, below. Through this conversation, you may identify strategies the person can use to manage their behaviour for the safety of victim survivor/s. Responses from this conversation should also be documented in the **Risk Management Plan**. The person using violence may provide a range of reasons for their return to residing with victim survivor/s, including: ... loss of job ... loss of housing ... release from custody ... exiting inpatient care ... reconciled relationship ... loss of finances ... to help with children ... to help with care ... limited options due to community-wide events (for example, pandemic, bushfire or other crisis events). Exploring how they responded to or felt about leaving the home shared with the victim survivor/s will provide insight into their capacity to cope with separation in the future. The narratives the person using violence uses about times where they have not resided with the victim survivor/s can also provide insights into their use of coercive and controlling behaviours. The person using violence may disclose behaviours that indicate increased use of strategies for maintaining control (for example, persistently contacting them by phone), declining mental wellbeing (for example, feeling hopeless or a deep sense of loss), or an extreme fixation/rumination (for example, wanting revenge for the hurt the victim survivor 'caused'). Narratives that indicate a tendency towards presenting homicide–suicide risk related to recent, pending or likely separation must be treated as **serious risk requiring immediate intervention**. You should proactively share this information with others involved with the person using violence and victim survivor in order to manage the imminence of risk.

Conversation-prompting questions	What should you keep in mind when asking these questions?
	Practice considerations If the person using violence has recently returned to the home, explore how they understand the impact this has had on the person/people they are living with. If appropriate, you may discuss and identify alternative housing options to increase safety and ensure the person complies with any orders or conditions excluding them from the victim survivor/s' home, including family violence intervention orders, corrections orders or bail or parole conditions. You can use this opportunity to discuss with the person how they understand their intervention order or other order conditions. If they or you have a copy of the order, you can describe conditions of orders in plain English to support the person using violence to comply with the order. You may also discuss legal assistance options and consider a referral to a legal service who can provide legal advice. If the person using violence is reluctant to use other available options, explore the reasons for this and identify and work to address barriers. If the person identifies alternative housing options to reside with other family members, you should assess the risk they may pose, including towards older parents, siblings and extended family. Discussions about accommodation arrangements and living with or separate to the victim survivor/s can be broad ranging. Your conversations about living separately and accepting alternative housing options may include their beliefs or perceptions of the impact on their parenting role, financial responsibilities, identity as a partner/parent, or identity as a carer. If you observe beliefs or attitudes that indicate family violence risk factors through this discussion, or risks to the victim survivor's ongoing wellbeing such as accessing their NDIS package, it is important to update your risk assessment and proactively share information with relevant services. Some specialist perpetrator intervention services have access to alternative accommodation options as well as brokerage to support access to housing.

Conversation-prompting questions	What should you keep in mind when asking these questions?
Identifying needs and circumstances requiring stabilisation – personal and practical support	
Leading questions *On a day-to-day basis, if you needed support for anything, who would you contact?* **Following questions** *Who would you contact for support to address [presenting need/s or circumstance/s]?* *What types of support could the person or service offer you?* *Who would you feel comfortable sharing your Safety Plan with?* *Who knows about your [for example, use of family violence/ controlling behaviour/intervention order/separation/relationship] with your family member?* *How would contacting [person or service] support you to not use family violence/controlling behaviour/keep to your intervention order/not contact your family member?*	**Why is this important to consider for family violence risk management?** Presenting needs and circumstances can change over time. It is important to continue to monitor for changes as this can indicate change or escalation in risk behaviours, and you should modify the person's Safety Plan and your Risk Management Plan accordingly. This conversation may support the person using violence to think broadly about the types of practical supports they currently access or would be appropriate in supporting them to address their presenting needs and stabilise their situation. You may choose to prioritise with the person which needs they feel they are ready and able to address first, keeping in mind how addressing that need will reduce or mitigate the risk they pose to victim survivors. You should request and/or proactively share information if you identify currently involved services or prospective supports and interventions, and you are concerned that the person may use systems abuse to perpetrate family violence, or that the victim survivor may require a service. It is critical to ensure that a victim survivor's access to services is not undermined by the person using violence or their needs and referrals (such as where both require support for alcohol and drug use and have been referred to the same organisation). In this case, you should prioritise the experience of the victim survivor and ensure their service needs are met, which may include seeking alternative referral options for the person using violence. **Practice considerations** Identifying who the person can and would contact for support in a crisis or emergency, outside of authorities, as well as on a day-to-day basis for support, is a strengths-based approach to supporting the person take responsibility for and action steps towards safety. If the person has an intervention order, community corrections order, parole order, family court order or other order in place, and they need legal support, check they have legal help contact details. You can provide them with legal help contact information or seek consent to share their details with an appropriate legal service to contact the person using violence directly. This may include legal services for Aboriginal people and LGBTIQ people. Legal services can also provide information about and explain conditions of orders and court duty lawyers can provide support for family violence intervention order matters. When discussing legal supports, you may identify that the person has received assistance from more than one legal service.

Conversation-prompting questions	What should you keep in mind when asking these questions?
	This could indicate the person has intentionally limited options for victim survivors to receive legal support, creating a conflict of interest in representation of parties. This is an example of systems abuse and where identified, should be shared with other services. It is critical to identify people or services that are realistic for the person using violence to contact, who they know will listen, provide appropriate responses and be available for ongoing support or re-engagement over time. If a person has had negative experiences of a service due to discrimination or marginalisation, they will be unlikely to call upon them in future. It may also indicate an inappropriate emergency contact, such as a victim survivor that the person using violence has separated from. You should prompt for alternative contacts if this person is inappropriate or unavailable to provide support.
Identifying needs and circumstances requiring stabilisation – support for wellbeing	
Leading questions *Thinking about the things you named earlier that would be most challenging for you in this situation (for example, your financial issues), what supports do you already have in place to help you?* **Following questions** *Where you don't have supports in place, is that something you would be interested in?* *What supports does your family member [and children, where relevant] have? Are you involved in those supports?*	**Why is this important to consider for family violence risk management?** This conversation builds upon your previous discussion on broad practical supports, to assist the person using violence to engage in targeted interventions designed to address their presenting needs. Asking about services the family member [and any children] are engaged with will help you: ... identify other services that will be appropriate to involve in collaborative and coordinated risk management ... identify narratives about how the person using violence feels about the victim survivor/s accessing services, whether there is risk of them sabotaging the victim survivor's access to supports. This may be identifiable as a form of systems abuse. **Practice considerations** If the person using violence is aware of the victim survivor/s' engagement with services, and actively attends or communicates with those services, you should reflect on and assess the impact this awareness and behaviours may have on the victim survivor/s. The person using violence knowing about and/or being involved with the victim survivor/s' professional supports may impact the victim survivor/s' capacity to access and effectively engage with services and support. The victim survivor/s' engagement with services may present as a threat to the person using violence as it is an opportunity for them to disclose their experiences and represents capacity of the victim survivor to display their autonomy, freedom and independence in decision-making. If the person using violence presents a narrative that perpetuates and reinforces the victim survivor/s' fears about accessing services (for example, a fear of accessing disability services because they 'only cause harm') that has resulted in a lack of appropriate services and the isolation of the victim survivor/s, you may seek secondary consultation to identify strategies to increase the safety and wellbeing of the victim survivor/s. It may also indicate a level of coercive control and use of systems abuse from the person using violence. This may be observed as fear on behalf of the victim survivor when accessing services or the person using violence's attempts to manipulate services when speaking about the victim survivor.

Conversation-prompting questions	What should you keep in mind when asking these questions?
Managing their behaviour for the safety of others	
Leading questions *What do you notice about yourself when you are feeling calm or relaxed?* **Following questions** *What do you notice in your body?* *What do you think about?* *What things do you do that make you feel calm or relaxed?* [If safe to ask:] *What do you notice about yourself* *When you have used [example behaviour they have disclosed]?* *What do you notice in your body?* *What feelings would you call them?* *What do you think about?* *Are there early signs that you might use [violence/become angry/ feel enraged – use their words]?* *Are there early signs that someone else has noticed?* *Are there times in other situations, such as at work, where you notice these same feelings or thoughts?* *At those times, what strategies have you used so that you didn't become [violent/yell/throw something – use their examples]?* *Have you been able to use those same strategies at home/when with [victim survivor]?* *What else might you do so that your family member [adult or child victim survivor/s] and yourself can be safe?*	**Why is this important to consider for family violence risk management?** Strategies to manage risk at times of escalation often feel like tangible and practical options for people who use family violence. They may be more likely to accept having an 'anger management problem', rather than using family violence or coercive control. They may be open to discussing how they can manage this before they harm someone or themselves or damage property. Being able to identify, discuss and reflect on the points in time, situations, feelings/emotions and body sensations they notice in the lead-up to escalation/violence, while not in the moment/ experiencing its intensity, can help equip them to notice what is happening and do something before it becomes a problem. Depending on your role and expertise, you may discuss with the person the difference between feelings/emotions and behaviours to support them to work towards constructive expressions of emotion. You can support the person using violence to identify actions to take responsibility for managing their behaviour and document these on their Safety Plan. Any actions identified should also be documented in the **Risk Management Plan**. **Practice considerations** Starting this conversation from the position of 'positive' feelings/emotions and thoughts may assist in creating safety and trust when engaging with the person using violence. You should monitor and modify your language to meet the needs and capacity of the person using violence, particularly where they may have cognitive disability. It is useful to consider the language that the person uses with you to describe their use of family violence. At times they may describe themselves as being quick to 'anger' or feeling 'frustrated' and 'out-of-control'. Regardless of how the person describes it, it can be useful to bring their words into your conversation when exploring what leads to and prevents them using violent, coercive controlling behaviours. For example, 'what did you notice about your body or your thoughts just before the last time you felt 'out-of-control' and yelled and called [victim survivor] names?' While using 'anger' may be a useful way to engage with the person about their use of violence, you should be careful not to collude by reinforcing a person's belief that their problem is about anger. This framing can minimise their use and impact of coercive controlling behaviours. Other feelings/emotions people using violence may identify with include, but are not limited to, jealous, anxious, sad, annoyed, or hurt. You can document some identified feelings/emotions in the Safety Plan at 'When I feel _____ there are things I can do to manage my behaviour'.

Conversation-prompting questions	What should you keep in mind when asking these questions?
	A **balanced approach to engagement**, using the same words chosen by the person using violence (for example, 'out-of-control') can be used to draw the link between their narrative (an attempt to justify the behaviour) and the direct consequence and outcome of their actions (violence and coercive control). The actions that a person can take to de-escalate (sometimes called 'taking time out') when they notice their early signs are varied and should be determined with each person on an individual or case-by-case basis. The person may already have some strategies they find useful. Some options you may explore include: ... agreeing not to speak immediately to the victim survivor to 'negotiate' or convince them of a point ... walking to another part of the house or leaving the house/location (if not at home) ... writing down some of the things to get them 'off their chest', but not using it/showing it to the victim survivor ... going for a walk ... calling a trusted friend or family member or other support as identified above ... practice breathing, grounding or mindfulness exercises ... using sensory de-escalation strategies. Sometimes the strategies the person using violence uses to de-escalate, when not previously discussed with the victim survivor (and they are living together), can be experienced as abusive or another tactic to maintain control over the situation. For example, leaving the house without saying where they are going or when they are coming back. If it is appropriate to your role and relationship with the person using violence, you can speak with them about how they would communicate their new strategies for de-escalation with the victim survivor. If you are unsure how to do this, contact a specialist perpetrator intervention service for a secondary consultation. You may also share the de-escalation strategies identified by the person using violence with services working directly with the victim survivor. You can seek secondary consultation with services who work with Aboriginal people, people from diverse communities, people with disabilities or older people when developing de-escalation strategies to ensure they are relevant to the person's context and needs.

Conversation-prompting questions	What should you keep in mind when asking these questions?
Managing their behaviour at specific events or situations	
Leading questions *Are there any situations or times in your life that are particularly challenging for you?* *That you know you will get those early signs that you will likely use family violence/*[named behaviour]? **Following questions** *What family events are coming up?* *What times will you be in contact with your family member* [adult or child victim survivor/s]? *Are there other times in the year that are difficult for you?* [If children] *How do you manage child handover arrangements?* *What have you done in the past so as not to* [use violence/breach an intervention order/escalate] *at these times?* *What else might you do to maintain safety for your family members?*	**Why is this important to consider for family violence risk management?** Identifying points in time, events or situations will assist the person using violence to plan for and practice their strategies developed above. They will also signify to you as a professional the points in time where you and others may need to think about alternative risk management strategies and coordinate efforts to keep victim survivors safe. Exploring strategies for managing themselves at these times (for example deciding not to attend a community event, reaching out to therapeutic and emotional supports, connecting with positive community connections), in advance of the situation or event, will give the person using violence opportunities to take responsibility for choosing non-violence. If they are unable to identify strategies and/or cannot practice those you discuss with them, this should be a signal that other risk management strategies outside the person using violence are required to manage the risk to victim survivors. These strategies will inform, and should be documented in, your Intermediate Risk Management Plan. **Practice considerations** In your discussion, you should encourage the person using violence to identify and name the person or people who are impacted by their use of family violence, where safe and appropriate to your engagement. This process reinforces messages of personal accountability and encourages the person to link their behaviours to impact. An exploration of situations and events can be broad. This may include, but is not limited to: ... court appearances, including related to the person's use of violence, separation and child arrangements ... legal proceedings, including VCAT for guardianship arrangements, execution of wills, or Mental Health Tribunal hearings ... child handover or contact ... family get-togethers, including birthdays and religious celebrations, and where the person is in contact with or is excluded from the family ... community and cultural events ... anniversaries of deaths or separations ... anniversaries of traumatic life experiences ... anticipated receiving of news, including visa applications or health status ... anticipated medical care, including lead-up to surgical procedures ... post-medical treatment, including through recovery ... anticipated during and after alcohol and/or other drug or mental health treatment, including starting, adjusting, or ending use of psychotropic medications ... victim survivor's attendance at services for appointments or receipt of in-home services ... attendance at the same support agency ... attendance at the same place of worship.

Conversation-prompting questions	What should you keep in mind when asking these questions?
Support plan for when the person feels unsafe for themselves / suicidal[1]	
Leading questions *Have you ever spoken to someone before about how you might stay safe if you felt like hurting yourself or someone else?* **Following questions** *Have you ever had thoughts about ending your life?* *Have you ever acted upon these thoughts?* *What are your warning signs that you might hurt yourself/want to end your life?* *Have you ever spoken with someone about this before? What was this experience like? Would you contact them again?* *Who might you talk to in future?* *What strategies have you used or activities you have done until the feelings pass?* *What might you use in future?*	**Why is this important to consider for family violence risk management?** Risk of suicide is a serious concern for any person. In every circumstance where there is risk of suicide, and where there are common risk factors, but it is not specifically indicated, professionals have an opportunity to provide safety. Within the context of family violence 'threats of self-harm or suicide' are also understood as a serious risk factor for homicide–suicide and an extreme extension of controlling behaviours by a perpetrator. Suicide prevention practice understands 'threats of self-harm or suicide' as a key warning sign to be taken seriously. Asking questions about self-harm and suicide provides insight into the person using violence's state of mind. Both suicide and family violence risk factors should be kept in mind in order to understand, assess and manage this risk. A person using violence 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. For further detailed information about 'in common' suicide and family violence risk factors, refer to **Appendix 6**. 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. While the threat or attempt may be based in controlling behaviours, it should also inform your use of these conversation prompts as a starting point for providing interventions to support the person using violence, as well as developing collaborative and coordinated risk management responses with other relevant services. **Practice considerations** A suicide safety plan involves seeking the commitment from the person using violence not to harm themselves without first contacting supports to let them know they are in crisis. It is important that the person or people (if not a service/ organisation) they wish to nominate to speak with are aware they are a contact for the person if they are in crisis. In making a realistic suicide safety plan, you should encourage the person to nominate contacts that are available at all times, including emergency helplines. Consider and discuss with the person using violence what other mental health or suicide safety plans they already have in place. Reaffirm and document these and any associated strategies on the Safety Plan document.

1 Professionals should consider formal suicide response training options available to them.

Conversation-prompting questions	What should you keep in mind when asking these questions?
	You should apply an intersectional lens when supporting the person to create a suicide safety plan, including to determine culturally safe support options and best ways to communicate and keep the plan accessible to the person when they need it. Mental health issues are more common in some communities (for example, communities with a high level of trauma history, such as 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.
Confirming agreed strategies and plans and useful phone numbers	
Leading questions *How do you feel about the plan we have made today?* **Following questions** *How might you check on how you are progressing with this Safety Plan?* *How would you like to check in with me about your Safety Plan?* *Are there services on this useful phone numbers list you would feel comfortable working with?*	**Why is this important to consider for family violence risk management?** It is important to revisit with the person using violence how they feel about the plan they have made. They may express feeling comfortable, hopeful, confident, despondent, overwhelmed, or apathetic (among others) with the plan. While these responses will indicate to you how you may need to modify the plan, or continue your work with the person using violence, none of them should be taken as indicators for reduced risk or increased safety. You should reflect on your conversation with the person using violence, seek advice and secondary consultation with your supervisor, and proactively share information with other services involved with the person to further assess, contextualise and manage risk. **Practice considerations** This is a good opportunity to remind the person that you will be available and ready to speak with them about their Safety Plan throughout your work together. You may make an agreement that at the next appointment you review what worked and what didn't work to refine some of the strategies. You can draw the person's attention to the useful phone numbers list, and highlight the ones together that you have identified throughout your conversation would be appropriate to their circumstances. You can use this opportunity to discuss warm referrals to other services if the person has identified further needs that they are ready and motivated to address, or revisit this at the next appointment time.

MARAM PRACTICE GUIDES

RESPONSIBILITY 5: SECONDARY CONSULTATION AND REFERRAL, INCLUDING FOR COMPREHENSIVE FAMILY VIOLENCE ASSESSMENT AND MANAGEMENT RESPONSE

Working with adult people using family violence

VICTORIA
State Government

RESPONSIBILITY 5

SECONDARY CONSULTATION AND REFERRAL

NOTE

This chapter is for all professionals who have received training to provide a service response to a person they may suspect or know is using family violence.

The learning objective for **Responsibility 5** builds on the material in the *Foundation Knowledge Guide* and in preceding **Responsibilities 1–4**.

The guidance in this chapter replicates some general information from the equivalent victim survivor–focused MARAM Practice Guide for **Responsibility 5** – but includes additional, specific information relevant to working with people using violence when undertaking secondary consultation or referral.

5 SECONDARY CONSULTATION AND REFERRAL

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.

It includes guidance on secondary consultation and referral. These are crucial aspects of your practice that enable you to undertake risk assessment and management, respond to presenting needs or circumstances, or support client engagement and safety for victim survivors and people using violence.

The outcome of risk identification (**Responsibility 2**), assessment (**Responsibility 3 or 7**) or management (**Responsibility 4 or 8**) will inform the approach to the kinds of secondary consultation and referral you should undertake.

Key capabilities

All professionals should have knowledge of **Responsibility 5**, and 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 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 or resources to address wide-ranging presenting needs and circumstances of the person using violence.

This can include providing culturally safe, violence and trauma-informed, practical, targeted or therapeutic support when working with Aboriginal people, people who identify as belonging to diverse communities and older people.[1]

Using secondary consultation can help you build your own knowledge, establish working relationships across organisations and assist in applying an intersectional analysis within Structured Professional Judgement (refer to **Section 10.1** in the *Foundation Knowledge Guide*). It can also ensure culturally safe assessment and management responses when working directly with people using family violence.

Secondary consultation may lead to referral, or you may refer someone directly as a result of your risk assessment, risk management or safety planning.

To determine which is the appropriate course of action, you will need to identify:

- risk factors and presenting needs of the person using violence that require direct and/or immediate response, and how these interact with the safety and needs of adult and child victim survivors
- the priorities (for example, immediate and/or ongoing, risk and/or presenting needs) related to increasing safety for adult and child victim survivors and opportunities presented through direct engagement with the person using violence
- the actions or interventions (by whom, within what timeframe) that would make a difference to an individual's safety or needs
- your role and the extent to which you and your organisation can directly address the risk behaviours, presenting needs or circumstances of the person using violence
- other professionals and/or organisations who are responsible for providing resources, skills and practice expertise to respond to each adult or child victim survivor and the person using violence
- mechanisms for collaborative decision making about, and allocation of, actions and responsibilities for professionals across the system, where it may or may not be your role to address these needs directly.

REMEMBER

If you are unsure what the appropriate course of action is, seek advice from your team leader, supervisor or a senior practitioner to support you to decide which professionals or services you could engage with in the circumstances.

In the context of risk assessment and management, the rationale for secondary consultation when working with the person using violence includes:

- keeping victim survivor safety at the centre of practice
- addressing risk factors associated with a person's use of violence
- addressing needs and circumstances to stabilise and engage a person using violence to improve opportunities and effectiveness of risk management
- keeping the assessed level of risk presented by the person using violence visible to the service system, enhancing the system's capacity to monitor change or escalation of risk behaviours
- building and supporting confidence and capability of professionals to engage with people using violence and to establish working relationships across organisations to do so.

1 Support for working with adolescents using family violence is outlined in the victim survivor–focused MARAM Practice Guides (2019) and adolescent family violence MARAM Practice Guide (anticipated release late 2021).

Risk assessment and management (such as safety planning, secondary consultation and referral) will help you identify and address risks and related needs and circumstances for the person using violence. Your actions should be victim survivor–centred and responsive to the overarching safety, wellbeing and needs of adult and child victim survivors.

Secondary consultation or referral can involve a range of services, such as specialist family violence services (victim survivor and perpetrator interventions), Victoria Police, Child Protection, Child FIRST, or other advocacy, targeted community services, universal and general professional or therapeutic services.

There are many 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 if there is uncertainty based on the available information
- specialist family violence services if there is uncertainty about the identity of a perpetrator or victim survivor (for example, misidentification of predominant aggressor, or personal identifying details to support contact and offer of support or intervention) (refer to **Responsibility 6**)
- specialist family violence services on the development and/or actioning of risk management and safety plans and responses
- specialist family violence services with expert knowledge on working with people using violence or adult or child victim survivors from Aboriginal or diverse community or older people 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 adviser 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 or person using violence, such as co-case management arrangements.

You may seek to **refer** a matter to:

- Victoria Police where a crime may have been committed, or is likely to be 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 person using violence's presenting needs and circumstances
- other professionals who may be able to provide support to victim survivors, particularly if your service has no direct contact with the victim survivor.

Note, you can contact a service working with the victim survivor following referral to understand if their level of risk has changed or escalated. As part of this, you can continue to engage in information sharing to ensure you are aware of any need to adjust risk management interventions or safety plans to ensure they are aligned, as required.

5.3 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.

Consent is not required to share information as part of secondary consultation about a person using violence, nor for any other assessment or management purpose, as long as it is shared appropriately under the Family Violence Information Sharing Scheme, or in accordance with another legislative authorisation (**Responsibility 6**).

You should seek consent for referral of a person using violence to any other service, to support safe engagement with the receiving service.

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 for a victim survivor 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.

5.4 RESPONDING TO BARRIERS

There may be a number of reasons that make it more difficult, in some cases impossible, for people using family violence to access and engage with services.

Real or perceived barriers affect the likelihood that the person using violence will engage with the service they have been referred to.

These can minimise the ability of the service system to monitor the person's movements and behaviours as well as manage family violence risk.

There are many perceived and real barriers relating to a person's engagement, including:

- distrust, fear or scepticism about what services can offer, and the feeling that the service system is 'against' them
- inability to attend services due to scheduling difficulties, including work or educational commitments and care for children
- situational constraints such as geographical isolation from services, lack of access or affordable transport to attend appointments
- financial constraints
- concern about privacy and confidentiality in accessing services
- concern about feeling judged, shamed or being 'exposed' during engagement with services.

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 many 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 and cultural safety barriers
- physical and communication access barriers including for people with specialised needs or disability
- lack of available services, including for people with specialised needs, such as disability services, LGBTIQ people, and culturally safe services. Culturally safe services include services for Aboriginal people and services for culturally, linguistic and faith-diverse communities. Mainstream services may not be, or perceived to be, as inclusive or be able to provide meaningful support for a person using violence's specific needs.

Refer to guidance in **Section 12** of the *Foundation Knowledge Guide* for further understanding of barriers to engagement and service access in different relationships and communities.

Responsibility 1 has practical guidance on resolving or mitigating these barriers.

People who use violence should be offered choices where possible in being referred to an organisation that specialises in working with their community.

Aboriginal people who use violence, 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.

Consider whether referrals may lead to non-engagement or disengagement of the person using violence. You should also think about how to facilitate referral in a more supportive way.

Reflect on guidance in **Responsibility 1** to support safe engagement.

5.5 SEEKING SECONDARY CONSULTATION AND MAKING REFERRALS

5.5.1 Victim survivor safety is the priority

When you have identified a person using family violence, you will almost always have identified at least one adult or child victim survivor.

You are unlikely to know the level of risk the person using violence presents to other family members with only the information held by your service.

Consulting with other services can contribute to finding a safe way to share information to support victim survivors to be engaged with a service and offered support.

If the victim survivor is a client of your service, follow your organisation's policies and procedures to assess their level of risk and undertake risk management and safety planning.

If they are not a client of your service, you may share information, if authorised, with a relevant specialist family violence service to have their level of risk assessed.

Refer to **Responsibility 6** for guidance on information sharing.

5.5.2 Referring or reporting to Victoria Police, Child Protection or Child FIRST

Professionals have obligations to report matters to Child Protection or Child FIRST.

If you believe a child or children need protection, or you have significant concerns for the wellbeing of a child/ren or unborn child (after their birth), you are obliged to report to Child Protection or make a referral to Child FIRST, as applicable (further detailed in **Responsibility 4**).

Responsibility 4 provides further guidance on whether you should inform the person using violence of a report or make a report without informing them.

Victoria Police

Call Triple Zero (**000**) in an emergency or if police assistance is required.

You may also be subject to specific professional responsibilities in your role, including to report crimes and refer people using violence to Victoria Police for further investigation, assistance and intervention.

As outlined in previous chapters, any agency, organisation or professional identifying that a person using violence presents a **serious risk** to an adult or child victim survivor, including if there is an identified serious threat (refer to **Responsibility 3**), should immediately notify Victoria Police.

You should also consider what other risk management actions are required, such as engaging with services working with victim survivors to ensure safety planning is in place, if reporting to Victoria Police may result in escalation of risk from a person using violence.

This is also required even when the 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 with the person using violence if reporting to Victoria Police may result in escalation of risk from a person using violence to a victim survivor.

If a crime has been committed, and there is no immediate danger, you should consider sharing information with professionals working with victim survivors to support them to report to Victoria Police, or seek their views on your making a referral or report on their behalf.

You can consult with specialist family violence services if you identify that risk is escalating. If you have made a report, continue to provide your support and monitor the situation.

If you are aware that a victim survivor is receiving support, share the information about the report to the supporting services.

Child Protection and Child FIRST

Professionals have a range of obligations to report matters to Child Protection or Child FIRST.

If you believe a child or children need 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.

Remember, even though you might not work directly with a child or young person, all professionals should be proactive in promoting the safety and wellbeing of a child or group of children.

Some professionals are also prescribed and authorised to share information under Child Information Sharing Scheme, refer to **Responsibility 6**).

Refer to **Responsibility 4** for guidance on whether you should inform the person using violence of a referral or report or make a report without informing them. For example, you should assess whether it is safe and appropriate to inform them where it may increase risk to a victim survivor if a person using violence incorrectly assumes the victim survivor made the report.

Consider the safety and wellbeing of adult and child victim survivors and ensure you share relevant information with services working with them to update any risk assessment and management plans.

5.5.3 Secondary consultation and referral for a person using violence related to their risk to child/ren or young people

If children are at risk from a person using violence, such as if a child or young person is named on a family violence intervention order, appropriate referral options for the person using violence may include legal services, specialist perpetrator intervention services such as fathering/parenting programs or Child FIRST.

Consider if you should also seek secondary consultation or make a report or referral to Child Protection or Child FIRST (as above).

When making any referrals for the person using family violence, consider the safety of adult and child victim survivors.

If necessary, seek secondary consultation or share relevant information with services working with adult and child victim survivors to update any risk assessment and management plans.

5.5.4 Secondary consultation with specialist family violence services (victim survivor and perpetrator interventions)

Seek secondary consultation with perpetrator intervention or victim survivor specialist family violence services when you know family violence is present. For example, there has been a disclosure or you have observed narratives or behaviours indicating the presence of family violence risk.

This will help you gather further advice on practical, timely and effective engagement strategies and interventions.

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 (for adult or child victim survivors or a person using violence, where safe, appropriate and reasonable to do so).

Secondary consultation may result in a specialist practitioner supporting and working collaboratively with you to undertake intermediate assessment and management. It may also mean you refer a person using violence to a specialist perpetrator intervention service for them to complete comprehensive risk assessment and management.

Secondary consultation with both specialist perpetrator intervention and victim survivor family violence services can also assist with:

- supporting effective and safe engagement with people using violence
- gaining further understanding of strategies for working with people who use violence
- building a shared understanding of family violence risk, undertaking risk assessment and determining the level of risk present
- information sharing to understand level of risk for the victim survivor/s
- supporting your practice to develop safety plans and risk management plans
- joint monitoring of family violence risk (including keeping the person using violence 'in view' of the service system) and the opportunity to explore or monitor escalation/changes in the risk level
- coordination of connections between programs, appropriate sequencing of interventions, program eligibility and suitability, and referral pathways
- 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.

When assessing family violence risk of a person using family violence, it is essential to identify services working with victim survivor/s or specialist family violence services (victim advocate services) so you increase safety through information sharing.

Further information on keeping the person using violence 'in view' is covered in **Responsibility 6**.

5.5.5 Seeking consultation with The Orange Door and enhanced intake services

The Orange Door

If The Orange Door[2] operates in your local area, this is often the best point of first contact for secondary consultation.

Alternatively, you can identify your local specialist perpetrator intervention services or victim survivor specialist family violence service by accessing The Lookout website[3].

The Orange Door can support a coordinated and integrated intake, assessment and referral system for people using and/or experiencing family violence.

This includes to assess and manage risk and to make referrals to address the presenting needs of a person using violence.

Enhanced intake

For regions where The Orange Door has not been established, enhanced intake services provide intake, risk assessment and referral for people using family violence.

People who use violence can contact the enhanced intake service in their region directly, or they will be referred by Victoria Police through the L17 process.

Enhanced intake services liaise with specialist family violence services working with victim survivors and other agencies to establish risk and plan risk management strategies.

Enhanced intake services may or may not provide additional perpetrator interventions through their service and will refer people using violence to other providers within their region.

You can provide options for a referral to local Aboriginal family violence services if any family member identifies as Aboriginal.

The Rainbow Door provides statewide LGBTIQ intake and referral for LGBTIQ specialist family violence services.

2 The Orange Door website provides a service finder tool.
3 The Lookout website also provides a service finder tool.

5.5.6 Seeking consultation with mainstream, universal and other specialist services

A person using violence may engage with an organisation or service for a range of reasons for support for their wellbeing, needs, circumstances or risk.

They may have self-initiated engagement with your service or been referred to you by another service to address a specific need or risk factor. They may have been referred by prescribed justice or statutory authorities, such as Victoria Police, Child Protection or Corrections.

You can seek secondary consultation or make referrals for a range of presenting needs or circumstances to reduce the likelihood of change or escalation of risk (where they are protective factors), or otherwise support stabilisation of the person using family violence.

Effective and targeted support for people using violence is likely to lead to better and longer engagement with the service. This improves opportunities for risk monitoring and management and increases safety for victim survivors.

Secondary consultation can provide a professional already engaged with the person using violence with information to inform risk assessment or management planning.

This may 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 (refer to **Section 10.3** of the *Foundation Knowledge Guide*).

Secondary consultation can also support:

- collaborative risk assessment, risk management or co-case management
- culturally safe engagement and supports for Aboriginal people or people from culturally and linguistically diverse communities
- engagement with people who identify as belonging to culturally, linguistically or faith-diverse community, identify as a person with disability, are from LGBTIQ communities or experience mental illness (refer to *Foundation Knowledge Guide* for detail and definitions for diverse communities)
- appropriate responses for older people that address barriers to their engagement with services or support.

Professionals who can assist with secondary consultation might include 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.

5.5.7 Receiving requests for secondary consultations

If you are a professional who receives a secondary consultation request to provide targeted expertise or specialist family violence knowledge for risk assessment or management response, it is an opportunity to share knowledge and expertise and play a vital role in enabling a collaborative and coordinated service system.

Consider:

- connecting with key organisations and services that you regularly seek and provide secondary consultations with and address any gaps in service provision available
- ways to strengthen relationships in local areas to enable effective secondary consultations and referrals
- establishing guidance on how and when local victim survivor support services and specialist perpetrator intervention services work together to enable collaborative risk assessment and management
- applying good record keeping practices in line with your organisational guidelines, refer to Section 5.8 and **Responsibility 6**.

5.6 MAKING REFERRALS

5.6.1 Referral

Referral is an important part of the risk management process.

Through referral, you connect a person using violence to information or services that are outside your organisation's practice area. This includes for presenting needs or circumstances that may be related to their use of violence.

You can make a referral for early intervention when family violence first occurs or becomes known. This will help to reduce the likelihood of change or escalation of risk or respond to escalation or crisis.

Referral can support stabilisation and enhance protective factors. It can also reduce or prevent the use of family violence in future.

You may refer someone directly as a result of your risk assessment or management planning. Referral may also result from a secondary consultation with another professional.

In the context of risk assessment and risk management, the primary purposes of referral for people using family violence are:

- to address presenting needs or circumstances, particularly if they are contributing to change or escalation of risk
- to reduce or remove a barrier to the person using violence engaging in services or supports
- to support a family violence risk assessment directly with a specialist perpetrator intervention service
- to manage (and reduce) the assessed level of risk of a person using violence by sharing risk management responsibilities with other professionals who have complementary roles, responsibilities and expertise to yours, including safety planning, or increasing risk management interventions.

Refer to **Responsibility 4** and **Appendix 9 Intermediate safety planning conversation model** for information on prompting questions that support having conversations about referral options with people using violence.

Specialist family violence services triage responses to referrals. They give priority to 'serious risk' and 'serious risk and requires immediate protection' cases.

If you have an ongoing service engagement with a person using violence and you have referred them to a specialist perpetrator intervention services, you should continue to engage with them about their presenting needs and provide support as needed. This will allow you to monitor for change or escalation in use of violence.

Effective referrals can support a person's readiness to engage in behaviour change.

Addressing presenting needs can lead to more targeted and effective interventions to support them to address their use of violence. This serves as an indirect way to manage family violence risk.

It is essential that people using family violence are referred to appropriate support services.

An inappropriate referral may result in continued, and in some cases, escalated risk for victim survivors.

Refer to considerations for a safe referral below.

5.6.2 Enabling successful referral

Responding to the risk, needs or circumstances of a person using violence includes a discussion with them about their priorities, concerns or barriers to engagement with other services.

Barriers should be identified and any approach or options for referral should continue to keep the victim survivor's safety and wellbeing as a priority.

To assist successful referral, consider:

- how stable the person's health, mental health or needs are
- how engaged they are and the level of trust you have built with them
- the range of presenting needs or circumstances, and how to prioritise support for these
- identifying the services they are already, or have previously been, engaged with that the person using violence could reconnect to
- providing options and choice in services, and providing appropriate information about options and recommendations, including prioritisation of options based on their risk, needs and circumstances
- completing referral forms together
- seeking consent/views on the referral.

Monitoring the success of referrals is a part of risk management and keeping the person using violence 'in view'.

You can follow up on the referral outcome with other services (without consent from the person using violence), as authorised under the Family Violence Information Sharing Scheme.

For the service response to be safe, targeted and effective, it is essential that all services engaged with the person using violence have a shared understanding of risk that is present.

For safe referrals, it is also important to:

- make sure the person using violence is aware and consents to a referral prior to receiving contact from the service
- ensure the referral being made is safe and appropriate for the person using violence, considering their level of risk, needs or circumstances
- in situations where it may increase risk, develop or update risk management plans for adult or child victim survivors where possible, and proactively share information with a service working with a victim survivor (or directly with the victim survivor if appropriate) to make them aware of the referral.

The steps for the referral process include the following.

- 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 person using violence, if appropriate
  - discuss roles and responsibilities
  - develop a case management protocol, including about information sharing if risk changes or escalates, and updating risk management plans, if appropriate.
- **You do not need to make the person using violence aware of these steps when making the referral.**
- Manage the expectations of the person using violence regarding the options available and support they can expect to receive from each service, and maintain contact during waiting periods.
- Share relevant information with other professionals and services to ensure safety and minimise the need for the person using violence to repeat information they have previously disclosed (any risk assessments, risk management or safety plans undertaken should form part of the referral).
- Where possible, engage the support of specialist family violence case management services (working with victim survivors, or coordinated responses to people using violence).
- Discuss with the person using violence the information you are sharing for the purpose of referral to ensure it is accurate. This is strictly limited to information that it is safe, appropriate and reasonable for them to know you are sharing, such as their identity, experience, presenting needs and circumstances that will help receiving services to provide safe engagement support
- Follow up with the person using violence for feedback about the referral to ensure it was effective. This can include continuing to support their engagement with other services and ensuring any issues that arise are addressed to reduce likelihood of non-engagement or future disengagement.
- Use 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 email), 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 use include the person's:

- interpersonal style and ability to negotiate complex social interactions
- views on the proposed service options, including whether a specialist or targeted community service or mainstream service is preferred
- past experiences of trauma and disengagement due to structural inequality, barriers or discrimination that 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

Referral type	Process
Informal referral (information provision)	Provide verbal or written information about other services. Do not assume that the person will follow up on the information and make contact. 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. There may be various reasons the person did not contact the service. One way to overcome potential barriers is via warm or facilitated referral.
Warm (or active) referral	Actively connect the person using violence to the receiving service (for example, making a phone call together to introduce the person 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.
Facilitated referral	Provide risk and needs-relevant information to another professional or service (verbally or in writing). Make arrangements for the person to attend to assist in building trust and rapport with a new professional or service and facilitate culturally safe services. You may also consider asking the person using violence 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.

5.6.3 Addressing barriers at the point of referral

Work with the person using violence to reduce or remove barriers to engaging. Consider any barriers that may result in non-engagement or disengagement with the service being referred to.

These might include:

- impacts from experiences of trauma
- physical, practical and communication access barriers
- previous negative experiences of services and forms of structural inequality and discrimination.

You should follow up with the person using violence to confirm they have taken up referrals.

Non-engagement or disengagement following referral may be risk relevant if it relates to change or escalation of presenting needs, circumstances or family violence behaviours.

Effectively addressing barriers at the point of making a referral can be supported by:

- being curious about the experiences of the person using violence, including their history and experience of service engagement to avoid duplicating referrals
- listening to what they tell you and assessing which presenting needs they are ready and able to address
- providing information to the person using violence so they understand how a referral can support them. For example, the person using violence might be willing to address their financial or housing needs, and doing so would keep them engaged in the service system and keep their risk and safety concerns known to service providers
- ensuring referral options that are given support their continued engagement in the service system.

An 'information gap' between service providers during the referral process may lead to disengagement.

For example:

- if you make a cold referral to another service and do not confirm the person has accepted the referral and is engaging, both services may be unaware that the person using violence has disengaged from the service system completely
- if you make a referral for a person using violence to address a presenting need, but the timing and sequencing of the referral is not appropriate, then the opportunity to engage them with support may be lost.

If you make a referral to an agency, you need to confirm there is an appropriate service in an appropriate location that can meet the needs of a client.

When making a referral, consider how you want to make the referral and what information you choose to share with the receiving agency to enhance their engagement with the person using violence. This includes keeping the person's risk and safety concerns front of mind in your intervention approach.

Make sure the person using violence meets the eligibility requirements for the service you are referring them to. You can also consider how to respond if the referral is rejected for another reason.

5.6.4 Information to include in the referral

Work with the person using violence on completing the referral forms or letter.

You can discuss with them some information you intend to share with the receiving service, **limited to information you determine to be safe, appropriate and reasonable for the person using violence to be aware of**. **You are not required to seek their consent on any information you share that is risk relevant.**

When referring to:

- specialist perpetrator intervention 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 family violence risk behaviours or needs.

Consider including all relevant information for the purpose of the engagement, as well as information that will support safe engagement.

Information should include the level of risk, pattern of behaviour and known examples of invitations to collude. This should include any information that helps the receiving service understand the person in their context, such as their identity, experiences, needs or circumstances.

You may also share information related to addressing barriers to service engagement.

Refer to **Responsibility 6** for information on determining what is relevant to be shared through information sharing.

5.6.5 Which organisations to refer to

Referral pathways may need to be wide-ranging but staged to accommodate the needs or circumstances of the person using violence.

In the first instance, referrals should focus on addressing immediate risk, or responding to acute needs or circumstances that relate to change or escalation of family violence risk behaviours or safety for any person.

Examples include:

- referral to a specialist perpetrator intervention service, targeted specialist service or other specialist family violence service such as The Orange Door or The Rainbow Door. You can also refer to these services if a service user is **suspected** of using family violence, and these services can complete a comprehensive risk assessment to determine if this person is using family violence
- referral to therapeutic or practical support to address presenting needs, if it is deemed safe and appropriate to do so
- referral to a legal service or to a court if the person using violence needs advice to understand 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 older people in relation to their use of family violence, or for other services responding to needs or circumstances, such as tailored therapeutic and community supports
- universal or mainstream professional supports, including advocacy or therapeutic responses to provide supports for needs or circumstances, or to promote or strengthen protective factors.

Note that some organisations require that the person using family violence contacts the service independently in order to access the service.

Organisations typically have different referral pathways. As such, you and your organisation need to be proactive in establishing agreed-upon referral pathways in your local area.

5.6.6 Responding to complex or multiple needs

People who use family violence can address multiple needs when this is planned, coordinated and supported.

For example, attending a mental health service and a family violence behaviour change program at the same time is reasonable if it is undertaken in a coordinated way by the services involved.

However, you should be careful not to overload the person using violence with too many referrals at once, or make referrals that are not appropriate. This might include, for example, referring them to a service they are unable to access because of their geographical location.

Use Structured Professional Judgement to guide your assessment of their capacity and capability to engage with multiple services.

You should also be aware that a person using family violence can use their perceived lack of ability to engage with multiple services as an excuse for not addressing their use of family violence, or minimising, denying or justifying lack of engagement.

This may present as non-engagement to the service receiving the referral. Using safe approaches to engagement, coordination, referral and ongoing support for the person will be crucial to minimise the risk of the system being used to avoid responsibility.

REMEMBER

Barriers to engaging with services can influence a person's confidence and motivation to change their behaviours. Refer to **Responsibility 2** for further information on the role of self-efficacy and **Responsibilities 3 and 4** for further information on motivation and change.

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5.6.7 Collaborative relationships to support effective referrals

You can build collaborative relationships with organisations in your local area and beyond to respond to barriers in effective referrals.

These collaborative relationships will help professionals understand which services are offered where and can support targeted and effective referrals.

For example, building relationships with Aboriginal community-controlled organisations in local areas can enable referrals to specialised support for people from Aboriginal communities.

Other strategies for building collaborative relationships include:

- maintaining a list of professionals or services that you or your organisation has good working relationships or memorandums of understanding with, and their roles and responsibilities
- understanding eligibility and intake processes of other organisations and services
- establishing memorandums of understanding between services and organisations for referral protocols and pathways
- developing and using common referral forms with key agencies that include agreed information, minimising the need to ask the same questions
- regularly reviewing and updating referral pathways and processes and identifying areas for improvement
- linking with Regional Integration Committees and Principal Strategic Advisers to understand local governance and strengthen networks between mainstream, universal and specialist family violence services.

These actions can be part of your organisation's approach to alignment with the MARAM Framework, and are further explored in the *Organisational Embedding Guidance and Resources*.

This requires a whole of organisation approach so that professionals are supported to assume these responsibilities.

REMEMBER

When you refer a person using violence to another service, there may be a wait time before they receive support.

It is essential that you maintain engagement with the person using violence until they commence engagement with another service, such as through regular phone contact (for example, weekly or fortnightly).

In the context of managing risk, good practice is to follow up referrals you have made with other services to confirm the client has engaged.

This practice supports the whole service sector to work collaboratively to keep the risk and safety of the person using family violence in view of services.

5.7 CONSENT OR VIEWS ON SECONDARY CONSULTATION AND REFERRAL

In the course of seeking secondary consultation or making a referral, you are not required to seek consent from the person using family violence to share their information under the Family Violence Information Sharing Scheme, Child Information Sharing Scheme (if applicable), or as otherwise authorised.

It is best practice to seek consent for the referral to be made and work collaboratively with a person who is using family violence to establish appropriate referrals and complete the referral process.

You should outline and clearly explain the service referral options.

When working with a person using family violence, you should seek and respect their views, preferences and choice on engaging with a specialist Aboriginal service or service that responds to diverse communities.

Similarly, working collaboratively with a person using family violence, where appropriate to your role and responsibilities, supports targeted and effective referrals that respond to the person's risk, presenting needs and access barriers.

5.8 RECORD KEEPING AND REFERRALS

You should record information you share with other professionals and services, and details of referrals, in line with your organisational policy and requirements under applicable information sharing laws.

Refer to **Responsibility 6** for safe record keeping practice.

Referral information about needs and circumstances being addressed by other services can be kept on the record of the person using violence.

Any information about their risk behaviours, assessments or risk management plans should be 'flagged' in your records.

You are not required to share this information with the person using violence if it will increase risk to the victim survivor to do so.

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 adult people using family violence

VICTORIA
State Government

RESPONSIBILITY 6

CONTRIBUTE TO INFORMATION SHARING WITH OTHER SERVICES (AS AUTHORISED BY LEGISLATION)

NOTE

This practice guide is for all professionals who have received training to provide a service response to a person they suspect or know is using family violence.

The learning objective for **Responsibility 6** builds on the material in the *Foundation Knowledge Guide* and in preceding **Responsibilities 1 to 5**.

The guidance in this chapter replicates some general information from the equivalent victim survivor–focused MARAM Practice Guide for **Responsibility 6** – but it includes additional, specific information relevant to working with perpetrators and sharing information under relevant legal authorisations including under the Family Violence Information Sharing Scheme about perpetrators' risk, behaviours and related needs and circumstances.

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 you have identified or assessed risk to be present, and you determine that information, guidance, support or collaboration from another professional or service is required.

It includes guidance on:

- information sharing as part of Structured Professional Judgement
- legal authorisations for information sharing including the Family Violence Information Sharing Scheme (FVIS Scheme) and Child Information Sharing Scheme (CIS Scheme)
- understanding risk-relevant information in the context of working with people who use family violence.

If you are also authorised to share information under existing privacy laws or another law, you can continue to do so.

In situations involving children or young people experiencing family violence, authorised professionals can use:

- the FVIS Scheme to request and share information in order to assess and manage family violence risk
- the CIS Scheme for broader safety and wellbeing issues.

Consent from a person using or suspected to be using violence is not required to share risk-relevant information between prescribed professionals and organisations.

Information sharing is a key practice that enables all services to contribute to assessing and collaboratively managing family violence risk, which includes responding to presenting needs and circumstances that may impact a person's use of violence.

Key capabilities

Professionals required to have knowledge of **Responsibility 6** should be able to:

- proactively share information and make requests seeking relevant to the assessment and management of family violence risk, including under the FVIS Scheme, privacy law or other authorisation at law
- proactively share information relevant to broader safety and wellbeing issues for children using the CIS 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 purpose and type of information relevant for you to share.

Guidance that refers to a perpetrator or person using violence in this guide is relevant to situations where an adolescent is using family violence.

REMEMBER

Authorised organisations and services can share information to inform risk assessment or management practice under a range of laws, including the FVIS Scheme, the CIS Scheme, the *Children, Youth and Families Act 2005* and relevant Australian privacy laws.

The guidance in this chapter will focus primarily on using the FVIS Scheme where family violence is suspected or known to be present, and it provides a summary of how the CIS Scheme can also be used to promote the safety and wellbeing of a child or group of children.

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 to keeping adult and child victim survivors safe, support safety for people using violence and also support people using violence to take responsibility for and end their use of violence.

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 FVIS and CIS Schemes aim to create a significant cultural shift in information sharing practice. These schemes are 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 people using violence 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 ongoing 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 responsibilities for ongoing risk assessment should continue to share information to support updating risk management and safety plans for the person using violence, as well as safety planning undertaken with victim survivors.

This is particularly important for people using violence or victim survivors:

- who are not directly engaged with specialist family violence services in an ongoing way, but only at points of crisis or escalation
- are working with universal or targeted community services to address other needs or circumstances.[1]

Information sharing supports a detailed understanding of the person suspected or known to be using family violence, including their pattern of behaviour, beliefs and attitudes, static and dynamic risk factors, and known protective factors or supports needed to stabilise their circumstances.

This includes barriers to personal accountability, safety and behaviour change, as well as developing an understanding of the 'person in their context' through the application of intersectional analysis.

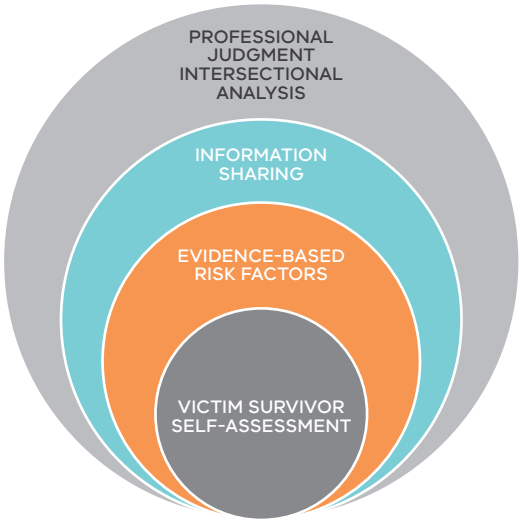
1 For a list of service types, refer to **Section 7** of the Foundation Knowledge Guide.

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 and management, including to stabilise the needs or circumstances of the person using violence.

Information sharing may be authorised under a range of laws such as the FVIS Scheme, the CIS Scheme, *Children, Youth and Families Act 2005* or other relevant Australian privacy laws.

Figure 1 : Model of Structured Professional Government



Sharing information assists professionals to identify additional risk factors or provide more information about known risk factors.

This information can inform the assessment of the level or seriousness of risk, and implementation of risk management responses for each individual, as well as to promote the safety and wellbeing of children.

Consider information sharing in each risk assessment or management activity you undertake. This includes when you identify services that may have information that would assist in the assessment or management process.

When working with people who use family violence, information sharing allows you to develop a more accurate and complete understanding of risk that goes beyond what the person has disclosed to you.

As people who use violence commonly minimise or deny their use of violent, coercive and controlling behaviours, their answers to questions and reflections on their behaviour cannot be relied upon as a predictor of the level of risk they present to others.

Within the model of Structured Professional Judgement, information sharing allows professionals to gather and share risk-relevant information with other prescribed organisations.

This includes risk factors present or observed, patterns of behaviour, beliefs and attitudes, static and dynamic risks, protective factors and information that supports stabilisation of risk.

Gathering information from other services supports you to contextualise and analyse what a person using violence discloses and your observations of narratives and/or behaviours they use.

It also supports you to identify opportunities to monitor change and escalation of their risk and pattern of behaviour. This includes working collaboratively with the other services engaged with the person using violence or adult or child victim survivors or other family members.

You may identify key sources of information and other services that are responding to presenting needs or circumstances for the purpose of promoting stabilisation or enhancing protective factors. This can be assisted by using the genogram or ecomap exercises outlined in **Responsibilities 7 and 8**.

You can also **proactively share information** with other services, even if it is not your role to conduct risk assessment, when you are authorised to share under privacy or other information sharing laws.

Refer to the *Family Violence Information Sharing Guidelines* (the *Ministerial Guidelines*) for more information.

Ongoing engagement with the person using violence will support you to observe changes in dynamic risk factors, informed by the understanding of patterns of coercive and controlling behaviour of the person using violence.

Sharing this information supports collaborative practice and ensures services collectively hold risk and work together to provide the right interventions at the right time. Professionals should prioritise sharing information about dynamic risk factors that are present.

6.4 REFLECTING ON SAFE ENGAGEMENT, INCLUDING INFORMATION SHARING PRACTICE

Each person using violence should be considered individually for the services or supports they may need to address the risk they present to others or themselves.

This may be the first time a person has had their family violence risk identified or noticed, or their needs assessed.

You should enquire about this to identify if there are any barriers to engagement, or opportunities to reconnect to previously supportive services, for example, from previous attempts at help-seeking (**Responsibility 4**).

Safe engagement in the context of information sharing involves discussing options with a person using violence on the approach to referrals.

If the service user knows you are aware they are using family violence, you may choose to discuss co-case management in limited contexts, considering what is safe, appropriate or reasonable.

This may include discussing past or recent experiences of service barriers or discrimination that you respond to and address through your agreed information sharing to support safe engagement. Refer to **Responsibility 5** for more information.

You can use this guide together with practice guidance on responding to immediate risk, outlined in **Responsibilities 2 and 4**, to help you plan risk management responses and take action.

In considering each service engagement, you should be guided by the person's identity and experience and tailor your approach to referral, secondary consultation or information sharing accordingly.

For example, if the person using violence has let you know they are Aboriginal, identify as belonging to a diverse community, or have a cognitive impairment, consider if your service engagement would benefit from specialist advice or support.

Ask if the person using violence 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.

In this case, consider how you can work with these services to address the person's use of violence in a safe and respectful way.

Consider also ongoing information sharing to identify change or escalation of risk, needs or deterioration of circumstances that may impact on risk.

Responsibility 1 and 5 assist with these aspects of practice.

Areas to consider include:

- specialist perpetrator intervention services have found that few people using violence raise concerns about information sharing when it is discussed in a respectful and transparent manner
- sensitive, clear and transparent engagement is important to maintain the person using violence in your service and within the broader service system
- if safe to do so, be clear with the person using violence about reasons for information sharing
- refusal or reluctance from a person using violence to agree to information sharing may indicate current or future risk and must be recorded (refer to **Responsibilities 2, 3 and 7**).

REMEMBER

Building and maintaining trust and rapport in the relationship with the person using violence is essential to safe, ongoing engagement.

It is particularly important to maintain trust and communication when connecting the person to services.

In most situations, referral does not mean you immediately cease your engagement with a person using violence.

Depending on your role, you will likely need to maintain engagement to continue to respond to their presenting needs and circumstances, as relevant to your service offering.

You can also collaborate with the referred service for ongoing risk assessment and risk management and respond to any issues that arise if they disengage. Refer to **Responsibility 1** for information on engagement.

6.5 LEGAL AUTHORISATIONS TO SHARE RELEVANT INFORMATION

The FVIS 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*.

There are a number of ways the information of the person using violence can be shared without consent, such as to assess or manage family violence risk under the FVIS Scheme.

Organisations may also have other authorisation to share information to inform risk assessment and support coordinated and collaborative responses.

The CIS Scheme also allows organisations and services prescribed under that scheme to share information with each other to promote children's wellbeing and safety.[2]

2 *Child Wellbeing and Safety Act 2005*, Part 6A.

This includes to promote the broader wellbeing and safety of children who experience family violence. Refer to the guidelines for the CIS Scheme for further information.

The CIS Scheme complements the FVIS Scheme.

Services should consider updating general **consent forms** at the point of engagement commencement to allow risk-relevant information to be shared about any person using family violence, when necessary.

When engaging with a service user, you should discuss their privacy, including how you will protect, use and share their information, as authorised under law.

If you know or suspect a service user is using family violence, your service should have a clear **limited confidentiality statement** covering the ways their information can be shared without consent. This includes to assess or manage family violence risk under the FVIS Scheme, or otherwise able or required under law to share information without their consent where there is a risk to themselves or others.

You should have a limited confidentiality conversation with them at service commencement, if safe to do so.

Sharing risk-relevant information about a person using violence **does not require their consent.**

In your initial conversations with a person you know or suspect may be using violence, be clear that their information may be shared without their consent if required by law or if there is a risk to themselves or others.

You do not need to re-confirm this statement before, or after, making a request or sharing information under the FVIS Scheme or the CIS Scheme.

You are not required to inform them what information you shared, with whom you shared it, or when you shared it.

Consider if it may increase risk to a victim survivor by informing the person using violence about information sharing. Conversely, you may inform them if it could increase risk to a victim survivor if you do not do so.

For example, the person using violence may assume you received the information from the victim survivor. They may retaliate and escalate their use of violence. If the person suspects this, you can tell them you received the information from another source (such as another service they are engaged with) to attempt to mitigate any escalation of risk.

Refer to the Ministerial Guidelines for more information.

REMEMBER

Under the FVIS Scheme, you are not required to seek consent of the perpetrator or alleged perpetrator to share their risk-relevant information.

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 laws, you can share information to lessen or prevent that threat **without consent of any person**.

Refer to Office of Victorian Information Commissioner and the FVIS Scheme Ministerial Guidelines for further information.

As outlined in **Responsibilities 3 and 7**:

- if 'serious risk' has been identified, 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.
- the levels of risk 'serious risk and requires immediate protection' (of the victim survivor) or 'serious threat and requires immediate intervention' (of the perpetrator) are equivalent.

In **Responsibilities 4 and 8**, 'immediate intervention' with the person using violence is equivalent to 'immediate protection' of the victim survivor for a risk management 'Protection Purpose' under the FVIS Scheme.

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 is available in the *Ministerial Guidelines*.

Organisations and services that are prescribed under the FVIS Scheme are known as **Information Sharing Entities** (ISEs). ISEs are authorised to share relevant information to assess and manage family violence risk.[3]

There is a subset of ISEs, known as **Risk Assessment Entities** (RAEs).

RAEs have additional responsibilities to establish whether risk of family violence is present, assess the level of risk and correctly identify the parties as the perpetrator or victim survivor through a comprehensive risk assessment.

The FVIS Scheme improves professionals' and services' ability to keep victim survivors safe and hold people who use violence in view and accountable for their actions and behaviours.

While consent is not necessary for sharing information about a perpetrator or alleged perpetrator, guidelines and safety measures still apply around:

- determining risk-relevant information
- storing information appropriately
- informing service users of their rights before they begin engaging with the service.

Some relevant sections of the *Ministerial Guidelines* are outlined below, however, you should refer to the full guidelines for further information.

3 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.

6.6.1 When you can share information under the Family Violence Information Sharing Scheme

A family violence assessment establishes whether a risk of family violence is present, assesses the level of risk the alleged or known perpetrator presents to the victim survivor/s, and correctly identifies the parties as the perpetrator or victim survivor.

A family violence assessment purpose (to establish and assess risk)

A family violence assessment establishes whether a risk of family violence is present, assess the level of risk the alleged or known perpetrators presents to the victim survivor/s, and correctly identifies the parties as the perpetrator or victim survivor.

If, in your role as an ISE, you identify the presence of risk due to the information available, such as through disclosure, observation or assessment,[4] you have formed a reasonable belief in the circumstances that the person is a perpetrator.

In this situation, you can share risk-relevant information about the perpetrator without their consent to assess and manage risk.

4 Chapter 3 of the FVISS *Ministerial Guidelines* provide information on forming a reasonable belief.

If you have not been able to establish a person is using family violence, that is, they are an 'alleged perpetrator', but it is not established following use of the Identification Tool (**Responsibility 2**) or Intermediate Assessment Tool (**Responsibility 3**), you can share information with RAEs to support them in establishing whether the alleged perpetrator is in fact a perpetrator.

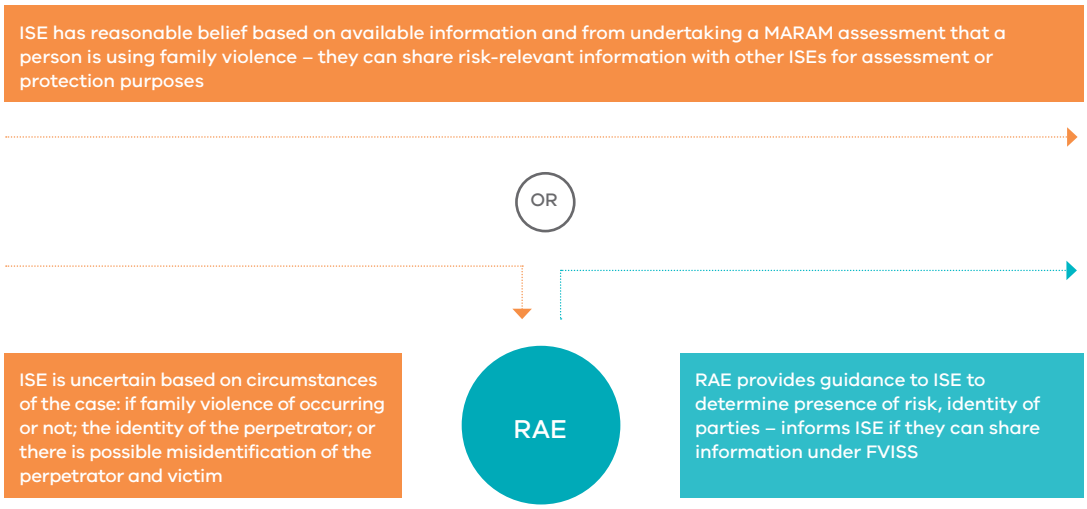
A significant feature of the FVIS Scheme is that, **if there is uncertainty or a concern about misidentification**, ISEs should consider proactively sharing information[5] with a RAE about an alleged perpetrator and can do so without the person's consent. The purpose of this is to seek assistance to establish whether a risk of family violence is present, assess the level of risk and correctly identify the parties as the perpetrator or victim survivor.

If the RAE can confirm the person is a predominant aggressor/perpetrator,[6] you can share information with any ISE for the purpose of risk assessment and risk management.

5 The FVIS Scheme authorises ISEs to share with a RAE for this purpose. This is not a requirement under the legislation, it is best practice that is promoted when working with people using family violence

6 This may be a RAE working with either a victim survivor or person suspected of using family violence. They may use any level of assessment, as appropriate in the circumstances. It is the level of skill of professionals that work in RAEs that support them in applying Structured Professional Judgement and determining if risk is present and the identities of the parties.

ISE and RAE decision flow chart



If both services are RAEs, they can work collaboratively to assess risk and determine the predominant aggressor/perpetrator.

RAEs may disagree on the identity of the perpetrator or the victim survivor, such as in circumstances where each party has identified themselves as a victim survivor.

In this case, RAEs must share risk-relevant information and work collaboratively to undertake comprehensive risk assessment to correctly identify the parties as victim survivor and perpetrator.

A family violence protection purpose (to manage the risk, including through ongoing risk assessment)

The family violence protection purpose means information can be shared when there is a reasonable belief that it is necessary to manage the risk of the perpetrator committing family violence, or the risk of the victim survivor being subjected to family violence.

Managing risk involves removing, reducing or preventing the escalation of risk. As risk is dynamic and can change over time, information can be shared under this purpose for ongoing risk assessment to monitor risk and escalation.

If the perpetrator and victim survivor have been identified, an ISE can request and share information with another ISE for risk management purposes.

If you work in an ISE, you are also permitted to proactively share (sometimes referred to as 'voluntarily share') information with another ISE without a request for a family violence protection purpose, provided that the information meets the requirements of the FVIS Scheme (that is, it is risk relevant and the information is not excluded).

When working with a person using violence, proactive sharing is a way for all services who are engaged with the person and any victim survivors to have a shared understanding of risk and safety and supports services to work collaboratively.

Sharing perpetrator information with victim survivors

ISEs are able to share information about a perpetrator without their consent in order to manage their family violence risk (refer to victim survivor–focused **Responsibility 6**). This includes sharing information:

- with a victim survivor
- or, where the victim survivor is a child, and where it is safe, appropriate and reasonable to do so –
  - with the child or young person, considering their age or developmental stage and/or
  - with the non-violent parent.

If you choose to share information about a perpetrator with a victim survivor to manage risk and increase safety, you must exercise caution so as not to inadvertently increase their risk.

This includes if your service:

- has an existing relationship with the victim survivor – refer to your organisational policy on information sharing and consider how to do so in a safe way
- does not have an existing relationship with the victim survivor – consult with a specialist family violence service that works with victim survivors to seek advice on how to do so safely.

As sharing information with a victim survivor about the perpetrator could inadvertently increase risk, for example in situations where the person using violence believes they are being monitored and could feel a loss of control, this must be considered on a case-by-case basis.

Practitioners with **Responsibilities 2 or 3** should seek secondary consultation with specialist family violence services in determining a safe approach. Refer to **Responsibility 5** for more information on secondary consultations.

Excluded information may not be shared, such as information that might prejudice the investigation of a crime or sharing information would contravene another law.

Refer to the *Ministerial Guidelines* for further information on excluded information.

6.7 SEEKING INFORMATION THROUGH THE CENTRAL INFORMATION POINT

Some services can seek consolidated information about a perpetrator or alleged perpetrator through the Central Information Point (CIP).[7]

The CIP is a service that consolidates critical risk-relevant information about a perpetrator or alleged perpetrator of family violence into a single report for frontline workers within The Orange Door. This report assists with family violence risk assessment and management.

The consolidated information available through the CIP is provided from Victoria Police, the Magistrates' Court of Victoria, Corrections Victoria, and the Department of Families, Fairness and Housing (Child Protection).

Having comprehensive and timely information about a perpetrator's circumstances, history and pattern of family violence behaviour allows practitioners to identify risk and implement service responses earlier.

Information from CIP reports also contributes to building an understanding of the coercive and controlling behaviours a perpetrator is using. Responses to risk can be tailored to support the perpetrator to take responsibility for their behaviour and enhance the safety of victim survivors and families.

At the time of publication, access to the CIP is available to The Orange Door Network and Risk Assessment and Management Panels (RAMPs).

Practitioners can share risk-relevant information contained within the CIP report on the same basis as other information they hold.

7 Refer to the Central Information Point website <https://www.vic.gov.au/help-professionals-working-victims-domestic-violencea> for more information.

6.8 CONSOLIDATING RISK-RELEVANT INFORMATION ABOUT RISK, NEEDS AND CIRCUMSTANCES

Services should seek information from a range of services that can support decision making about the risk, needs and circumstances of the person using violence.

Details about risk factors, needs and circumstances are risk-relevant information and can inform your understanding of the family violence risk present at a point in time.

6.8.1 Risk-relevant information

Understanding what information is 'risk relevant' is central to family violence risk assessment and management practice.

Information that is relevant for a family violence assessment or protection purpose can be shared under the FVIS Scheme.

Risk-relevant information will:

- be determined on a case-by-case basis, depending on the family violence behaviours (**risk factors**) the person is using against each adult or child victim survivor, or any risk to themselves
- be information that supports your assessment of **past, current or future risk**, which can include past behaviour of the person using violence that informs your understanding of patterns of coercive and controlling behaviour. Information about a victim survivor's past behaviour is less likely to be relevant, unless it is induced by a person using violence (such as coercion to engage in criminal activity, alcohol or drug use etc.[8])

8 This is risk-relevant information only to the extent that it demonstrates the impact of coercive controlling behaviours of the perpetrator on the victim survivor. It should not be used as risk-relevant information for the purpose of decision making that may further negatively impact the victim survivor.

- include the **experiences, presenting needs or circumstances** of each adult or child victim survivor or person using family violence that, when addressed as part of risk management may reduce risk or minimise likelihood of change or escalation of risk (that is, are **protective or stabilising factors**), or where unaddressed could relate to an increased likelihood of change or escalation of risk to self and risk to others
- depend on the **purpose** for which you are sharing the information, such as an assessment or protection purpose (refer to **Section 6.6.1** of this guide and the Ministerial Guidelines)
- 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? (for example, risk assessment, risk management and stabilisation of needs or circumstances related to risk)
  - what action do you want the receiving professional/service to take from you sharing the information? (for example, creating a shared understanding of risk factors present, make services aware of change/escalation of risk and enable services to update safety plans).

Risk-relevant information may be information about a perpetrator (their risk behaviour, presenting needs, circumstances or experiences) or a victim survivor (the risk they are experiencing and their circumstances) or another person.

The information should be relevant to assessing or managing family violence risk, including stabilisation and recovery.

Information is risk-relevant if it relates to any of the family violence risk factors described in detail in the *Foundation Knowledge Guide*, and within the guidance on risk assessment in **Responsibilities 3 and 7**.

Any information about a perpetrator's family violence or other behaviour, presenting needs, circumstances or experiences that supports risk management is also risk relevant.

Risk management is defined broadly to include actions to reduce or remove the risk the person using violence presents to adult or child victim survivors, to themselves, or any identified third parties, and their stabilisation and recovery (**Responsibilities 4 and 8**).

Identifying information about the behaviour of the person using violence is an important first point of reference for understanding what information is risk-relevant. This includes violence used against an adult or child, the presence, pattern and presentation of risk factors, or the presenting needs or circumstances of the person using violence.

Under the FVIS Scheme, this means risk-relevant information for a person using family violence includes information that relates to presenting needs, circumstances or experiences that **affect their capacity or capability to engage in any services**, including behaviour change interventions, and take actions that would reduce the risk they present to others and themselves.

Visual, audio and other identifying information

Some services may hold identifying information, including photos, video and other footage of the person using violence.

This information may be risk-relevant, such as where it is needed to support services identifying if a person using violence attends an organisation's premises, or information about their behaviour at a certain place and time.

For example, where an intervention order is in place preventing contact between a person using violence and a child victim survivor, a school (or other prescribed service) may request a photo from another service to support staff to be aware of what the perpetrator looks like.

6.8.2 Identifying risk-relevant information when working with a person using violence

Identifying risk-relevant family violence behaviours

Risk-relevant information includes information about family violence risk behaviour (risk factors).

You might identify information including, but not limited to:

- patterns of risk behaviour that have changed or escalated in frequency or severity, such as stopping verbal abuse and starting or escalating controlling behaviours
- the methods the person using violence uses to contact, monitor or stalk adult or child victim survivors in their home, place of work or places they frequent
- the methods of use of violence by proxy, including use of services, systems or third parties to undermine the victim survivor's access to services, or to contact, monitor, harass or stalk the victim survivor on behalf of the person using violence.

Behaviours that are also related to risk (refer also to risk-relevant information about presenting needs) can include drug and alcohol use, problem gambling, behaviours related to mental illness, trauma or disorganised or chaotic management of other aspects of their lives.

Risk-relevant behaviours associated with these issues include, but are not limited to:

- the source, frequency and type of drug and alcohol use and outcomes of use (escalation in frequency or severity of violence)
- the known situations or contexts that are likely to increase the person's use of alcohol or drugs
- the source of funds for use to gamble and/or purchase alcohol or drugs and what changes or escalates in relation to their family violence behaviours if they do not have sufficient money for these behaviours
- the behaviours or other factors contributing to mental illness, risk of self-harm or suicide.

Identifying risk behaviours (risk factors) supports your identification and analysis of patterns of behaviour (that is, coercive control) over time.

Being aware of this pattern of coercive control can support your identification of change or escalation of risk behaviours, particularly in response to interventions for adult and child victim survivors and the person using violence. This includes changes to the way the person using violence describes their interactions with adult and child victim survivors.

This, alongside information about presenting needs and circumstances over time, can enable you to identify likely escalation and plan for risk management responses with specialist family violence services.

Refer to **Responsibilities 4 and 8** for more information on responding to patterns of coercive control.

Identifying risk-relevant presenting needs

The person using violence may have needs that may not present **direct** risk to family members, but may contribute **indirectly** to the risk.

For example, unstable or insecure housing, access to healthcare or services, and unstable employment or education can all destabilise a person using violence's life. This can make it less likely for them to maintain engagement in your service, or to be ready to recognise and address the impacts of their use of family violence, including stopping violence.

Some needs may also present a direct risk to family members. For example, if a person using violence has unstable housing, there is a risk they will return to or present at the victim survivor's house, reporting they have nowhere else to stay. This narrative may be used as a justification for seeking to return to the relationship or continue their use of violence.

It is important to remember that needs are dynamic and must be considered objectively, and on an ongoing basis.

Sharing this information with other services may be relevant to support suitable and effective interventions with the person using violence.

More information on identifying presenting needs is addressed in **Responsibilities 2 and 3**.

Identifying risk-relevant circumstances

The circumstances and experiences of the person using violence can contribute to current and future risk to adult and child victim survivors and risk to themselves.

This includes, but is not limited to:

- changes to relationship status, including assumed/new relationships and recent separations of each person. Changes in the relationship status is linked to an increase in family violence risk, including times when an adult victim survivor is contemplating or deciding to leave[9]
- pregnancy, new birth or a new child in the family
- pending court matters/dates
- changes to or new parenting arrangements. Risk can increase at the time of commencing negotiations for parenting arrangements, as well as during and after legal proceedings
- birthdays, school events, significant family events, community events, school events, holiday periods or sporting celebrations likely to be related to increased risk behaviour
- changes to levels of employment and dis/engagement in education
- changes to social and economic status.

Some of these circumstances may be identified through direct risk assessment discussions with a person using violence, or you may gather the information through requesting information from other services.

9 Even if this has not yet been communicated to the person using violence.

Refer to the **Intermediate Safety Planning Conversation Model** in **Appendix 9** for further guidance on identifying situations or events where the person is likely to use or escalate use of violence.

Further guidance on identifying relevant information about a perpetrator's circumstances is outlined in using ecomaps in **Responsibilities 7 and 8**.

Acute or dynamic risk factors can vary significantly and lead to sudden increases in the level and imminence of risk presented by a person using violence. Such risks may not come to the attention of professionals engaging with a person using violence unless it is directly related to their service. For example, a healthcare professional may not be aware that a person using violence has recently separated, or an adult child has assumed financial management of their parent's assets.

Engaging in information sharing can help you to gain insight into the person using violence's circumstances that are relevant to risk, enabling you to monitor risk and contribute to collaborative risk management.

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.

Identifying risk-relevant narratives

The narratives you observe through your engagement with the person using violence may demonstrate a range of beliefs and attitudes.

This includes the person's sense of entitlement, minimisation, deflection or justification of their violence, or a lack of empathy or care about the impact of their behaviours on others.

Hearing these narratives is a prompt for you to seek secondary consultation, share information with another service, and, where appropriate, make a referral.

These actions help inform both yours and the system's understanding of the level or seriousness of risk the person presents to family members.

You can consult with a specialist perpetrator intervention service for support on what to look for as risk-relevant narratives, and refer to **Identification Tool** (**Appendix 2**) or **Intermediate Assessment Tool** (**Appendix 3**).

People using family violence do not present in the same way across all services. A person using violence may present as overly charming but insincere, or may be considered a well-liked and respected figure in their community.

These presentations can make it harder for you to identify risk.

It is vital you have the skills to listen for risk-relevant information beyond the risk assessment tools, and build knowledge of the links between narratives and risk to feel an increased capacity to respond.

REMEMBER

When working with a person using family violence, risk-relevant information may be presented to you when the person is speaking about things other than their relationship to the victim survivor.

Through your engagement, you may elicit information about the behaviours, needs and circumstances of the person using violence, the adult and children victim survivors' circumstances, as well as information that indicates the likely impact of the violence and coercive control on victim survivors.

6.8.3 When to share risk-relevant information about people using violence

Monitoring risk occurs throughout your engagement with a person using violence.

As risk is dynamic, it is important to be aware of the range of information sharing options, including when and with whom to share information. Regular and continuous information sharing will contribute to a coordinated understanding of the assessed level of risk of the person using violence and the safety of victim survivors across the service system.

REMEMBER

In most cases, outside of any direct safety planning activities, **a person using violence should not be informed about risk assessment or management interventions** that are occurring related to their use of violence – unless this is the purpose of their engagement with your service.

You do not need the consent of the person using violence to share information that relates to assessing or responding to family violence risk.

However, where safe to do so, you can work with them directly to respond to their presenting needs and circumstances, in a safe, non-collusive way.

This supports them to remain engaged with your service and **in view of the service system**.

If the level of risk associated with a person using violence **changes**, consider whether immediate intervention is required for the safety of family members, the person using violence, or staff in your organisation.

As you monitor changes to risk, at a minimum you should consider:

- seeking secondary consultation from a relevant service (for example a specialist perpetrator intervention service, targeted community service or a mental health service) to discuss your engagement and referral options
- seeking secondary consultation with specialist family violence services for victim survivors on whether or what information can be shared, and by which service, with family members
- voluntarily sharing information to The Orange Door or specialist family violence service that works with victim survivors to support increasing their safety
- updating risk assessment and risk management plans, in line with your MARAM responsibilities.

If changes to the person's narratives, behaviours, needs or circumstances indicate an **escalation** of risk in terms of **frequency and/or severity**, you should consider:

- seeking secondary consultation, and/or requesting or sharing information relevant to the person using violence's risk level, needs and circumstances to inform your risk assessment and management plan
- proactively sharing information regarding revised risk assessment and management plans to other ISEs who are also engaged with the person using violence
- making appropriate referrals for the person using violence, including to a specialist perpetrator intervention service
- proactively sharing information with specialist family violence services working with both victim survivors and people using violence.

If changes to the person's narratives, behaviours, needs or circumstances indicate **serious risk** and **needing immediate intervention**, you should consider:

- reporting to or notifying police, Child Protection and other statutory bodies, as required
- collaborating with victim survivor services to assess eligibility for RAMP
- proactively sharing information with other ISEs who are engaged with the person using violence, and where possible with victim survivors, to enact immediate risk management strategies.

If a person using family violence disengages from your service

When working with a person using violence, you may observe that they disengage from your service through missed appointments, less frequent attendance or stopping attendance completely.

This may be for a range of reasons unrelated to their use of violence towards family members. However, the implication is that they are no longer in view of your service.

Where you have identified that the person continues to present a risk to family members, you should consider the options outlined above, according to your risk assessment and risk management responsibilities, in addition to your services requirements

The actions you take will depend on the type of service you provide and the extent to which a person using violence needs your service over time.

For example, the seriousness of missing an appointment at a primary care health service may differ from missing an appointment with a mental health professional who provides ongoing therapeutic support to a person using violence so they can maintain stability in their life.

A missed appointment in each case may have a different meaning and consequently different implications for the risk the person using violence presents.

Similarly, where a victim survivor is a person with a disability or an older person, and they rely on family members for transport and they are not attending appointments, this can indicate increasing coercive control and violent behaviours towards the victim survivor by the person using violence.

You should consider:

- voluntarily sharing information with other authorities and services known to be engaged with the person using violence to advise of their disengagement from your service to inform your view of any change to risk. Where relevant, this should include specialist family violence services working with victim survivors and/or the person using violence, The Orange Door or other case management functions as required. For people using violence who are higher risk, this will include notifying police or other authorities
- requesting information from other services that are ISEs and engaged with the person using violence to find out if their disengagement is limited to your service or has occurred with multiple/all services – and where they are a high-risk person using violence, request notification when they reappear/re-engage
- seeking secondary consultation to inform your engagement with them if and when they do re-engage with your service
- connecting with other services involved for a coordinated risk assessment and management strategy.

REMEMBER

Consider appropriate services in your local area and identify those that are relevant to seek or share information with, or services to utilise for referrals and secondary consultations.

Refer to the *Organisation Embedding Guidance and Resources* for more information on mapping services in your local area and determining how and when services can work together.

6.8.4 Sharing information relating to family violence risk for a child or young person

Children should have their risk and needs individually assessed as outlined in victim survivor–focused MARAM Practice Guide for **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 safe, appropriate and reasonable, you should seek the views of the child or young person, and non-violent parent/carer on how their information is shared.

These views should be considered 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.

If 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 (refer to **Responsibilities 4 and 8**).

If you share information despite the views of the non-violent parent/carer, you should make it clear to them this is to assess or manage risk to a child, including for safety planning.

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 person using violence
- 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 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.

6.8.5 Sharing information relating to a person using violence who is a parent or has a parenting or caring responsibilities

If working with a person using violence who is a parent or has parenting or caring responsibilities, consider proactively sharing information with professionals working with the child or young person to enable coordinated responses to risk and needs of children.

Sharing information between local Child Protection, Child FIRST services and specialist perpetrator intervention services will support coordinated responses for case planning, and ensure perpetrator interventions are informed by the safety and wellbeing of children and young people.

If you have ongoing engagement with a person using violence who is a parent, you should proactively seek information about the adult victim survivor's and child and/or young person's views about continuing a relationship with the person using violence.

This information will contribute to your assessment as to whether it is **safe, appropriate and reasonable** to work with the parenting motivations of the person using violence. Refer to **Responsibility 4** for more guidance on determining if parenting motivation is an appropriate engagement approach to support risk management.

Remember, it is critical that this practice is informed by and supports the views and safety of adult and child victim survivors.

6.8.6 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 on whether there is an existing professional relationship, or this is the first time you have contacted 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 then choose to follow up by making the request or sharing the information in writing to enable you to document the request of 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.

6.8.7 Collecting, recording and correcting information

You should refer to your organisation's policies and procedures on record keeping in relation to information sharing.

The FVIS Scheme and the CIS Scheme have specific record-keeping requirements that are aligned.

> Chapter 10 of the *Ministerial Guidelines* provide advice on what is required.
>
> Chapter 5 of the *Child Information Sharing Scheme Guidelines* also include information on record keeping and information management.

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 the person using violence a perpetrator.

Protecting information[10]

If your organisation works with both the person using violence and the victim survivor/s, you must take care to ensure case records and case notes are separately documented.

Refer to the *Ministerial Guidelines*.

Where you or your organisation provide services to both victim survivors and people using violence, consider whether it is necessary to keep separate files for each client to reduce the risk of inappropriate information sharing.

Consider your service context when determining the most appropriate and safe methods for keeping records of the person's use of violence. You may be required to separate this information from their personal/client file and use a flag to indicate the presence of this information. This includes risk identification and assessments tools and safety and risk management plans.

You are not required to share any information with a person using violence, or any other person, if it could increase risk to a victim survivor to do so.[11]

6.9 NEXT STEPS

Information sharing can continue to inform your actions for risk assessment and practice, depending on your role, under **Responsibilities 3 to 4, or 7 to 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**.

6.9.1 Document in your organisation's record management system

In addition to **Section 6.8.7**, it is important to document the following information in your service or organisation's record management system:

- copy of any risk assessment, risk management or safety plan you share with other services
- under what permission you requested or shared information, for example, Family Violence Information Sharing Scheme, Mandatory Reporting, other privacy law
- the organisation or service contacted for secondary consultation and whom you spoke to
- method of request (email, fax, telephone)
- the information requested and the date of request
- whether and what information was shared, the date, and whom the information was shared with
- actions taken to correct your records where misidentification previously occurred and steps to proactively share information about the predominant aggressor with other organisations
- if a referral was made – to whom and the purpose
- whether the person using violence was made aware of the secondary consultation, information sharing or referral
- outcomes of secondary consultation and referral.

At all times, you must also take care to ensure that disclosure of documentation pertaining to the person using violence or victim survivor does not increase the risk to a victim survivor.

Information about freedom of information requests and information sharing under the FVIS Scheme can be found in the *Ministerial Guidelines*.

10 *Family Violence Information Sharing Guidelines*, p. 115.
11 Ibid., p. 112.

The Comprehensive guidance (Responsibilities 7-8)
for working with adult perpetrators will be published late 2021.

MARAM PRACTICE GUIDES

RESPONSIBILITY 9: CONTRIBUTE TO COORDINATED RISK MANAGEMENT

Working with adult people using family violence

VICTORIA
State Government

RESPONSIBILITY 9

CONTRIBUTE TO COORDINATED RISK MANAGEMENT

NOTE

This chapter is for all professionals who have received training to provide a service response to a person they may suspect or know is using family violence.

The learning objective for **Responsibility 9** builds on the material in the *Foundation Knowledge Guide* and in preceding **Responsibilities 1 to 8**.

The guidance in this chapter replicates some general information from the equivalent victim survivor–focused MARAM Practice Guide for **Responsibility 9**. This reflects the consistencies of approach required across the whole system, while tailoring practical information for those who work with people using violence.

9 CONTRIBUTE TO COORDINATED RISK MANAGEMENT

9.1 OVERVIEW

This guide supports you to understand the role of coordinated risk management, and its linkages to ongoing collaborative risk assessment and management (covered under Responsibility 10) as an integral part of family violence responses.

It will support you to identify the processes required for effective multi-agency collaboration and risk management, and contributions specific to professionals working directly with perpetrators.

Multi-agency collaboration supports a shared and consistent understanding of family violence risk and enables proactive and timely interventions.

Collaboration should include keeping the pattern of behaviour and whereabouts of the person using violence in view and actively monitoring the risks they present.

Professionals may have direct interaction with a person using violence or may have access to information about them.

Information sharing (**Responsibilities 5 and 6**) is central to proactive monitoring, risk management and collaborative responses to family violence.

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 (refer also to **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 the Risk Management and Safety Plan for the person using violence responds to escalation of risk and changed circumstances
- participate in joint action planning, coordination of responses and collaborative action including enacting and monitoring the Risk Management and Safety Plan of the person using violence. This includes proactive engagement with the person using violence across organisations and practitioners in order to work towards sustained risk reduction over time.

Where engaged, specialist perpetrator practitioners will work together with specialist victim survivor practitioners to **provide leadership** of coordinated risk management, monitoring of risk and collaborative action planning.

A specialist perpetrator practitioner may be located within a Men's Behaviour Change Program, perpetrator case management response, Caring Dads, The Orange Door or other enhanced intake service, or any other specialist perpetrator intervention service, including targeted community services.

Non-specialist family violence practitioners and organisations who work directly with people using violence will **work collaboratively** with others to contribute to coordinated processes, decision making, and actions to address risk.

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 secondary consultation and sharing information (when authorised to do so) under the Family Violence Information Sharing Scheme, the Child Information Sharing Scheme or other legislation.

Model of Structured Professional Judgement

Responsibility 6 has guidance about sharing information with other services or professionals, including consent thresholds when sharing information about the person using violence or the victim survivor and guidance on risk-relevant information.

Identify key professionals and services you may seek to engage in coordinated and collaborative risk assessment and management through consideration of the protective factors and circumstances of the person using violence. Consider using the genogram or ecomap exercises outlined in **Responsibilities 7 and 8** to assist in this process.

You should monitor subtle and overt changes to the person's presentation, including their narratives and behaviours, and presenting needs and changing circumstances.

This information assists you to monitor dynamic risks, and identify opportunities to increase readiness and motivation of the person using violence to engage in supports, including to address needs or circumstances requiring stabilisation and stop their use of family violence.

You should consider the person's experience of services and barriers, both perceived and real, when communicating potential referral options. Consider what the person using violence 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 and 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 processes, including in coordinated processes.

This is particularly relevant when considering guidance in **Responsibility 10**.

Regularly check in with the person, and proactively seek and share information (as authorised) with organisations involved in risk assessment and management, such as specialist family violence services, the police, Corrections, and community-based organisations.

9.2.1 Contributing to accountable systems through your contact with a perpetrator

Reflect on information about perpetrator accountability in Sections 5.4 and 6.1 in the *Foundation Knowledge Guide*.

In many situations, it is inappropriate and unsafe to tell the person using violence that you are involved with collaborative and coordinated risk assessment and management processes.

The person may:

- interpret this information as 'evidence' that the 'system is against' them, and use it as justification to mistrust or disengage from services, and reinforce their victim-stance positioning
- blame the service provider or victim survivor for calling attention to them and their behaviour
- disengage from services
- increase methods of coercive control over the victim survivor, increasing risk and isolation.

However, there may be times where it will be appropriate to inform the person using violence that you work within a collaborative and coordinated service system response, where information is shared between yourself and other professionals and organisations who are providing interventions or support.

Appropriate circumstances include where coordination is obvious to the person using violence as a result of known referrals or joint support provided by you and other professionals/organisations.

Depending on your responsibility, depth of engagement and professional role in responding to or addressing the person's use of family violence, it may also be appropriate to inform them of your assessment of risk and actions you are required to take to address the safety of their family members and reinforce accountability mechanisms.

This can include:

- advising you will be reporting to Child Protection or referral to Child FIRST
- contacting police to notify of breaches
- contacting the Magistrates' Court or Community Corrections to notify of compliance issues.

9.2.2 Working directly with a person using violence about their risk, needs and circumstances

If you are working directly with a person using violence, you may need to review a Safety Plan that you put in place to ensure consistency with an overarching Risk Management Plan separately developed in coordination with other professionals and services.

When making a Safety Plan with the person using violence, you will identify situations where risk is likely to change or escalate, including about change in presenting needs and circumstances. You can share this information with other professionals involved with the person using violence.

In limited circumstances, it may be safe and appropriate to inform the person using violence of risk management actions, including of coordinated and collaborative processes, consider:

- the level of personal accountability demonstrated by the person
- the level of active engagement with a behaviour change process
- strengths or protective factors supporting the person's engagement with services and stabilisation of needs
- overall level of risk they present to victim survivors, themselves and professionals
- whether informing the person using violence may lessen or prevent risk to a victim survivor.

REMEMBER

All professionals have a responsibility to contribute to risk assessment and management processes and act on information to reduce opportunities for further harm to victim survivors.

9.3 WHAT IS COORDINATED RISK MANAGEMENT?

Coordinated risk management is when multiple professionals and organisations act together to assess risk and plan and enact strategies to mitigate the risk the person using violence presents to victim survivors (adults, children and young people) as well as the risk they present to themselves.

This includes maintaining visibility and a shared understanding of the person using violence's behaviours, tactics and whereabouts, in particular identifying and addressing dynamic risk factors and identifying and monitoring patterns of coercive control.

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 relevant information to assess the level of risk.

This includes:

- information about the assessed level of risk of the person using violence
- any specific threats or issues
- emerging or changed patterns of coercive and controlling behaviour
- changes to the person using violence's needs or circumstances
- change in risk to themselves
- change in description of the impact to victim survivors' safety, wellbeing and functioning.

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 providing a service or intervention with the person using violence.

The table below describes four key risk management components that are part of a coordinated response.[1]

1 Adapted from Albuquerque M, Basinskaite D, Martins MM, Mira R, Pautasso E, Polzin I, … Wiemann S 2013, *European manual for risk assessment*, E-Maria Partnership, Göttingen, Germany.

Table 1: Key risk management components in a coordinated response

Category	Description and actions
Monitoring of risk and safety	Risk assessment is conducted continuously so that risk management and safety planning 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 person using violence all affect 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	Sustained risk reduction requires multiple actions by a range of professionals who have influence or involvement with the person using violence. Delivery of health and social services can support stabilisation (by addressing needs and circumstances) and emotional regulation (through skill building) of the person using violence. This might include providing mental health, drug and alcohol, parenting and family support, housing, legal, employment, and financial services. Consider the areas of the person's life context to identify presenting needs and circumstances that may require stabilisation (refer to **Responsibility 2 and 3**).
Maintain perpetrator visibility and action interventions	Supervision and monitoring of the person using violence's behaviours (keeping them in view) occurs through proactive and regular information sharing, coordinated risk management processes, and their ongoing engagement with health and social services and specialist perpetrator interventions, such as behaviour change programs. Actions include ensuring that the person using violence is aware of and complies with the conditions of intervention orders, and they continue to address any issues, needs and circumstances that contribute to their use of family violence and risk. Victim survivors' safety is central to proactively monitoring and addressing the behaviour of the person using violence. Communication with agencies supporting victim survivors is essential.
Undertake safety planning	Safety planning with the person using violence aims to promote personal accountability for their use of family violence and provide support for needs and safety for themselves. It involves mobilising resources and understanding the person's needs and circumstances that relate to family violence to support stabilisation, increase their awareness of when and how their behaviours escalate, build skills in de-escalation, and encourage help seeking. Safety planning can be performed by several professionals or services working together. Where appropriate to your role and responsibility, this should be developed openly with the person using violence. There may also be times where you will be engaging in conversations related to safety planning, but the person using violence may not be aware of your intention. For further guidance on this, refer to **Responsibility 4**. Wherever possible, services working with people who use violence should collaborate with services working with victim survivors, and where appropriate to the service context, the victim survivor/s themselves.

Approaches to collaboration and coordination will vary depending on the circumstances and risk of each case.

You may use formalised networks and agreements between organisations as a starting point for facilitating one-off meetings to conduct joint risk assessment or management, regular case conferences, or ongoing coordination panels to assess and manage serious risk cases.

Across all approaches, specialist family violence services working with the victim survivor or person using violence **should provide leadership** to other non-specialist professionals and services.

This includes advice on the required intensity of collaboration and coordination activities based on risk, facilitation of multi-agency assessment processes and leading the development of risk management actions to allocate across services.

9.4 CONTRIBUTING TO COLLABORATIVE RISK MANAGEMENT

REMEMBER

Collaborative risk management assists professionals and services to maintain a focus and shared understanding of the person using violence's behaviours and actions that are causing risk. It can also support professionals and services to collaboratively develop strategies to direct their responses towards the person using violence to manage risk and reduce harm.

This includes through planning and actioning a range of activities to address dynamic risks, needs and circumstances to stabilise the person's life situation. Each of these activities is essential to support 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 assessment or management functions.

Key services can be identified in the process of developing an ecomap to identify the needs and circumstances of a person using violence and through sharing information with specialist family violence services for victim survivors and people using violence. Further information is outlined in **Section 9.2** above.

In **collaborative approaches**[2] to risk management, professionals and services agree to:

- work together for the common goal of victim survivor safety
- use open and frequent communication, including information sharing and secondary consultation
- approach partnerships across the system with good will and some level of mutual understanding.

Collaborative approaches are useful to support the ongoing engagement of people using violence with the broader system and encourage referrals to specialist perpetrator intervention services.

As **coordinated approaches**[3] are structured and planned forms of risk management, it requires professionals and services agreeing to:

- a central plan for sequencing activities between the separate professionals and services
- draw together resources to minimise duplication. Clearly allocating tasks across professionals assists to reduce the likelihood 'doubling up' or working at cross purposes
- a shared understanding of set actions or plans

2 Australian Domestic and Family Violence Clearinghouse 2010, *Understanding domestic violence and integration in the NSW context: a literature review for NSW Department of Community Services, <http://www.adfvc.unsw.edu.au/PDF%20files/Integration_lit_review_J078249-03.pdf>, accessed 13 March 2015.*

3 Ibid.

- the appointment of a lead practitioner (case manager) to coordinate efforts and maintain a register of alerts for increasing risk, bringing individuals together to update strategies as actions are implemented successfully or fail
- the sharing and collective analysis of risk-relevant information for ongoing risk assessment
- regular reports on progress against risk management strategies and actions.

Specialist victim survivor and perpetrator practitioners have a **lead role** in collaborative and coordinated risk management approaches.

These practitioners routinely orchestrate ongoing clear communications between professionals or services providing support to the victim survivor, and to the person using violence.

This may include establishing communication protocols to facilitate information sharing and timely notification of changes in risk.

It is critical that services working directly with a person using violence are aware of their capacity for action and their responsibilities for contributing to coordinated risk management.

Each professional or service should ensure they are authorised before sharing relevant information about victim survivors and perpetrators (**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 2: Approach to coordinated risk management when working with or targeting the person using violence

Coordinated risk management processes	Responsibility and actions
Maintain regular contact with the person using violence.	If a range of services are involved or providing support, identify who is the primary professional or service responsible for coordinating risk assessment and management actions. If a specialist perpetrator intervention service is involved, non-specialist services can check in with the person using violence regarding their experience of the family violence intervention, for example, a behaviour change program. It is important to use your regular contact to support ongoing motivation and reinforce messages of the program. If a person discloses using violence or breaching orders, the service can discuss and reinforce legal requirements and compliance and report to authorities as required.
Use Structured Professional Judgement to analyse and determine the level of risk to the victim survivor from the person using violence, including their presentation, narratives, pattern of behaviour, needs and circumstances.	Identify who will record and maintain documentation of coordinated risk assessment.

Coordinated risk management processes	Responsibility and actions
Receive notification if a family violence 'incident' occurs – from a statutory body, victim survivor, the person using violence or other service.	Communicate that it is a shared responsibility to notify other services if relevant to their role and plan for appropriate responses to the person using violence, based on the level and presentation of risk. Professionals can proactively share information with a specialist family violence service that works with victim survivors, and, where appropriate, directly with the victim survivor.
Ensure other organisations update and share information when they consider that the level of risk has changed.	Communicate that it is a shared responsibility to notify other services if risk or circumstances have changed for a victim survivor or person using violence. Notify if these changes affect the risk management response or actions of other professionals or services, or the shared understanding of the level of risk.
Use information available to collectively develop an initial, or update an existing, Safety Plan and Risk Management Plan (refer to **Responsibility 8** for guidance on using the coordinated Risk Management Plan template).	Identify opportunities to use your role and relationship with the person using violence to complete risk related tasks or reinforce risk management strategies. Activities may include: scheduling appointments with the person using violence at a time convenient to the victim survivors' needs; using your statutory body status to engage with the person using violence about compliance with legal orders; proactively supporting the person using violence to address presenting needs or other factors that contribute to risk.
Monitor the completion of actions against the person's Safety Plan and Risk Management Plan.	Identify who will monitor and follow up to ensure agreed actions are completed. Identify who will review the person's Safety Plan and Risk Management Plan to update, as required.
Obtain confirmation from professionals or services when the person using violence has had their presenting needs or circumstances linked to risk addressed.	Identify who will monitor and follow up to ensure agreed actions are completed and information is shared on the effect of these actions on the person's pattern of behaviour and level of risk.
Obtain 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.
Maintain a list of organisations and the type of information they hold (for example, the whereabouts, activities, attitudes and behaviours of the person using violence) and expected reports to you.	Collectively review the victim survivor's protective factors or ecomap, the circumstances of the person using violence, or undertake the ecomap exercise for the person using violence in **Responsibility 8**.

Coordinated risk management processes	Responsibility and actions
Establish communication protocols with key organisations that can monitor the impact of the behaviour, risk and circumstances of the person using violence on the victim survivor's safety and stability.	Consider collectively if this is supported by existing protocols or whether new protocols should be established. 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. Consider how to share information about the person using violence's engagement with your service, and receive feedback from victim survivor support services about the impact your contact is having.
Receive notification when allocated Risk Management Plan actions are completed.	Communicate 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, including specialist victim survivor or perpetrator intervention services
- actions required of each professional or service
- additional or new information surfacing from collaboration
- when case coordination meetings are held
- the responsibility of ongoing risk assessment
- whether the person using violence has been informed of risk management activities
- whether the victim survivor/s are engaged in or have been informed of risk management activities.

9.5 COORDINATION OF RISK MANAGEMENT

9.5.1 Case coordination

Specialist family violence practitioners who work with people using violence have a role in leading and conducting case coordination.

Case coordination may include meetings to review risk develop and coordinate risk management actions. In other instances, specialist perpetrator practitioners 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 whereabouts and level of risk presented by the person using violence , facilitates more creative risk management strategies, and responds to changes in the level of risk.

Case coordination can provide opportunities for a person using violence to get a service they need from another organisation or part of your own agency.

Coordinating services, responses and referrals is an active process and, where relevant to the intervention, the person must be willing to engage with the other service.

Case coordination means working with other professionals to ensure a shared understanding of the risks, needs and circumstances of the person using violence, and assessment of whether these are being met or addressed.

Professionals taking part in a multi-agency coordinated approach to risk management should:[4]

- contribute knowledge, expertise and actions to jointly develop a Risk Management Plan for the person using violence
- try to reach consensus in decision making about risk and management responses
- enable proactive outreach and risk management directed towards the person using violence's behaviours. For example, professionals and services should have a plan to reduce or remove risk and for specialist perpetrator practitioners to engage with the person about their violent, coercive and controlling behaviour, while keeping them connected and in view of systems
- 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 reducing the likelihood and severity of further violence and interrupting patterns of behaviour by providing interventions and support directly to the person using violence
- 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.

4 Adapted from Ministry of Justice 2017, *Family Violence Risk Assessment and Management Framework, New Zealand Government, p. 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 people using violence, and to hold them responsible and accountable for their violence and abuse.

RAMP is a victim survivor and child-centred approach that focuses on ensuring that the person using violence 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
- reduce serious threat of people who use violence and increase their accountability
- 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 from the person using violence.

RAMPs provide a common approach for cases assessed as at highest risk and are convened regularly to:

- share relevant information about the risk presented by the person using violence in order to undertake comprehensive risk assessments that identify the impact of family violence on a victim survivor, including children, as well as behaviours and attitudes of the person using violence that contribute to serious risk, and likelihood to re-offend
- develop coordinated action plans across participating agencies to lessen or prevent serious threat/serious risk caused by the person using violence 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 victim survivor 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 form Family Violence Investigation Unit)
- specialist family violence service (for victim survivors – coordinator, co-chair plus a representative senior family violence practitioner)
- specialist family violence services (for people using violence – enhanced intake, case management or Men's Behaviour Change Program)
- Local Area Department of Families, Fairness and Housing, and Child Protection
- Local Area Department of Families, Fairness and Housing
- 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 people using violence 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.

The role of the specialist perpetrator intervention service representative is to support professionals to pivot their thinking about risk and focus on developing a shared understanding of the pattern of behaviours and dynamic risk factors of the person using violence.

While many people who present the level of risk requiring a referral to RAMP are unlikely to engage in a change intervention, specialist perpetrator intervention services can lead case coordination efforts to design and implement a range of strategies to intervene and reduce immediate risk.

The role of non-specialist services working directly with the person using violence is to contribute risk-relevant information to aid in the assessment and decision-making process.

Non-specialist services have a unique and important role within the system. As non-specialist services' involvement with the perpetrator as service user is not precipitated by a disclosure of family violence, these agencies are well positioned to assist with visibility and monitoring (keeping in view).

9.5.4 How to make a referral to a RAMP

Cases referred to a RAMP must involve an adult or child victim survivor of family violence experiencing a serious threat / serious risk of being killed or seriously injury.

A person using violence 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 caused by the person using violence and to support monitoring to keep them 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. The MARAM assessment may be a victim survivor or perpetrator-focused assessment tool.

However, any practitioner working with a service user (whether victim survivor, person using violence, or person using violence who identifies as 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 adult people using family violence

VICTORIA
State Government

RESPONSIBILITY 10

FAMILY VIOLENCE: COLLABORATE FOR ONGOING RISK ASSESSMENT AND RISK MANAGEMENT

NOTE:

This chapter is for all professionals who have received training to provide a service response to a person they may suspect or know is using family violence.

The learning objective for **Responsibility 10** builds on the material in the *Foundation Knowledge Guide* and in preceding **Responsibilities 1 to 9**.

The guidance in this chapter replicates some general information from the equivalent victim survivor–focused MARAM Practice Guide for **Responsibility 10** – but includes additional, specific information relevant to working with people using violence when collaborating for ongoing risk assessment and management.

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), safety of the person using violence (risk to themselves) and monitoring (keeping in view) and accountability of people using violence is the primary aim of family violence multi-agency collaborative practices.

Key capabilities

All professionals should have knowledge of **Responsibility 10**, and should be able to:

- work collaboratively with other professionals and services to ongoing monitoring, assessment and management of risk over time to identify changes in patterns of coercive controlling behaviour and assessed level of risk and ensure risk management and safety plans are responsive to changed circumstances, including escalation.

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 memorandums of understanding
- willingness to change organisational practice to meet the aims of the response and develop operating procedures to achieve this
- practices and protocols that ensure cultural safety and inclusivity to address access and equity issues
- information sharing (proactive and in response to requests)
- 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

1 Adapted from Australian Domestic and Family Violence Clearinghouse 2008, 'Multi-agency responses to domestic violence — from good ideas to good practice', *Newsletter*, no. 33, p. 4.

- commitment to continual self-auditing, enabled through data collection and monitoring processes
- regular and frequent coordinated case management meetings
- identification of service gaps (such as children's counselling) and development of new services and other strategies to address them.

Responsibility for monitoring, assessing and managing risk, and tailoring intervention responses to directly target and address the assessed level of risk of the person using violence, must be held across the service system.

This shared responsibility allows for all services and professionals to have a consistent understanding of family violence. It ensures the person using violence receives consistent and reinforcing messaging about responsibility and accountability.[2]

Ongoing risk assessment and management includes collaborating to develop, monitor and action safety plans and risk management plans to ensure consistency between responses for victim survivors and people using violence.

Ongoing collaborative practice can include formal (such as justice and statutory responses) and informal (such as health and social services engaging with the perpetrator) system accountability mechanisms that work together to support people who use violence to take personal responsibility for their actions, and work at the behaviour change process.

2 Centre for Innovative Justice 2018, *Bringing pathways towards accountability together: perpetrator experiences and system roles and responsibilities*, p. 55.

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 following:[3]

- established strategies for working collaboratively with key partners within their local area to increase opportunities for engagement of perpetrators and 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 through working directly with perpetrators
- established mechanisms that delineate referral processes and pathways

3 Adapted from Government of New South Wales, *Good Practice Guidelines for the Domestic and Family Violence Sector in NSW*.

- services regularly meet to discuss how to best engage and support people using violence and appropriately share information, including with services supporting victim survivors, to enable comprehensive risk assessment and consideration of matters relating to changing narratives, patterns of behaviour, and any needs or circumstances that contribute to the risk of the person using violence to victim survivors and/or themselves
- regular participation in interagency and network meetings and are part of community networks and partnerships.

Further information on organisational responsibilities can be found in the *Organisational Embedding Guidance and Resources*.

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 a collaborative and coordinated community response to family violence.

The functions of multi-agency collaboration include:[4]

- improving communication between individuals and organisations
- improving each participant's understanding of family violence by exposing them to a variety of perspectives
- improving joint decision making on risk management 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, including where the organisation or professional is working directly with the person using violence
- facilitating evaluation of the collective response
- facilitating broader cultural change, as well as targeted culture change for services or systems new to their role in responding to family violence risk.[5]

Multi-agency collaboration supports all points of the service system (across services and sectors) to take responsibility for addressing family violence.

Each agency's actions and responses should be accountable to the lived experiences of victim survivors and reinforce consistent messaging that family violence is not tolerated or accepted in any way.

This includes through direct engagement and intervention with the person using violence, using formal accountability mechanisms (including policing, justice responses and statutory interventions), as well as social and health supports and interventions.

Although non-justice and statutory systems have no authority to impose consequences for the behaviour of the person using violence, they can provide informal sources of accountability, serving to reinforce the expectation that the person will take personal responsibility for their actions.

4 Domestic Violence and Incest Resource Centre Victoria 2004, *Developing Integrated Responses to Family Violence in Victoria — Issues and Directions*, p. 24.

5 This supports consistent and collaborative practice in multi-agency environments, and is in line with the MARAM Framework, Pillar 2.

10.3 THE ROLE OF SPECIALIST FAMILY VIOLENCE SERVICES

Specialist victim survivor 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 victim survivor 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.

Specialist perpetrator intervention services play a key role in family violence system development and work alongside victim survivor services to:

- identify and address family violence risk
- establish referral pathways and networks
- promote a shared understanding of perpetrator patterns of behavior, beliefs and attitudes (narratives) , and compounding needs and circumstances that contribute to dynamic risk.

Specialist perpetrator intervention services may also:

- support professionals and services to analyse their practice and response to people using violence through the lens of victim survivor safety and freedom
- support services and organisations to make changes to practice or policy to align with safe risk assessment practice responses to people using violence
- identify opportunities to strengthen accountability through naming system gaps and barriers and building coordinated networks
- identify change or escalation of family violence risk, monitor and lead coordination on risk management interventions with specialist victim survivor services.