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**Introduction**

The Victorian Government has committed funding to extend the implementation of the Family Violence Risk Assessment and Risk Management Framework (the *framework*) through a three-year statewide training program. The training will embed consistent use of the *framework* within the Integrated Family Violence System and extend use into prioritised areas such as mental health services, Child Protection and primary and acute health care as well as into targeted sectors which work with vulnerable groups.

The program will provide training places for over 4000 specialist family violence and mainstream practitioners and deliver training at the appropriate level for the role of the participants. It will provide a shared understanding of family violence, the knowledge required to identify family violence and it will provide participants with a consistent and evidence-based response to victims of family violence.

For further information on family violence reform please visit [www.familyviolence.vic.gov.au](http://www.familyviolence.vic.gov.au)

**Using the Handbook**

This handbook is provided to participants attending family violence risk assessment training and should be read in conjunction with the *Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3. Edition 2. 2012.*
1. Introduction to Family Violence Risk Assessment and Risk Management Framework

The *framework* has been developed to better identify and respond to women and children who are victims of family violence. While anyone can be a victim of family violence it is most likely to be committed by men against women and children. As men who use violence will often present with a story of victimisation to minimise their responsibility and behavior, caution is warranted when working with men (refer *framework* page 40).

The *framework* has been developed for use by a range of professionals including family violence service providers, the police, the courts, and professionals in mainstream services who encounter and work with women and their children who experience family violence.

The *framework* aims to develop common standards and practices among service providers. Adopting a consistent approach for assessing and managing family violence throughout the service system ensures the focus of the intervention and support remains on the safety of those experiencing violence.

The development of the *framework* was based on a review of international research, consultation with more than 500 family violence and allied sector workers (including police, courts and community legal services) and piloting/evaluation in a metropolitan and rural region. Between 2008 and 2010, training on the *framework* was provided to over 3700 professionals and it is now widely used across the health and community sectors. The learnings from the training informed a review and update of the *framework* in 2011.

Three practice guides are included in the *framework* and represent the different levels of assessment utilised by various professionals (refer *framework* pages 7-8). This Handbook has been developed for use in training for *Practice Guide 2: Preliminary Family Violence Assessment*.

**Practice guide 2: preliminary assessment** *(refer *framework* pages 65-78)*

This guide assists professionals who work with victims of family violence and play a role in initial risk assessment, but for whom responses to family violence are not their only core business.

Professionals who should use this guide include those working in:

- Victoria Police
- court settings
- community legal centres
- child protection contexts
- housing services
- disability services
- housing and homelessness services
This guide should be used when it has been established that someone is experiencing or has experienced family violence.

**Learning outcomes of this training program**

- to have a common understanding of family violence as defined in the *framework*
- to understand the six elements of the *framework*
- to understand their role in relation to assessment of victims and responses to perpetrators in an integrated service system
- to know how to undertake a relevant level of risk assessment and risk management as described in the *framework* practice guides
- to be provided with current information about the integrated family violence referral pathways in their area
- to have an increased knowledge of diversity as a factor in risk assessment and risk management – particularly as this relates to children, Aboriginal people and their families, culturally and linguistically diverse (CALD) people and people with a disability

**A note about language:**

1. Different terms are used to reflect various contexts, such as Federal and State legislation, and the preferences of different social groups within the community:
   
   - *family violence* or *domestic violence*
   - *victim*, *survivor* or *women who experience violence*
   - *men who use violence*, *men who choose to use violence* or *perpetrator*

2. While both women and men can be perpetrators and/or victims of family violence, statistics and research overwhelmingly indicate that the majority of incidents are perpetrated by men against women and children. For this reason, in the training program, the term ‘victims’ refers to women and children and is gendered female. The term ‘perpetrator’ is gendered male. In some relationship settings (primarily same-sex relationships), readers might choose to substitute other, more relevant, terms.

3. ‘Children’ in this document refers to infants, children and young people under 18 years.
2. Shared understanding of family violence

2.1 The Framework
(refer framework page 13)

The framework has six components. These six components are designed to support the effective identification (risk assessment) and response (risk management) to victims of family violence. The framework is important because it represents a standardised approach to assessing risk and a consistency of practice across all services. This in turn supports an integrated family violence service system.

This training will focus on the first three of these elements.

The six elements of the Family Violence Common Risk Assessment and Risk Management Framework are:

1. a shared understanding of risk and family violence across all service providers
2. a standardised approach to assessing risk
3. appropriate referral pathways and information sharing
4. risk management strategies that include ongoing assessment and case management
5. consistent data collection and analysis to ensure the system is able to respond to changing priorities, and
6. quality assurance strategies and measures that underpin a philosophy of continuous improvement.

Understanding family violence

An integrated service response to victims of family violence depends on all agencies speaking a common language in terms of family violence and having a common understanding of the issues underpinning family violence.

This includes clarity about:

- what constitutes family violence – definitions and types of violence
- common beliefs about family violence
- prevalence of family violence
- the impact of family violence
- diversity as a risk factor in family violence
- understanding what constitutes risk and what elements should be considered when assessing family violence
- the barriers to effective risk assessment and risk management
- the requirements of high risk groups
Family Violence Quiz

As professionals in the community services sector, you will already have considerable knowledge about family violence. This quiz is designed to engage you in thinking about family violence and to initiate group discussion. The questions can be answered quickly but they are designed to encourage consideration of some of the worker issues which will be addressed throughout the training.

1) What is the greatest risk factor for those who experience family violence?
   a) Poverty
   b) Race
   c) Religion
   d) Gender

2) When is a woman who experiences violence in most danger of being killed?
   a) When the user of violence is drinking
   b) When she fights back
   c) When she attempts to leave
   d) All of the above

3) What should be your response/s to a woman who decides to stay in the relationship?

   1________________________________________________________________________
   2________________________________________________________________________
   3________________________________________________________________________

4) Who should be involved in developing a safety plan?
   1________________________________________________________________________
   2________________________________________________________________________
   3________________________________________________________________________
2.2 Definitions of family violence
(refer framework page 5)

There are a number of statements, explanations and definitions of family violence which have evolved within a broad system that works for and with people affected by family violence. The following examples are key definitions used in Victoria.

Family Violence Protection Act 2008

For the purposes of this Act, family violence is—

(a) behaviour by a person towards a family member of that person if that behavior:
   (i) is physically or sexually abusive; or
   (ii) is emotionally or psychologically abusive; or
   (iii) is economically abusive; or
   (iv) is threatening; or
   (v) is coercive; or
   (vi) 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; or

(b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).

Family Violence Risk Assessment and Risk Management Framework (2012)

Family violence – behaviour that controls or dominates a family member and causes them to fear for their own or another person’s safety or wellbeing – is a fundamental violation of human rights and is unacceptable in any form, any community or any culture.

Family violence can occur in all kinds of families, and in family relationships extending beyond intimate partners, parents, siblings, and blood relatives. It includes violence perpetrated by older relatives by younger family members, or against a same-sex partner, or from a carer towards the person they are looking after. Family violence extends beyond physical and sexual violence and often involves emotional or psychological abuse and economic abuse. It can involve overt or subtle exploitation of power imbalances and may consist of isolated incidents or patterns of abuse over a period of time. There is family violence in all areas of society, regardless of victims’ or perpetrators’ location, socioeconomic and health status, age, culture, gender, sexual identity, ability, ethnicity or religion.

However, while anyone can be a victim or perpetrator of family violence, it is most likely to be committed by men against women and children.
How diversity may affect the definition of family violence

The Aboriginal definition of family violence extends to include physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuse and can occur within families, intimate relationships, extended families, kinship networks and communities. (refer framework page 4)

Other culturally and linguistically diverse communities within Australia may also have their own definition of and mechanisms for dealing with family violence. People with a disability may also experience family violence, not only from family members, but from a paid or unpaid carer. This has now been recognised in the Family Violence Protection Act 2008 under ‘family-like relationships.’ (refer framework page 22)

Irrespective of the setting in which it occurs, family violence is a human rights issue and thus excuses of religion and culture are not legitimate defenses of the practice.

Notes:

2.3 Common beliefs about family violence

Commonly held beliefs about domestic violence influence the way victims see themselves, and the responses of social institutions and services.

Many people believe that family violence is caused by the abuse of alcohol or drugs, unemployment, financial stress, coming from a dysfunctional/violent family background, anger issues, stress, mental illness, male hormones, female hormones, provocation by women, culture, class, and so on. Although these and other factors may play a role in a particular instance of family violence, none of them causes violence. Unfortunately, these beliefs remain widespread and lead to the following responses:

- a failure to name the violence as a crime, treating it instead as a health, communication or relationship problem
- providing the person who chooses to use violence with an invitation to excuse himself and to pursue a search for causes, triggers, precipitating events and circumstances
- ignoring power and control issues that are central to the violence
- ignoring the gendered dimension of family violence
individualising the “problem” by ignoring the social/cultural/historical context in which violence towards women and children has been both openly and secretly excused

- a failure to locate responsibility with the person using violence, failure to acknowledge violent behaviour as a choice and failure to focus on the man stopping his violence

- a tendency to excuse the man and blame the woman, involving the woman in taking responsibility for the violence and often requiring her to change in order to avoid violence

- a lack of community or social responsibility for violence in the community

- avoiding a criminal response to criminal behaviour

Gendered analysis of family violence

A gendered analysis of violence against women focuses on:

- the construction of gender

- the nature of relationships between females and males, and

- power and access to resources

Feminists theorise that the creation and perpetuation of gender-specific roles within a society which oppresses women through its social, political and economic institutions are the primary factors responsible for violence against women.\(^1\)

The National Council’s Plan for Australia to reduce Violence against Women and their Children states that “socially learnt attitudes and beliefs that men should have authority over women and that violence is an acceptable way to gain control, can authorise violence against women within any culture.”\(^2\)

Unequal access to power and resources increases women’s vulnerability to violence: it is both a cause and a consequence of violence against women.

The underlying influences of gender inequality and gender socialisation

While there are minor differences in the specific factors … proposed by various experts to understand violence against women, many identify the unequal distribution of power and resources between men and women and adherence to rigidly defined gender roles as significant underlying factors in the perpetration of this problem (CHANGE 1999; Heise 1998). This understanding reflects the gendered patterns of violence.\(^3\)

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1 Sourcebook on Violence against Women 2001: Editors Claire M Renzetti, Jeffrey L Edieson, Raquel Kennedy Bergen, Sage publications
2 Time for Action: The National Council’s Plan for Australia to Reduce Violence against Women and their Children, March 2009
Notes:

2.4 Prevalence of family violence

A number of key surveys are referenced, which have captured statistics on violence against women, both in Australia and internationally. These statistics show the prevalence of violence against women and confirm that family violence is predominately perpetrated by men against women.

Population Surveys

The 2004 International Violence Against Women Survey included Australia. It surveyed women between the ages of 18-69 about their experiences of physical and sexual violence. Some of the findings included:

- 34% of Australian women had experienced some form of violence by a current or previous partner
- Of 6,677 women surveyed 57% reported experiencing at least one incident of physical or sexual violence in their lifetime
- 29% of women reported they had experienced physical and/or sexual violence before the age of 16 years

In 2006 the Personal Safety Survey interviewed 11,900 women and 4,600 men across Australia about their experiences of violence and safety (Australian Bureau of Statistics 2006). When extrapolated to the Australian population the results showed:

- Women were most likely to be physically assaulted by someone they know. Some 242,000 women had experienced physical assault in the previous 12 months, and for these women, the most recent incident of assault was perpetrated either by a current or previous partner (31%) or by a family member or friend (37%)
- In contrast, 4.3% of men were assaulted by a current or previous female partner in the most recent incident
- Since the age of fifteen, 15% of Australian women had experienced physical or sexual violence from a previous partner, and 2.1% from a current partner

In contrast, 4.9% of Australian men had experienced violence from a previous partner and 0.9% from a current partner since the age of fifteen.

Women were more likely to experience repeated incidents of violence from a current partner than were men - 46% of women experienced more than one incident; compared to 26% of men.

Only 10% of women who experienced current partner violence had a violence order issued. Of those women, 20% reported that the violence still occurred.

Reporting to police by women of violence by a previous male partner in the past 12 months has increased from 35% in 1996 to 61% in 2005.

Family Incidents

During 2010/2011, there were 40,892 incidents where police submitted family incident reports. This was 14.6% higher than the 35,690 reports submitted in 2009/2010. There has been a steady rise in the reporting of family incidents since the introduction of the Code of Practice for the Investigation of Family Violence in August 2004 and legislative change brought about by the Family Violence Protection Act 2008.6

Police and Court statistics7

Across 11 years of police data there has been an 82 per cent increase in the number of family violence incidents reported to Victoria Police, from 19,597 in 1999-2000 to 35,720 in 2009-10.

From 2008-2010 there was a 21 per cent increase in family violence incidents reports to police and a 13 per cent increase in affected family members (AFM’s) subject to finalised family violence order applications.

Police and court data shows perpetrators of family violence against adult female victims were overwhelmingly male (91-95%),

Adult male victims were subject to family violence from both male and female perpetrators (40% and 60% respectively).

Consistently 80% of adult respondents to finalised intervention order applications were male, as were the other party (perpetrator) in family violence incidents reported to police.

---

Homicide data 8

- A woman is killed in Australia almost every week by a partner or ex-partner
- Three-quarters of intimate partner homicides involved a male killing his female partner
- A history of domestic violence was recorded in 38 out of the 66 intimate partner homicides (58%) that occurred during 2004–05. This was an increase from 44 % recorded during 2003–04
- In 2007–8, 134 domestic homicides were recorded. Sixty per cent of these were intimate partner homicides, with women the majority of victims (78%).

FAMILY INCIDENT REPORTS SUBMITTED BY SEX OF PARTIES INVOLVED, 2009/10 9

<table>
<thead>
<tr>
<th>Sex Of Parties Involved - Victims</th>
<th>Offenders Processed for Offences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td>27 497</td>
<td>1 225</td>
</tr>
<tr>
<td>77%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Male</td>
<td>Male</td>
</tr>
<tr>
<td>8 099</td>
<td>7 816</td>
</tr>
<tr>
<td>22.7%</td>
<td>86.1%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>Unspecified</td>
</tr>
<tr>
<td>124</td>
<td>41</td>
</tr>
<tr>
<td>0.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>TOTAL</td>
</tr>
<tr>
<td>35 720</td>
<td>9 082</td>
</tr>
<tr>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Notes:


2.5 Impact of family violence
(refer framework page 24)

The impact of family violence is far-reaching on women, children and families and the communities in which they reside.

Family violence places a significant financial burden on the community.

Economic and health costs

- Intimate partner violence is responsible for more ill-health and premature death in Victorian women under the age of 45, than any other of the well-known risk factors, including high blood pressure, obesity and smoking; 59% of the health impact experienced by women is anxiety and depression.\textsuperscript{10}
- Violence against women and their children cost the Australian economy $13.6 billion in 2009, $3.4 billion for the state of Victoria.\textsuperscript{11}
- For every woman whose experience of violence can be prevented $20,766 can be saved.\textsuperscript{12}

2.6 Diversity as a risk factor
(refer framework pages 29-40)

Particular women are more vulnerable than others to family violence due to their life circumstances. Diverse groups who experience increased risk include:

- Aboriginal communities
- CALD communities
- women who have a disability including women with mental health issues
- rural communities
- older women and
- gay, lesbian, bisexual, transgender and intersex people.

Women who are in Australia on spousal visas, women with a disability who depend on their abuser for their care and women who depend on their partner for their residency status and financial wellbeing are particularly vulnerable.

Legal requirements, advocacy and disability support must, therefore, be understood, and while not all agencies will have this expertise, appropriate links with experts need to be established to ensure appropriate referral and case management.


\textsuperscript{11} National Council to prevent violence against Women and their Children 2009 The Costs of Violence against Women and their Children Commonwealth of Australia

\textsuperscript{12} ibid
2.7 Survivor stories

DVD: Family Violence Risk Assessment – Working Together

Introduction: Survivors of family violence speak of their experiences
Family violence is indiscriminate, it can happen to anyone. Hear voices of women who have experienced violence in their lives and workers sharing perspectives.

Running time: 6 mins
Watch Video Download video (18.7Mb)

Consider the comments made by survivors and workers and identify what stood out for you in this segment.

Notes:

View on line at http://www.tafe.swinburne.edu.au/craf/dvd

Ch 1 Identifying family violence
What is family violence? Workers share perspectives on identifying indicators of family violence and asking questions. (Note: Maternal child health nurses ask about family violence at the baby’s four week visit)

Running time: 9 mins (24.5Mb)

Notes:
2.8 Common underpinning principles
(refer framework page 14)

Adopting a consistent approach, based on the best evidence available, for assessing and managing family violence throughout the service system, ensures the focus of intervention and support remains on the safety of the victims.

It also ensures all professionals involved in identifying and responding to family violence are approaching their clients' safety and needs consistently, and that victims receive a response that is respectful, informed, holistic and understanding, regardless of their background or an organisation’s culture.

The identification and adoption of common principles is essential for a consistent approach for assessing and managing family violence throughout the service system. The principles listed below underpin the framework:

<table>
<thead>
<tr>
<th>FAMILY VIOLENCE is</th>
<th>A fundamental violation of human rights</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A crime</td>
</tr>
<tr>
<td></td>
<td>Unacceptable in any community or culture</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SAFETY for vulnerable women and children can be improved by</th>
<th>Integrated service responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Change in community attitudes</td>
</tr>
<tr>
<td></td>
<td>Redressing gender power imbalances</td>
</tr>
<tr>
<td></td>
<td>Awareness of diversity</td>
</tr>
<tr>
<td></td>
<td>Upholding children’s rights</td>
</tr>
<tr>
<td></td>
<td>Holding perpetrators accountable</td>
</tr>
</tbody>
</table>

Issues to consider:

- Family violence is a human rights issue and thus excuses of religion, culture are not legitimate defences of the practice
- Family violence is against the law and the law is being more strongly and consistently enforced
- Family violence is a gendered crime; all the evidence disproves current social mythology that women are just as bad or that women falsely report FV
- Family Violence affects the whole community; just as in the past drink driving was widely accepted but now is not, attitudes towards FV are changing due to enforcement of the law and broader community awareness of the issues
Notes:

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3. Preliminary family violence risk assessment
(refer framework pages 65-78)

The purpose of the assessment process is to determine risk and safety for the victim by considering a range of victim and perpetrator characteristics that affect the likelihood and severity of future violence.

To achieve this, professionals will need to:

• ascertain the victim’s view of the risk the perpetrator poses to her or her children
• identify the presence of risk factors
• identify whether a crime has been committed (for example, physical or sexual assault, threats, pet abuse, property damage, stalking and/or breach of an Intervention Order)
• identify current protective factors
• establish whether risk is present
• identify and document the contact details of any services currently involved
• document any referrals made as a result of the assessment
• record the assessment process and outcomes (police use ‘L17’ and other services use the recording template included in this guide)
• obtain written consent from the victim for the risk assessment to be passed on as part of any referral made
• make plans to address the immediate safety and needs of all parties affected by the violence, including making appropriate referrals.

Note: This guide should only be used when it has been established that someone is experiencing or has experienced family violence. If family violence has not been established, please refer to Practice guide 1: Identifying family violence. Specialist family violence workers should use Practice guide 3.

Identifying family violence

When assessing potential new clients, knowledge of possible indicators of family violence can assist mainstream professionals to determine if family violence is present. For details of family violence indicators refer to framework pages 55-57.

In particular women and children from diverse groups have an increased risk of being victims of family violence. Refer framework pages 30-40 for further reading.
3.1 Understanding evidence-based risk factors  (refer framework page 26)
There are inherent tensions and challenges for professionals in undertaking family violence risk assessment. As a professional involved in undertaking preliminary risk assessments, it is important to understand the indicators of family violence, the nature of risk, the processes for assessing for risk and effective referral to appropriate agencies. In undertaking risk assessments it is essential to use a practice approach that is rights-based and respectful of women.

In developing a standardised risk assessment process, it is important to recognise that there is no risk assessment tool that can guarantee a victim’s safety. However, the systematic use of a well-designed, evidence-based tool will increase the rigour, consistency and effectiveness of the risk assessment process across the integrated family violence system.

Effective risk assessment in terms of family violence relies on the professional or assessor:
- having the knowledge and ability to effectively undertake the assessment
- having a sound understanding of the theory of risk generally and of the specific risk indicators inherent in family violence
- acknowledging that victims are often better predictors of their own level of risk than any risk assessment tool yet developed.

Risk assessment in family violence is a relatively new field. The increasing public awareness of family violence as a crime, together with policy and legislative changes that reflect this community attitude, have seen organisations providing family violence services increasingly expressing the need for standardised assessment processes and tools.

RED FLAGS - may indicate an increased risk of the victim being killed or almost killed

Victim:
- Pregnancy/ new birth

Perpetrator:
- Use of weapons / access to weapons
- Has tried to choke the victim
- Threats to kill victim
- Harmed or threats to harm or kill children
- Harmed or threats to harm or kill pets
- Has threatened or attempted to commit suicide
- Stalking or monitoring of victim
- Sexual assault of victim
- Drug and/or alcohol abuse
- Obsessive, controlling or jealous behaviour
- Unemployed

Relationship:
- Recent separation
- Escalation in frequency or severity of violence
3.2 DVD: Family violence and common risk assessment

Chapter 2 Preliminary Risk Assessment

Identifying risk. A role play demonstrating a maternal child health nurse home visit asking questions to identify the risk factors.

In this section of the DVD, survivors and workers comment on the nature of family violence and indicators of family violence.
Running time: 7 mins (21.3Mb)

Consider the comments made by survivors and workers and consider:

- **What were some of the indicators that the maternal and child health nurse picked up on?**
- **Observe the practice approach of the Maternal and Child Health Nurse and identify what you think worked well**

Notes:

________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
3.3 Elements of risk assessment

In the risk assessment framework there are three elements for determining the level of risk for victims of family violence. These are:

1. the victim’s own assessment of their level of risk
2. evidence-based risk indicators, and
3. the practitioner’s professional judgement.

1. The victim’s own assessment of their level of risk

Research evidence indicates that the victim’s own assessment of their level of risk is often the surest indicator. This is due to the victim’s intimate knowledge of the perpetrator, his emotional state and any changes in the situation or his behaviour which increase her danger. It is always important to determine her level of fear and her apprehensions of his future behaviour. Questions such as:

- What is the most frightening thing he has done?
- What are you most fearful of right now?

can assist both worker and client in determining the immediate risk level.

2. Evidence-based indicators of risk

A comprehensive table of risk factors and their rationale is provided in the framework pages 26-28. The aim of this table is to help professionals to collect relevant information during the interview about the risk and vulnerability factors for the victim.

It is important that the likelihood of each risk factor occurring and the consequence of the risk factor should be explored.

3. The practitioner’s professional judgement of risk

Family violence events may present with great complexity and/or contradictory elements. The worker’s experience, skill and knowledge are invaluable in analysing a particular situation of risk, determining the significance of the many factors present and utilising that knowledge to consider safety and make informed referrals to appropriate services.

Professionals need to remember that while they can never completely guarantee a client’s safety, they can greatly increase the probability of safer outcomes through their skill in presenting all the available options and empowering the victim to make decisions which minimise her level of risk.

There will be occasions when a worker judges that a woman is unsafe and will question her decision to remain in a situation of grave danger. Services and agencies need to provide support for their workers when they experience such dilemmas; the worker’s concerns should be supported and discussed in debriefing and/or supervision.
3.4 The risk assessment practice guidelines

Any person making a preliminary assessment must do so using a practice approach that is sensitive, collaborative, respectful, inclusive of diversity, strengths-based and rights focused. The assessment must be as comprehensive as possible, even when there is limited time or privacy, and any action taken must err on the side of caution to ensure the safety of the victims or women and children.

As a priority, professionals conducting the risk assessment must ensure that the victim is safe and able to communicate comfortably. For example, for victims from culturally and linguistically diverse backgrounds, every effort should be made to locate suitable interpreters. The telephone interpreter service can be used when an interpreter is not available in person. However it is not appropriate to use family members as interpreters and caution should be used if using community interpreters.

Assessments conducted in crisis situations or where ideal conditions are not available should still aim to gather the information needed to make a thorough assessment. In other words, the assessment must still be based on professional judgement and consider the victim’s view of their risk and the risk and vulnerability factors in the ‘aide memoire’.

The practice approach to working with victims of family violence needs to be informed by a sophisticated understanding of the victim’s experience of the violence, their relationship with the perpetrator, other significant family relationships and the impact of the violence on daily functioning. At the time of assessment and from the moment of engagement, the victim will be making their own assessment about how much information to disclose.

The best practice approach is a rights-based approach which demonstrates:

<table>
<thead>
<tr>
<th>service delivery accountability</th>
<th>non-judgemental communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>social justice</td>
<td>informing victims of their options</td>
</tr>
<tr>
<td>provision of advocate or translator, if required</td>
<td>culturally informed and sensitive practice</td>
</tr>
</tbody>
</table>

Respect

The best practice approach is also:

- woman- and child-centred
- strengths-based
- an ongoing and incremental process that builds on new and changing information
- reflective and responsive
• accountable, supported by regular supervision and thorough documentation
• guided by the framework, practice standards, organisational policies and procedures.

It involves:
• Taking the victim’s fears seriously
• Not judging or criticising
• Believing the victim
• Placing the responsibility with the perpetrator
• Acknowledging that each victim’s experience of family violence is unique
• Clarity about confidentiality and its limits
• Having an awareness of the barriers that limit victim’s options
• Providing accurate information about resources, legal options and referral to appropriate support services

One of the best current descriptions of the strengths-based practice approach can be found in the presentation Family violence: the importance in practice of men’s behaviour change programs for women – collaborative practice with partners of men who attend these programs, by Tracy Castelino and Andrew Compton (2002)[13]. They challenge workers to reflect on their own beliefs, such as women need education and then they will leave violent men.

Relationships are complex, unique and capable of change. Workers can recognise the many ways, often small but effective, in which women act to protect themselves and their children and to maintain their own dignity and self-respect in very difficult circumstances. By identifying and appreciating these acts of resistance, the worker can build on the woman’s strengths and work with her to increase her agency.

3.5 Undertaking a preliminary risk assessment

Requirements of preliminary risk assessment

Undertaking a preliminary assessment requires the use of the three elements to determine the level of risk and, based on this information, the development of a safety plan (working with the woman and her children) and appropriate referrals and documentation.

When undertaking a preliminary assessment:
• articulate the victim’s view of the risk the perpetrator holds for them or their children

• identify the presence of risk indicators through a conversational approach
• identify whether a criminal act may have been committed (for example, physical and sexual assault, threats, pet abuse, property damage, stalking and/or breaching Intervention Orders)
• identify any protective factors that may exist (for example, an Intervention Order, perpetrator incarcerated, or victim currently in a refuge)
• establish whether risk is present and identify actions required (for example, via appropriate referral and advice in relation to safety planning)
• provide details of services currently involved and any referrals made as a result of the assessment
• record the assessment process and outcomes (police use ‘L17’ and other services use the recording template on page 61 of the framework)
• obtain written consent from the victim for the risk assessment to be passed on as part of any referral made
• consider the safety and needs of any children or other family members affected by the violence.

Engaging the client

It is important to establish rapport with the woman and to ensure that she feels comfortable and safe in the interview situation.

The conversation introducing the risk assessment should include:

• a short description of the service,
• the worker’s role,
• privacy and confidentiality and the limitations regarding children’s safety
• an explanation about the purpose of assessment
• the possible outcomes of the assessment
• any action that may be taken after the assessment
• encouragement for woman to ask questions or raise concerns

For example:

_I would like to have a chat with you to find out more about you, your family, and about [the perpetrator] so that I can understand your experiences and so that together we can work out any risks to you and your children. Once we have done that, we will then need to explore what happens next to keep you (and your children) as safe as possible from future harm. Does that make sense? Are you okay with starting?_

The person making the assessment and the victim then work together to determine the level of risk and safety. The purpose of the assessment process is to determine risk and safety for the victim by considering a range of victim and perpetrator characteristics that affect the likelihood and severity of future violence.
Effective use of questions

The initial objective is to encourage women to tell their story and define the problem in their own words. Effective use of questions is essential in supporting women to talk about their situation, their experiences of family violence and in assisting professionals to form judgements about risk.

These questions are listed as prompts only; the questions used will be determined by the situation, the role of the assessor, their relationship with the woman and the flow of the conversation. Broad exploratory questions can be used to begin the conversation followed by more specific questions.

For example:

- Can you tell me a little bit about yourself?
- What has brought you here to this service?
- Can you tell me about what is worrying you?

Specific questions can be used once the victim has had the opportunity to provide some general details about their circumstances. These sample questions are based on the assumption that the perpetrator is the victim’s partner. The questions below are direct because research indicates that victims are more likely to accurately answer direct questions.

- Are you ever afraid of someone in your family or household? If so, who?
- Has someone in your family or household ever put you down, humiliated you or tried to control what you can or cannot do?
- Has someone in your family or household ever threatened to hurt you?
- Has someone in your family or household ever pushed, hit, kicked, punched or otherwise hurt you?
- Are you worried about your children or someone else in your family or your household?
- Would you like help with any of this now?
- What happens when you have an argument with (your partner)?
- What happens when he is really angry?
- Has your partner been abusive, threatened you or physically hurt you or your children before?
- Where is he (partner) now?

To ensure that the victim also feels understood and supported consider also asking the following questions:

- Tell me about your relationship with (your partner)?
- What are the good things about (your partner)?
- Was there a time when your relationship/family was free of violence? What was this like?
Considering children

(refer framework page 68)

Where children are involved, it is important to establish whether Child Protection or Family Services have been, or are, involved or if there are any risks to children. If so, the worker has a duty of care to consider a notification to Child Protection or a referral to Child FIRST. It is imperative for both the assessor and the non-offending parent to understand the impact the violence is having on any children in the family. Asking women about their children and to consider whether they believe the children are safe (both physically and emotionally) is a good place to start.

- Are you worried about the children?
- How is this affecting the children?
- Is there anyone else in the family who is experiencing or witnessing what you are?

Women who do not understand that the violence in their home affects their children need to be supported to accept the impact on children. It is of paramount importance that these issues are fully understood by the person making the assessment so that the woman can be assisted to gain this awareness. It is also important, however, that this discussion does not make the woman feel responsible for the impact that his violence has had on the children. The framework contains evidence-based information on the impact of violence on children and familial relationships.

An assessment of children’s safety and unique needs must be undertaken. Victims of family violence who are children must be considered in the same way as adult victims, and their experience must be understood in the context of their development, their daily life, and their sibling, parental and peer relationships.

Considering children is an extremely important part of risk assessment. It is also important to consider whether any other adults in the family, such as elderly people or people with a disability, are at risk.
3.6 Using the aide memoire
(refer framework page 69)

The aide memoire is a prompt guide to be used as a reference tool when completing an initial risk assessment with a client. (refer framework page 75)

The worker completes the aide-memoire after the preliminary assessment has occurred and the document will form part of the preliminary assessment records. If the client is referred to a specialist family violence service, the recorded information may be used as part of the referral process.

The aide memoire should be used in a conversation, not as a tick-the-box assessment tool. The questions should not be used to collect data. Instead, they should be used as a memory jogger to prompt the assessor about information that needs to be collected, and to flag information that should be followed up at a later stage if appropriate.

Professional judgement is required to ensure only indicators that are current and relevant to the circumstances are used to determine whether risk is present.
### Preliminary assessment

**Aide memoire**

Note: these risk factors should be explored through the course of a conversation rather than in checklist fashion.

<table>
<thead>
<tr>
<th>Risk factors for victims</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Pregnancy/new birth*</td>
<td>□</td>
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<tr>
<td>Depression/ mental health issue</td>
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<td>□</td>
<td></td>
</tr>
<tr>
<td>Drug and/or alcohol misuse/abuse</td>
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<td>□</td>
<td></td>
</tr>
<tr>
<td>Has ever verbalised or had suicidal ideas or tried to commit suicide</td>
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<td>□</td>
<td></td>
</tr>
<tr>
<td>Isolation</td>
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</table>

<table>
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<tr>
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<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of weapon in most recent event*</td>
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<td>□</td>
<td></td>
</tr>
<tr>
<td>Access to weapons*</td>
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<td></td>
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<tr>
<td>Has ever harmed or threatened to harm victim</td>
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<td>□</td>
<td></td>
</tr>
<tr>
<td>Has ever tried to choke the victim*</td>
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<td>□</td>
<td></td>
</tr>
<tr>
<td>Has ever threatened to kill victim*</td>
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<td>□</td>
<td></td>
</tr>
<tr>
<td>Has ever harmed or threatened to harm or kill children*</td>
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<td>□</td>
<td></td>
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<tr>
<td>Has ever harmed or threatened to harm or kill other family members</td>
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<tr>
<td>Has ever harmed or threatened to harm or kill pets or other animals*</td>
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<td>□</td>
<td></td>
</tr>
<tr>
<td>Has ever threatened or tried to commit suicide*</td>
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<tr>
<td>Stalking of victim*</td>
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<td>Sexual assault of victim*</td>
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<tr>
<td>Previous or current breach of intervention order</td>
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<tr>
<td>Depression/mental health issue</td>
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</tr>
<tr>
<td>History of violent behaviour (not family violence)</td>
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<table>
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<td>Recent separation*</td>
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</tr>
<tr>
<td>Escalation – increase in severity and/or frequency of violence*</td>
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<td>□</td>
<td></td>
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<tr>
<td>Financial difficulties</td>
<td>□</td>
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</tbody>
</table>

* May indicate an increased risk of the victim being killed or almost killed.
Practice issues when using the aide memoire

The assessor must engage the victim in a conversation that will explore the presence of risk factors and the victim’s own sense of their risk. Questioning and communication must demonstrate sensitivity, respect, support, validation and understanding of the victim’s experience, a strengths and rights-based approach, transparency and clarity, and active listening.

Once the victim has had the opportunity to respond to initial questions early in the assessment, subsequent questions can be more specific, to determine the severity and frequency of the violence.

Prompt questions

(refer framework page 66)

The following questions are included only as prompts for you when undertaking risk assessment. When considering each question, be careful to contextualise it in terms of the flow of conversation. Often questions need to be introduced in such a way that you demonstrate:

- an understanding of the impact of family violence on women
- empathy for the woman and her trauma
- an acknowledgement of her strengths and her rights.

Sample prompt questions:

- Could you tell me more about the last time he hurt you?
- Where and when did it occur?
- Has it happened before this? How often?
- How long has this been going on?
- How does his violence affect you and make you feel? Often women who experience family violence become anxious and stressed because of the violence. It this how you feel sometimes?
- What do you do to manage these feelings?
- Has his behaviour changed or got worse now that you are pregnant / have a new baby?
- Does he get jealous about other relationships with other people?
- What is it exactly that he does that hurts/scares/controls you?
- Does he have access to weapons? Has he threatened or used any of these to harm you?
- Has he ever stalked you or is he stalking you at the moment?
- Does he get depressed about (name what) or about his life in general?
- What is the scariest thing that he has done to you (or pets or others)?
- Do you have anyone you can contact on a regular basis, who supports you, and who you trust to talk to about your situation?
Practice issues when considering diversity

Particular women are more vulnerable than others to family violence due to their life circumstances.

Women from diverse backgrounds, due to cultural identity or disability, for example, maybe more isolated than other women and experience limited access to support services. Active steps must be taken to improve every woman's access to services, regardless of her background, and the process of assessing risk must extend to promoting an awareness of children or others who are not engaged in the service system.

All women provided with a service must be involved in the assessment process and in planning and decision making, because women, regardless of ability, cultural background, and age, are in most cases the best judges of their safety.

Depending on the situation and the relationship between the victim and the service some questions will be more appropriate than others. Professional judgement will need to be exercised when considering sensitive, effective and strength-based questions.

All women may not require all these questions asked and workers need to be guided by the woman. It is important to explain to women why the question is being asked as many women will be afraid that they will not be believed or that they will be labelled.

The questions below are not a prescribed script, rather a guide to the types of conversations and particulars that are helpful in elucidating and assessing risk, specific to diverse women.

Aboriginal Women

Remembering the history of dispossession and systemic oppression, it is important to explore their experiences of using the police, courts, child and family welfare services. It is also important to identify the more informal supports within family and community.

- Some Aboriginal women I speak to report that they don’t feel safe in using Aboriginal services, because their family/ community members may work there. They say it puts them in more danger. Do you prefer to use Aboriginal or mainstream services?
- How do you feel about/ what has been your experience of contacting the police and/or the court?
- Who else lives in the house with you?
- Does (he), his close friends or family or anyone else in the house have access to guns or weapons?
Women with disabilities

It is recommended that workers do not ask closed questions as women who have been encouraged to be compliant will more likely say yes to a closed question. It is also important to explain to women why the question is being asked as many women will be afraid that they will not be believed or labelled if they disclose a disability.

- Tell me if what I’m saying is not making sense.
- Tell me if I need to go more slowly or I need to explain something in a different way.
- Please let me know if you are tired and you need to stop and have a break or go outside.
- What is the best way to provide information to you? For instance electronic, audio, written or by phone?
- Who do you feel most comfortable talking to about this? (don’t assume that the disability case worker is an appropriate support - this may or may not be true).
- Do you have a guardian/advocate that helps you make decisions about what’s in your best interests including your right to be safe from violence? Can you talk to your guardian about this? And if not, what gets in the way?
- Would you like to see some information (pictures) about why violence is not okay in a relationship or family and what you can do to be safe?

Women from rural and remote areas

There will be aspects of different geographical locations that you need to consider (for example distance from public transport, distance from a public road)

- Do you have mobile reception where you live?
- What are the exit points on your property?
- Has he threatened and/or harmed any pets or animals on the property? Is this a barrier to you escaping the violence?
- Does he have access to weapons (including guns, chainsaws, wood splitters)?
- Has he threatened or used any of these to harm you?

Women from culturally and linguistically diverse (CALD) backgrounds

It is important for workers not to assume all members of CALD groups in the community are the same and that they share similar values. Care needs to be taken to explore the cultural context of each woman and to assess risks based on each individual’s experiences.

- Would you like me to arrange for an interpreter and would you prefer to see a female?
- (If it is a small community with restricted available pool of interpreters), is there a particular interpreter you are safer with and/or prefer to use?
- Do you have any relatives or friends who live in Australia?
• Are you a permanent resident or on a spousal visa? Do you have any concerns about this?
• Is it safe for you to tell friends or family about the violence?

Victim’s own level of fear

The victim’s own level of fear and views about the likelihood of future violence are critical determinants of the level of risk experienced by the individual. The woman’s view is often the most accurate indicator of risk.

The following questions allow the interviewer to explore the victim’s view about their level of risk:

• How scared do you feel given what has just happened/the latest incident?
• Do you think his violence will continue?
• Is his violence getting worse? In what way?
• If you leave him what do you think his reaction will be?
• Now that you have left him, what do you think his reaction will be?

Scaled questions may also be a useful way of determining fear levels, especially with children. For example, the question could be asked:

• On a scale of 1 to 10, with 1 being not scared and 10 being extremely scared, where would you put yourself?

Protective factors

It is important to determine whether protective factors are present that may serve to mitigate the risk.

Protective factors may include, but are not to be limited to:

• a victim’s decision to move away from the perpetrator - this factor can, however, also significantly increase the level of risk and must be carefully examined because it is truly protective only if there is no chance of the perpetrator locating the victim
• the perpetrator being incarcerated or otherwise prevented from approaching the victim.

Other protective factors to consider include:

• the victim being employed (and therefore being less isolated)
• having a well-developed family and social network
• having access to resources such as money, transport, a place to stay
• being linked into advocacy services.
While the presence of protective factors should be taken into account in making the risk assessment, caution must be taken not to place too much weight on them. The victim’s own view of whether the factor can protect them is of vital importance.

**Making a professional judgement**

Professional judgement is needed to analyse the information obtained through the conversation and through observation of the victim. Having collected as much information as possible about the victim and their situation, the assessor needs to use professional judgement to determine if risk is present and therefore if action is required. It is also required to determine the significance of risk and vulnerability factors in the overall presentation of the victim. The greater the number of risk factors present, the greater the risk to the victim from the perpetrator.

If risk is present, action is always required and in most cases the development of a safety plan together with the victim will be required. The safety plan should include immediate referral to an appropriate specialist family violence provider. Referral could also be to Child Protection, Child FIRST, the police or the courts, if another service is conducting the assessment.

**Notes:**

________________________________________________________________________________________
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Practice Exercise: Tara and James

This case study will be used as the basis for a role-play activity and a safety planning activity.

Case Study: “Tara and James”

Tara is a 19 year old girl, who has been involved with her 22 year old boyfriend, James, for a year. Tara and James are planning to get married in six months, when Tara finishes her TAFE course in childcare. James works in his father’s carpet-laying business and lives in a self-contained flat behind his parents’ house.

Tara comes on Monday to talk with you about something that happened on Saturday night. You are the TAFE student support counsellor. After Tara sits down in your office, she bursts into tears. This is what she says:

"I went to a party with James on Saturday night. Everything was fine at the party, you know? But when we got back to his flat, James wanted to have sex with me.

And like, I told him that I had had too much to drink and really wasn’t in the mood and I just wanted to go to sleep. I would have thought that he would have understood. You know? But then he just grabs me, like, by the arm, and he, like squeezes it really hard! I told him, ‘Stop! You’re hurting me!’ So then he tells me that if I wasn’t in the mood, I shouldn’t be thinking about marrying him! I’m really confused. I don’t know what to do. I know he loves me. Maybe he just had too much to drink or something.”

"Don’t get the wrong idea, he is really such a nice guy. Like, he comes and picks me up every day after school. I just don’t understand why he said that Saturday. One day when I was hanging out with Eric after school to work on an art project, James came by to get me. He saw me talking with Eric, and then, like, he gets all angry. He tells me to ‘get in the car!’ and he keeps insisting that I have a thing for Eric. I don’t! I told him I don’t, but then he like keeps saying it. Then he slaps me in the face and says that if he ever catches me talking to Eric again, he’s gonna make sure I never do that again! He’s always telling me that he doesn’t like me hanging around other boys and hardly ever lets me hang out with my girlfriends even... I just can’t believe this!! What does he think I am supposed to do? You know?"

"On Saturday, you know, after I said no to him, he kicked me out of his place at like 2 am! His parents live way out and there was no way I could get home from there. I felt really bad, like, about saying no, so I knocked on his door. James let me back in. I told him that I was sorry, and then we made up...I’m nervous though, ‘cause we like, didn’t use any protection or anything... and I’m scared. What am I going to do? And, if James finds out I came here to talk to you, I don’t know what he’ll do. You won’t say anything to him, will you?"
Introducing the role-play and case study: Tara and James

The role-play is an effective learning tool which provides participants with the opportunity to practise interviewing skills and receive constructive feedback from group members involved in the role-play.

The role play groups will consist of three people:

- The worker or interviewer
- The client - Tara
- The observer

The three people in the group will have the opportunity to play each role.

The purpose of this role-play is to:

- practise skills in engaging with women and introducing the idea of the assessment
- practise using trigger questions
- establish participants’ familiarity with using the aide memoire
- identify the victim’s own perception of risk
- utilise all information gathered to make a professional judgement about risk, and
- observe and provide feedback to other participants

Starting point of role-play

As there is limited time, it is assumed that the “worker” has undertaken preliminary discussion including:

- a short description of the service
- the worker’s role
- privacy and confidentiality and their limitations regarding the woman and children’s safety

Instructions for the roles

The Worker

- Introduce the idea of the assessment
  - an explanation about the purpose of the assessment
  - the possible outcomes of the assessment
  - any actions that may be taken after the assessment needs to be provided
  - the woman needs to be encouraged to ask about any concerns she may have
- draw on the aide memoire to collect information about risk and vulnerability factors - only use indicators that are current and relevant to the circumstances
- identify Tara’s own perception of risk
- utilise all information gathered to make a professional judgement about risk
**Tara - the Client**

The participant playing the role of Tara as the client should take into account the information provided in the case study but there is no need to stick rigidly to the script. Be cooperative and answer questions to keep the role-play moving.

**The Observer**

Provide feedback on the role-play - can use the Observer Guide for Good Practice as a prompt tool.

**Time:**

The role-play should take about 10 minutes, followed by small group feedback and discussion.

**Feedback:**

Both the client and the observer should comment on their experience of the worker’s skill in creating a comfortable context, providing support and clear information. The worker’s experience of the process is also valuable feedback. Feedback should be specific and constructive.

**Discussion may include:**

*Tara* - experience of the introduction of the risk assessment, useful questions asked, anything else that worker said or did that was useful?

*Worker* - what was it like trying to use the aide memoire in an informal manner?

*Observer* - What were the things that worker said or did that supported Tara talking about the violence?

**Brief feedback session and discussion with large group:**

Consider the following:

- What’s new in this way of working, if anything, to what you are currently doing in your work?
- What stood out for you?
- Comment on the use of questions
- How might the aide memoire be useful to you in your work?
- What if Tara had a disability? was indigenous? was from a CALD background?
- What are the challenges for you when considering diverse women, family violence and assessing for risk? What do you need to consider when you work with diverse women?
### Observer Check Sheet for Good Practice

<table>
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<tr>
<th>Skill</th>
<th>✓ or NA</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td><strong>Active listening skills to encourage the client to tell her story</strong></td>
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</tr>
<tr>
<td>• eye contact</td>
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<tr>
<td>• non-judgemental responses</td>
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<td>• no interrupting</td>
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<tr>
<td>• open body language</td>
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<td>• empathic responses</td>
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<td>Sensitive to her comfort and feelings of safety</td>
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<tr>
<td>Acknowledged her strength and courage</td>
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<tr>
<td>Questions asked in a conversational manner (not “tick the box”)</td>
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</tr>
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<td>Included questions about any others affected by the violence</td>
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<td>Identified her own resources</td>
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<td>Clear about confidentiality and its limits</td>
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<td>Identified external resources available to her</td>
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<tr>
<td>Explained options clearly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gained her consent to further action</td>
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**Observer’s Notes**
4. Safety planning

Safety planning is an essential step to undertake after the preliminary risk assessment has been done. As with the identification of risk factors, this activity must be undertaken in collaboration with the victim.

Formulating a safety plan

At a minimum, the safety plan should include

- 000 (triple zero) - police and other emergency contact numbers
- the contact numbers for a family violence organisation
- the identification of a safe place to go if in danger
- the identification of a friend or neighbours who can assist in an emergency
- an established process to contact the emergency support person
- a plan to get to a safe place, and
- access to money and important documents.

Support services

Identifying other services that might already be involved will strengthen the victim’s safety planning. Family violence specialists may already be involved, for example, but may be unaware that police or the courts have been contacted. Details about the involvement of other services should be recorded, and with the victim’s consent, the risk assessment recording template completed as part of the preliminary assessment should be faxed to these other services. The integrated approach to family violence has strengthened the police and court response to family violence situations and professionals should be aware of these options for supporting safety.

Effective questions when developing safety plans

Throughout the risk assessment process issues relevant to safety planning are identified. When undertaking safety planning it is important the specific questions are used to elicit information that will support the safest possible plan of action for the victim. Often questions used when planning for safety build on discussions that have already occurred. Taking the discussion back to previously explored issues about risk factors can be effective in raising the issue of the victim’s safety and the need to develop a plan.

Obviously the focus of questions about safety planning will depend on the situation for the victim, the risk factors and the preferences of the victim in terms of the actions she would like to take.
Sample questions:

- What do you usually do when he is violent?
- What do you think you might do when you go home?
- We need to make sure you and the children are safe. What needs to be done?
- What do you need to think about if you need to leave the house quickly?
- What have you done in the past to keep yourself and your children safe? Have the police been involved? Are they aware of his violence towards you?
- What supports do you need to take out an intervention order? Who can help you? Once you have done that what do you need to do to be safe?
- What gets in the way of you being able to seek help to become safe?
- Do you have anyone you can contact on a regular basis, who can help you in an emergency?
- Can you get away from home when unsafe? How?
- Do you have a working telephone at home or is your mobile phone working?
- Do you have access to any money?
- Do you have a car, and if not how do you get around? How far away is public transport?
- Where will you keep phone numbers of emergency contacts?
- Are you in contact with a support service?
- Do you have your important documents at hand if you need to leave in a hurry?
- Is it safe for me to contact you by phone?
- Do you have anyone you can contact on a regular basis, who supports you, and who you trust to talk to about your situation? Can they help you in an emergency?

Aboriginal Women

- Are there members of your family and/or a community member that can safely help you in an emergency?
- Are you interested in getting support from the Aboriginal Family Violence Legal Prevention Service or the Aboriginal Legal Service?
- Would you like to access support through the Aboriginal women’s refuge?
- What gets in the way of you being able to seek help and become safe?
- Can you get away from home when unsafe? How?

Women with disabilities

- In what ways do we need to take account of your disability to help you to implement plans for your safety (what sort of assistance do you need from this service) e.g. communication assistance (for speech communication difficulty) or Auslan interpreter (for hearing impaired), personal assistant for women needing personal care in a refuge.
• If your carer is the perpetrator, what other arrangements for your care can we consider that would meet your needs and reduce risk to you?

• Do you have a guardian/ advocate that helps you make decisions about what’s in your best interests including your right to be safe from violence? Can you talk to your guardian about this, if not what gets in the way?

• What do you need to be safe when you go home? How might we be able to help you with these needs?

Women from rural and remote areas

• Is there anywhere safe you can store some clothes, a torch, spare set of car keys (if there is one) and a mobile phone?

• Given the distance of the nearest police station to your property, what other strategies can you use to keep yourself safe (call a neighbour, get into a car, use of another person’s car)?

• What are the exit points on the property?

• Are you able to hide a copy of his car keys outside just in case you need to jump in and leave?

• Are you able to remove any weapons to a place less easy to access?

Women from CALD Backgrounds

• Is there anyone in your community that might support your decisions?

• If you left your partner, how might your family/ community support you to be safe?

• Some women from your community I speak to report that they don’t feel safe in accessing culturally specific services, because their family/ community members may find out about the violence. They say it puts them in more danger. Do you prefer to use culturally specific or mainstream services?

• Would you like me to tell you about local culturally appropriate services that can help you?
Safe use of information technologies

It is important for services to allow victims of family violence to continue to access the technologies they would normally use on a day-to-day basis. In many cases phones and social media sites are a primary means of connection with healthy social supports.

There are however, some safety measures that can be put in place to enable safer use of technologies. Many of the below suggestions should ONLY be utilised if the victim of family violence is in a safe environment, away from the perpetrator.

- Encourage victims of family violence to change all passwords to all types of accounts accessible by phone and online
- Contact all service providers to ensure no one else has access to account information.
- Switch off Bluetooth, GPS and location tracking on mobile phones, cameras and computers
- Set up a new email account on a secure public computer and be selective about who the address is given to
- Refrain from posting location identifying information on social media sites (i.e. Checking In) and be aware of friendship connections with perpetrators

While victims of family violence should be made aware that perpetrators can get information about calls from mobile and landline telephones and pages accessed on the internet, it is just as important that any measures taken to remove “trails of use” do not put her in further danger.

If safe to do so, women should be encouraged:

- to clear the ‘recently dialled numbers’ log of their mobile telephone
- to dial another ‘safe’ number after contacting services via the landline
- to use safety features on family violence websites that prevent the tracing of viewed sites

Without being alarmist, workers should encourage woman to be aware that there is a wide range of technologies that may assist the perpetrator to track communications and travel. Women experiencing or escaping violence should be mindful of anything that may alert them that they are being tracked. Examples include the perpetrator having additional information about the victim; bringing new equipment into the household; regularly taking the victim’s mobile phone.

Notes:
Safety planning for Tara - group discussion

Drawing on the case study about Tara and James, and the issues arising from the role play, identify the key issues about Tara’s safety and identify the concerns you would want to raise with her about a safety plan.

- Consider how Tara might feel about her safety and any plans you suggest as a professional
- What else would be included in the safety plan if
  - Tara had a physical disability that required her to use a wheelchair
  - Tara was born overseas and also had limited English language skills

Recording template

A recording template is available in the framework page 77, which can be used as an information gathering tool.

Notes:

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DVD Chapter 4: Safety planning

Planning for a woman’s safety and supporting her choices.

This section of the DVD contains commentaries by family violence specialists about safety planning

Running time: 7 mins (20Mb)
5. Effective referral pathways and information sharing

(Refer framework page 43)

Information sharing, effective referral and networking are integral to effective implementation of risk assessment and risk management for victims of family violence.

Recording information

Police are recording their assessment on the family violence Risk Assessment and Management Report (L17), and the Magistrates’ Court Victoria Registrars will be including aspects of the framework when gathering information for an Intervention Order application.

Other professionals should use the recording template provided in the framework – page 61.

Privacy and confidentiality

The framework discusses these issues on page 47. Except as indicated on page 49, consent from the victim should be obtained if new referrals are required. The victim can sign a recording template giving consent for their assessment record to be used as a referral to another organisation.

Consider figure 1 on page 7 of the framework and identify where your service is located. Victims enter the service system at many different points. An understanding of other services and their place in the broader system will assist you with effective referrals.

Notes:
Integrated family violence system – referral pathways include:

- specialist family violence services for women and children experiencing family violence, including the 24-hour state-wide crisis service, regional family violence services, housing, refuges and other support services
- Child Protection or Child FIRST, where children are identified respectively as being in need of protection or their wellbeing is compromised (does not need consent by victim)
- a police response if a crime has been committed or if the victim’s safety is not currently assured
- referral to a legal centre or court if an Intervention Order is required
- Family violence organisations experienced in working with men such as Men’s Referral Service

An integrated family violence system that works to maximise women’s safety includes:

- telephone contact and consultation with the agency where the referral is to be made to ensure it is appropriate and to ascertain any waiting list issues
- completion of any referral forms, which should be done in conjunction with the victim
- information sharing between agencies to ensure victim safety; the risk assessment should form part of the referral, and regular and ongoing communication should occur between services involved in supporting the victim
- minimising the need for victims to repeat previously disclosed information, and
- consultation with the service to discuss roles and responsibilities and to develop a case management protocol.

Notes:
Using the recording template

**Preliminary assessment**
**Referrals made**

<table>
<thead>
<tr>
<th>Type of organisation</th>
<th>Name of organisation</th>
<th>Name of contact person</th>
<th>Date of referral</th>
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</thead>
<tbody>
<tr>
<td>Police</td>
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<tr>
<td>Child Protection</td>
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<td>Child FIRST</td>
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<tr>
<td>24-hour state-wide crisis service</td>
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<td>Regional family violence service</td>
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<td>Counselling service</td>
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<td>Housing service</td>
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<td>Community legal centre/Legal Aid</td>
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<tr>
<td>Centrelink</td>
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<td>Mental health service</td>
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<td>Drug and alcohol service</td>
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<td>Sexual assault service</td>
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<td>Other</td>
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<td>Other</td>
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</tbody>
</table>

**Consent**

I, ____________________________

consent for this practitioner to share the information I have provided in this assessment with other agencies to which I am being referred.

Signature: ____________________________

Date: _______ / _______ / _______

Verbal consent obtained: □ Yes □ No

Above is the last page of the assessment recording template (refer framework page 78)
Review and identify any gaps evident. What might go in the ‘other’ sections given discussions so far?

Notes:

Networking

Although there are many dedicated and specialist services available to victims of family violence, the active cooperation of organisations, services and individual workers is needed to build and strengthen the support networks.

Each worker needs to know the services available in his/her area, and have a ready list of people in different roles who can be contacted to provide legal, financial, counselling, housing and specialised support as needed. Building and using such networks provides greater safety for both victims of violence and the workers who resource them. Regional Family Violence Integration Coordinators will have information on local services.

As a professional consider the following questions:

- What can my service/workplace do to improve this aspect of our work?
- What can I do personally?

Notes:

Refer to the figures 1 and 2 in the framework on pages 7 and 8 and consider ways of expanding your networks, especially across service systems other than you own.
Supporting safe assessment and disclosure

Another issue to consider is the need to identify practices to support safe assessment and disclosure: safety for both the woman and worker. Some questions could include:

- When working with women in an outreach capacity (such as in their homes) what are the implications?
- What are the implications of seeing couples or families together?
- What are the implications of working with men?
- What are some of the implications when working with same sex couples?

Consider:

- What issues stand out in considering safety planning?
- What are the skills for effective safety planning?

Notes:
Service approaches

Each service which engages in risk assessment and risk management for victims of family violence must have explicit policies in place so that all workers are clear about their responsibilities.

If the service is not to assume the responsibility of case management, referral pathways must be transparent and fully explained to the client. In addition, all services involved in support of a victim are ideally aware of the risk management plan and have well-developed processes for transferring information about changes in risk levels to the service with risk management responsibility.

In practice, all services involved with the victim (i.e. community health, family violence, child and family, police, courts and so on) have some risk management responsibility. The victim should be informed about the rationale for information exchange and advised that this will assist with an integrated and consistent response from a range of services. This is to her advantage.

It is important to gain the victim’s consent to share information to avoid duplication of services and to avoid the issue of the victim receiving conflicting messages from any of the service providers she is involved with. At worst, by not working together around assessing and managing risk, services can place the victim at further risk of harm and re-traumatise her, further isolating her from accessing assistance from services to achieve safety.

Caution when working with the person using violence

While the Risk Assessment Framework can potentially be used with anyone who is a victim of violence, it has been primarily designed for use with women and children. Significant caution is warranted in using it with other presenting situations and in particular in its use with men. Professionals working with men who report they are the victims of family violence should seek advice and support from a family violence organisation experienced in working with men, such as the Men’s Referral Service or a local Men’s Behaviour Change Program.

For many reasons, intervening with men who use violence is itself a risk.

For example, violence often escalates once the man’s use of violence becomes known to others. Furthermore, attempts to engage a man about his use of violence can increase the risk of harm to her and her children if not done in a very careful and skilled way. An effective response to family violence should anticipate the possibility of an escalation of the violence once it is disclosed.

Assessing who is actually at risk, at risk from whom and at risk of what is a complex clinical process when contradictory accounts of the violence are given by the person using violence and the victim.

- Many men using violence will directly or indirectly seek to justify it, minimise it, blame their partner or circumstances (alcohol, drugs, culture, upbringing, stress,
etc) or deny the allegations, or claim in some way that they are the victim in the relationship.

- Women may present in more intensely emotional ways than men, as a result of the fear, trauma and loss of dignity they have been experiencing as a result of his violence. Women might therefore be judged as hysterical, agitated, and presenting a less credible account than men, who frequently present as calm and in control.

- Some men will deliberately refer to their partners as “hysterical”, irrational or even mentally ill when trying to minimise their own behaviour to others.

- Men’s stories about the violence are very different from women’s. Men frequently underestimate their use of violence and blame their (former) partner for “provoking” them. As a result of his sustained approach over time in rationalising his behaviour and blaming her, women often believe that they are in some way responsible for his behaviour. He will have a very different “remembering” of events, in particular about what was the most recent incident or the one which impacted most on her. He will often present as self-righteous, defensive and justified in his behaviour. She will often be fearful, guilty and feel responsible.

- In addition to blaming her, a man will often use language indicating that the source of their problems is relationship conflict, rather than his use of violence. He might use language such as “we just had a really bad blue and she over-reacted by calling the police”, or “all couples have arguments – what’s the problem?”

- Men may present with injuries consistent with a woman having acted in self-defence, such as superficial scratches and bite marks, but claim these as evidence of his victimisation. There is evidence that such circumstances have led to women being wrongly charged as the aggressor when they were in fact defending themselves or their children (Braaf and Sneddon 2007). Even when men aren’t able to portray her as the sole aggressor and himself as the sole victim, they often use her actions of self-defence to present the situation as ‘tit-for-tat’ fighting or that “she gives as good as she gets”.

**Working with men who use violence towards family members**

Although it is not the purpose of this training to undertake assessments of men who use violence, it’s important to be aware of the dilemmas and tensions. It is recommended that, as workers:

- Know the limits of your role and expertise.

- Always see people individually as early as possible when performing a risk assessment.

- When couples attend together, try to interview the woman first in order to ascertain her safety and allow privacy for disclosures.

- Be aware that intervening with the person using violence can itself be a risk. Violence used by a man against his female partner and children often escalates once the violence becomes known to others. Attempts to engage a man about his
use of violence can increase the risk of harm to her and her children if not done in a very skilled and careful way.

- Never disclose information provided by a male’s (former) partner to another family member if it may compromise the other’s safety. Nevertheless, workers must consider discussing perceived risks to women and children if men disclose intentions to use violence in the future.

- Consult with providers who specialise in working with men to address their use of violence, such as the men’s referral service (www.mrs.org.au) and/or a local service provider of a men’s behaviour change program.

**DVD Chapter 6: Vision for best practice**

Listening to what women need and starting where she is at.

**Running time:** 4 mins (15.4Mb)

**View on line:** [http://www.tafe.swinburne.edu.au/craf/dvd](http://www.tafe.swinburne.edu.au/craf/dvd)

**Notes:**

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References


Department of Planning and Community Development. 2008. Strong Culture, Strong People, Strong Families - Towards a safer future for Indigenous families and communities (10 year plan). Melbourne


Dwyer, Evelyn. 2004. Same-sex domestic violence project. AIDS Council of NSW. Sydney


VicHealth. 2006. Two steps forward, one step back: community attitudes to violence against women. Victorian Health Promotion Foundation. Carlton South

VicHealth. 2007. Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria. Victorian Health Promotion Foundation Carlton South


Websites

Application form for Intervention Order

Australian Domestic and Family Violence Clearinghouse
http://www.austdvclearinghouse.unsw.edu.au/

Child First

Department of Human Services
www.dhs.vic.gov.au

Domestic Violence Resource Centre Victoria
www.dvrcv.org.au

Domestic Violence Victoria
http://www.dvvic.org.au/

Family Violence Protection Act

Family Violence Resource Guide - Goulburn Valley & North East Victoria

Mens Referral Service
www.mrs.org.au

No To Violence
www.ntv.org.au

Queensland centre for Domestic and Family Violence research

Victoria Police Code of Practice for the Investigation of Family Violence
http://www.police.vic.gov.au

Women’s Health West -Family violence support services available in Victoria