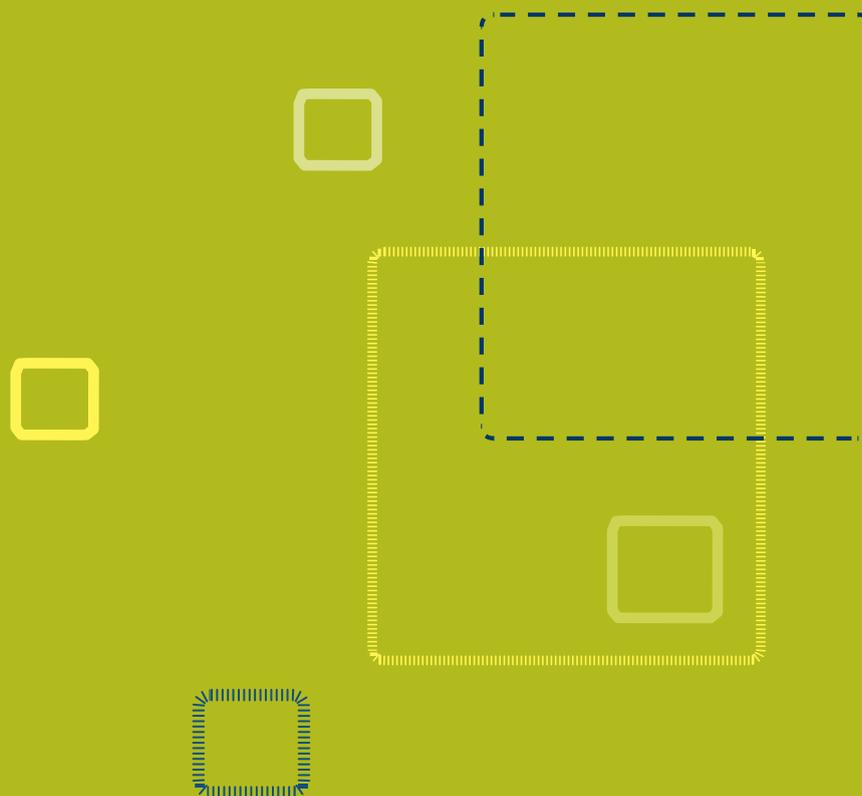


Family Violence  
Risk Assessment for Specialist Family Violence Workers  
Participant Handbook  
Practice Guide 3



Version 3

This document is also available online at  
<http://www.tafe.swinburne.edu.au/CRAF/handbooks.htm>  
[www.women.vic.gov.au](http://www.women.vic.gov.au)  
[www.dhs.vic.gov.au](http://www.dhs.vic.gov.au)

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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 for specialist family violence workers 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 behaviour, 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 2008-2010, 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 to be used in training for *Practice Guide 3: Specialist Family Violence Assessment*.

### **Practice guide 3: specialist assessment** (refer *framework* pages 79-100)

This guide assists specialist family violence professionals working with women and children who are victims of family violence. These professionals have very advanced skills in engaging clients around family violence matters, as well as in detailed safety planning and case management. These professionals will have family violence responses as a designated part of their job role, or will work in specialist family violence services.

You should use this guide if you are a professional working within:

- specialist women's family violence services
- men's behaviour change programs
- family violence counselling
- a specialist family violence accommodation service (such as a refuge)
- specialist family violence courts

**You should only use this guide when it has been established that someone is experiencing or has experienced family violence.**

## **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.

### **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
6. quality assurance strategies and measures that underpin a philosophy of continuous improvement

### **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

### 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

### 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) (page 3)**

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.**

### **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
- 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<sup>1</sup>.

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”<sup>2</sup>.

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*

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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

*factors in the perpetration of this problem. This understanding reflects the gendered patterns of violence.*<sup>3</sup>

## **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<sup>4</sup>. 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<sup>5</sup> 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

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<sup>3</sup> VicHealth. Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria. December 2007. P. 27 [www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)

<sup>4</sup> Mouzos, J and Makkai, T (2004) Women's Experiences of Male Violence, Findings from the Australian Component of the International Violence Against Women Survey (IVAWS) Australian Institute of Criminology, Research & Public Policy Series no.56

<sup>5</sup> Australian Bureau of Statistics (2006a) Personal Safety Survey Australia 2005 (Reissue), Catalogue no. 4906.0, ABS, Canberra.

- 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*<sup>6</sup>.

### Police and Court statistics<sup>7</sup>

- 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.

### FAMILY INCIDENT REPORTS SUBMITTED BY SEX OF PARTIES INVOLVED, 2009/10<sup>8</sup>

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

6 Victoria Police, 2011. Crime Statistics 2010/11. <http://www.police.vic.gov.au/>

7 The Victorian Family Violence Database Volume 5: Eleven Year Analysis (2012)

8 Victoria Police, Crime Statistics 2009/10, p.133. <http://www.vicpolcrimestats.net.au>

## Homicide data<sup>9</sup>

- A woman is killed in Australia almost every week by a partner or ex-partner.
- During 2004–05, a total of 66 intimate partner homicides occurred in Australia. Women were most likely to be killed by an intimate partner (57%) or a family member (17%). Men were far more likely to kill (22%) or be killed (26%) by a person unknown to them.
- Three-quarters of intimate partner homicides involved a male killing his female partner.
- In 2007-8 134 domestic homicides were recorded. 60% of these homicides were intimate partner homicides, with women as the majority of victims (78%). These figures have increased since 2004-5, where 58% of intimate partner homicides had a history of domestic violence.

## 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.<sup>10</sup>

Violence against women and their children cost the Australian economy \$13.6 billion in 2009, \$3.4 billion for the state of Victoria.<sup>11</sup>

For every woman whose experience of violence can be prevented, \$20 766 can be saved.<sup>12</sup>

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9 Mouzos, J and Houliaras, T. 2006. Homicide in Australia: 2004-05 National Homicide Monitoring Program (NHMP) Annual Report, No. 72 Australian Institute of Criminology Canberra

10 VicHealth. 2004. The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence. Victorian Health Promotion Foundation. Carlton South

11 National Council to prevent violence against Women and their Children. 2009. The Costs of Violence against Women and their Children Commonwealth of Australia

12 *ibid*

## **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
- the elderly, and
- gay, lesbian, bisexual, transgender and intersex people.

## **Building inclusive services**

Many factors affect an individual's experience of family violence and ability to access resources.

All services need to be aware of these diverse factors and practice inclusive policies which make responding to each client's individual story and needs a priority. Simply referring the client on to a specialised service is seldom the best practice. Wherever the client discloses, workers can build on the trust established by the disclosure and bring in extra resources as needed while remaining, in many cases, the primary contact for that client.

The ideal of an integrated service is that it should not matter who the client approaches in the first instance. It may be the police, a community health centre, an individual doctor, a specialist family violence service, a disability service or another agency. The client should be treated with the same care and respect, and receive the same advice and support. This creates a genuine, practical safety net throughout the community.

## **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*.

## Common Underpinning Principles

<b>FAMILY VIOLENCE is</b>	A fundamental violation of human rights
	A crime
	Unacceptable in any community or culture

<b>SAFETY for vulnerable women and children can be improved by</b>	Integrated service responses
	Change in community attitudes
	Redressing gender power imbalances
	Awareness of diversity
	Upholding children's rights
	Holding perpetrators accountable

### 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

## DVD: Family Violence Risk Assessment – Working Together

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

### **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

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

### **Chapter 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)

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

### **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)

### **3. Specialist family violence risk assessment**

(Refer *framework* pages 79-100)

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

#### **Understanding evidence-based risk factors**

There are inherent tensions and challenges for professionals in undertaking family violence risk assessment. As a family violence professional involved in undertaking risk assessments, it is important to understand the nature of risk and the processes for assessing for risk.

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.

## **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
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.

#### **Discussion Question:**

***What are some of the complexities in getting the woman's story and assessment of her risk?***

### **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.

These factors need to be explored in order that the risk assessment is based on the best information possible. The risk factors listed 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.

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

**Discussion Questions:**

*How do you gather information about evidence-based risk factors?*

*What are some of the dilemmas in this approach?*

### **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.

**Discussion Questions:**

*How do you integrate her assessment of risk, the evidence-based risk factors and protective factors to inform your professional judgment?*

*What is it about you and your experience that informs your professional judgment?*

## DVD : Family Violence and Common Risk Assessment

### Chapter 3: A comprehensive risk assessment

Working with women on risk management strategies. Workers sharing perspectives regarding the risk indicators and a role play demonstrating a comprehensive risk assessment.

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

Running time: 12 mins

#### Consider:

- *What did the DVD show of the 3 elements?*
- *How were the three elements incorporated into a conversational approach?*
- *How is the approach similar or different to your own?*

#### Notes:

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### The risk assessment practice guidelines

Any person making a specialist 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:**

<b>service delivery accountability</b>	<b>non-judgemental communication</b>
<b>social justice</b>	<b>informing victims of their options</b>
<b>provision of advocate or translator, if required</b>	<b>culturally informed and sensitive practice</b>
<b>Respect</b>	

**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<sup>13</sup>. 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.

### **Requirements of specialist risk assessment**

Undertaking a specialist 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.

### **Information required when undertaking a specialist assessment**

The assessment must be thorough and must include significant details to support a safety and risk management response. To this end, the assessment must:

- include details of the most recent family violence episode, identifying frequency and severity
- include the history of the violence or abuse
- identify risk indicators (refer to aide memoire)
- include the victim's assessment of their risk
- include assessment of risk to the children
- articulate whether a crime has been committed
- identify any protective factors that may exist, for example, an Intervention Order, the perpetrator being incarcerated, or the victim currently living in a refuge
- establish the risk level (that is, at risk, elevated risk or requires immediate protection) and provide a rationale for this assessment (some level of professional judgement is required)
- result in the development of a comprehensive and forward looking risk management plan, with the victim's input

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13 Castelino, T and Compton, A. 2002. Presentation at Expanding Our Horizons Conference. *Family violence: the importance in practice of men's behaviour change programs for women – collaborative practice with partners of men who attend these programs*. Sydney.  
[http://www.austdvclearinghouse.unsw.edu.au/conference%20papers/exp-horiz/castelino\\_compton.pdf](http://www.austdvclearinghouse.unsw.edu.au/conference%20papers/exp-horiz/castelino_compton.pdf)

- provide details of services currently involved and any referrals made as a result of the assessment
- include details about the next contact with the victim, or provide reasons if no further contact is planned, and
- include the victim's written consent for the risk assessment to be passed on as part of any referral made.

## **Undertaking a specialist Risk Assessment**

### **Engaging the client**

The risk assessment conversation should be introduced with a short description of the service, the worker's role, privacy and confidentiality and the limitations regarding children's safety. It is important to establish rapport with the woman and to ensure that she feels comfortable and safe in the interview situation. An explanation about the purpose of the assessment, the possible outcomes of the assessment, and any actions that may be taken after the assessment needs to be provided and the woman needs to be encouraged to ask about any concerns she may have.

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 84)

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 the violence?*
- *If you have children where are they now and how old are they?*
- *Has your child/ren heard or witnessed his violence?*
- *What impact has his violence had on the children?*
- *Do you think your children are safe?*
- *How did he harm you or your children in the past?*
- *Has he threatened to hurt himself before?*

- *What have you done in the past to keep yourself and your children safe? Have the police been involved?*
- *Who else lives in the house with you?*
- *What happened when you and the children left home?*

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.**

## **Using the aide memoire**

(Refer *framework* page 87)

The aide memoire summarises factors where there is credible evidence to suggest a heightened risk of:

- violence re-occurring
- a victim being injured or killed by a perpetrator of family violence.

Throughout the interview with the victim, be alert to disclosure of any of these risk factors.

The aide memoire should not be used to collect data. Instead, it should be used as a 'memory jogger' to prompt you about information that needs to be collected, and to 'flag' information that should be followed up at a later stage if appropriate.

Professional judgement should be used to decide whether a circumstance is relevant to risk in the victim's context. For example, if the perpetrator has a diagnosed mental illness but is currently treated and well, this risk factor should not add significant weight to the assessment.

Because this assessment is designed to be conducted by professionals who will have an ongoing role with victims, the long-term needs of the client need to be considered. Information should be gathered on the presence of each risk factor in the aide memoire,

and also the likelihood of the risk factor occurring and the consequence of the risk factor for the victim.

To explore the likelihood of a risk factor occurring or not occurring, the victim maybe asked:

*'Do you think that will happen (again) in the future?'*

To explore the consequence of a risk factor, ask

*'How does that affect your day to day life?'*

The victim's responses might need to be balanced with professional knowledge of the situation and the risk factors to assess likelihood and consequence.

## Comprehensive assessment (Refer framework page 96 for template)

### Aide memoire

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

Risk factors for victims	Presence of factor		
	Yes	No	Com
Pregnancy/new birth*			
Depression/ mental health issue			
Drug and/or alcohol misuse/abuse			
Has ever verbalised or had suicidal ideas or tried to commit suicide			
Isolation			
<b>Risk factors for perpetrators</b>			
Use of weapon in most recent event*			
Access to weapons*			
Has ever harmed or threatened to harm victim			
Has ever tried to choke the victim*			
Has ever threatened to kill victim*			
Has ever harmed or threatened to harm or kill children*			
Has ever harmed or threatened to harm or kill other family members			
Has ever harmed or threatened to harm or kill pets or other animals*			
Has ever threatened or tried to commit suicide*			
Stalking of victim*			
Sexual assault of victim*			
Previous or current breach of Intervention Order			
Drug and/or alcohol misuse/abuse*			
Obsession/jealous behaviour toward victim*			
Controlling behaviours*			
Unemployed*			
Depression/mental health issue			
History of violent behaviour (not family violence)			
<b>Relationship factors</b>			
Recent separation*			
Escalation—increase in severity and/or frequency of violence*			
Financial difficulties			

\* 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

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. Is 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**

(Refer *framework* page 82)

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, are 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? or*
- *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 what will be required will be the development of a safety plan together with the victim. Referral could be to Child Protection, Child FIRST, the police, the courts.

## **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:**

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**Assessment of the level of risk**

Having collected as much information as possible about the victim and her situation, an assessment of the level of risk should be made.

The risk should be assessed as:

- **at risk** - where some family violence risk indicators are present but where structures are already in place to manage the risk or the risk can be managed through advocacy, victim support and referral.
- **elevated risk** - where there are a number of significant risk factors present that are likely to continue, indicating the need to initiate risk management processes that include safety planning, or
- **requires immediate protection** - where the risk factors identified indicate further serious violence is imminent and immediate action is required to prevent this from occurring.

**Levels of risk and appropriate responses**

The table below lists responses according to levels of risk. These suggestions are by no means the only responses that can be planned for. The list can act as a checklist and be seen as a minimum in terms of appropriate responses for addressing safety. Depending on a victim’s protective factors, the presence or otherwise of children, the behaviours of the perpetrator and her living situation, additional responses will need to be considered.

Victims assessed to be at risk of future family violence should receive:	information and advice about their legal rights
	advice about possible referral pathways for counselling or other appropriate service responses
	the names and telephone numbers of people they can call if they believe their level of risk has altered
	advice on how to develop a safety plan for themselves and any children involved
	advice about appropriate ongoing support options.
Victims assessed to be at elevated risk of future family violence should, at a minimum, receive:	information and advice about their legal rights
	advice about possible referral pathways for counselling or other appropriate service responses
	the names and telephone numbers of people they can call if they believe their level of risk has altered
	help and support to develop a safety plan for themselves and any children involved
	report to Child Protection if required
ongoing contact and support from the appropriate service provider.	
Victims assessed as requiring immediate protection from future family violence should, at a minimum, receive:	information and advice about their legal rights
	advice about possible referral pathways for counselling or other appropriate service responses
	the names and telephone numbers of people they can call if they believe their level of risk has altered
	immediate help and support to develop a safety plan for themselves and any children involved that includes a refuge option (if this has not already occurred), contact with police and courts, and high levels of contact from a family violence service
	report to Child Protection if required
ongoing contact and support from the appropriate service provider.	

## Practice Exercise: undertaking a specialist assessment

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

### Case study one: Eva and Martin

Eva is a 47-year-old woman who suffers from multiple sclerosis. She is confined to a wheelchair most days but can occasionally walk a short distance with help from her husband, Martin, who is also her primary carer.

Martin, 50, works three days a week in a local newsagency and also tutors high school students in mathematics from his home two evenings a week. Money is very tight.

Eva's condition is deteriorating and she has become almost completely dependent on Martin. It has been a very difficult transition for Eva, who was an active, fully employed teacher before her illness was diagnosed two years ago.

Eva and Martin have two daughters, Tamsin (15) and Sophie (12). Both girls are active in sport and achieving fairly good results at school. They make an effort to help with their mother's needs in the evening and on weekends, but they still require a good deal of parenting themselves. They frequently quarrel with each other and they are both busy with friends, homework and sports activities. Martin spends a lot of time driving them to their various activities.

Over the past few months, Martin has increasingly expressed his anger at Eva's dependency and his own situation. Verbal abuse has become common; he has told her she is useless, a burden to everyone and a waste of space. He has said he doesn't believe her disability is as severe as it seems, and that she could do more if she wanted to. Sometimes he has left her alone and unattended for many hours at a time. He handles all their finances and has refused to buy her items she needs for her own wellbeing and comfort, saying they can't afford them.

Recently, he has begun to handle Eva quite roughly when lifting her into her wheelchair, or from the chair into bed. He has pushed her out of the way more than once when she has been trying to stand up. When she protested, he threatened her, saying, I could do a lot worse than that. You'd better keep your mouth shut.

He often tells her she is lucky to have him to look after her, and that if she doesn't like it, she can be put in an institution, away from her daughters. On several occasions when he abused her in front of the girls, they got upset and told him to stop. He has started to express his anger toward them, too, saying they are useless and ungrateful, like their mother. He has slapped Tamsin twice and threatened Sophie with the same treatment.

Eva has begged him to get respite assistance, which he has not done. She asked her younger sister to come and stay for a while to help out, but Martin rang the sister and told her she wasn't wanted. Eva knows that both she and Martin need help, but feels unable to take any action. She is becoming very frightened. She feels powerless

## **Introducing the role-play and case study: *Eva & Martin***

The practise exercises will consist of two role-plays based on the *Eva & Martin* case study.

- Part one will focus on using effective communication skills to engage with women who are experiencing family violence and using evidence based risk factors in undertaking risk assessment.
- Part two will focus on formulating a safety plan, risk management and referral.

### **The purpose of this role-play is to practice:**

- skills in engaging with women and introducing the idea of the assessment
- using trigger questions
- identifying the victim's own perception of risk
- utilising all information gathered to make a professional judgement about risk
- observing and provide feedback to other participants, and
- for participants' to develop familiarity with using the aide memoire

## **Introducing the role-play and case study: *Eva & Martin***

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.

Part one is described in this section. Part two is described in the next section of the handbook.

It is not important to stick to the details of the scenario. The focus should be on the **elements** of good practice and the requirements of risk assessment.

### **The role play groups three people:**

- The worker or interviewer
- The client - Eva
- The observer

### **Process for the role-play**

Documents for the role-play:

- The case study Eva and Martin
- Observer's guide/checklist

## **Part 1 Role-play**

### **Starting point of role-play**

1. When considering the case study as the basis for the role-play, briefly create a scenario that explains how Eva comes into contact with the service and the professional role of the worker.

For example:

- Eva has contacted an outreach family violence worker by phone; or
  - Eva might have arrived at the refuge - Sophie might be with her and Tamsin might be going to stay with Eva's sister.
2. As there is limited time, it is assumed that the "worker" has already undertaken preliminary discussion including:
    - a short description of the service,
    - the worker's role,
    - privacy and confidentiality and the limitations regarding the woman and children's safety.

### **Instructions for the roles**

Each participant should read all role descriptors.

#### **The Worker**

1. introduces the idea of the assessment with Eva
2. uses questions to elicit information from Eva about her situation and her level of fear
3. uses the information in the aide memoire informally, in order to identify Eva's level of risk and vulnerability.(Only indicators that are current and relevant to the circumstances are used to determine whether risk is present)
4. makes a professional judgement, together with Eva, on the level of risk.

Because this assessment is designed to be conducted by professionals who will have an ongoing role with victims, the long-term needs of the client need to be considered. While information on the presence of each risk factor in the aide memoire should be gathered, the likelihood of the risk factor occurring and the consequence of the risk factor for the victim should also be explored.

#### **The Client - Eva**

The participant playing the role of Eva should take into account the information provided in the case study.

**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 20 minutes, followed by small group feedback and discussion.

**Feedback:**

After the role-play, 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.

**Large group feedback discussion**

**Consider the following:**

- Was it possible to use the aide memoire to guide conversation, or did workers resort to using it as a checklist?
- What elements of good practice were observed?
- Are there any areas of concern raised by the role-play for participants?

**Notes:**

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## Interview Checklist

Observer guide for role-play

Skill	✓ or ✗ or NA	Comments
Active listening skills to encourage the applicant to tell her story <ul style="list-style-type: none"> <li>• eye contact</li> <li>• non-judgemental responses</li> <li>• no interrupting</li> <li>• open body language</li> <li>• encouraging</li> <li>• empathic responses</li> <li>• reframing</li> <li>• reflecting back what was said</li> </ul>		
Sensitive to her comfort and feelings of safety		
Acknowledged her strength and courage		
Questions asked in a conversational manner (not tick-the-box)		
Placed responsibility for the abuse clearly with the abuser		
Included questions about any others affected by the violence		
Thorough - obtained required information		
Identified major risk factors		
Identified her strengths		
Identified her own resources		
Clear about confidentiality and its limits		
Identified external resources available to her		
Explained options clearly		
Gained her consent for further action		
Observer's notes		

# Comprehensive assessment



## Recording template

Victim		
Family name		
First name		Second name
Other names/aliases		
Preferred name/s		
Current address		
	Postcode	
Phone numbers	Home	Work
	Mobile	
Preferred phone number		Can you leave a message? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of birth	/ /	Age
Gender identity		
Country of birth		
Language/dialect(s) spoken at home		
Interpreter required	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify language/dialect)	
Aboriginal and/or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> T.S.I. <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Unknown	
Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify nature of disability)	
Relationship to perpetrator	<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Girlfriend <input type="checkbox"/> Boyfriend <input type="checkbox"/> Father <input type="checkbox"/> Son <input type="checkbox"/> Brother	<input type="checkbox"/> Defacto wife <input type="checkbox"/> Defacto husband <input type="checkbox"/> Former girlfriend <input type="checkbox"/> Former boyfriend <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Sister <input type="checkbox"/> Former wife (including defacto) <input type="checkbox"/> Former husband (including defacto) <input type="checkbox"/> Carer <input type="checkbox"/> Partner <input type="checkbox"/> Other (please specify below)
Does the perpetrator live in your household?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are there any children living in your household?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify below)	
Emergency contact	Name	Phone number
Income source		
Visa category		
Carer	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify below)	
Any additional needs (e.g. communication aid, medication, personal care attendants, special dietary requirements?)	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify below)	

Perpetrator		
Family name		
First name		Second name
Other names/aliases		
Current address		
	Postcode	
Phone numbers	Home	Work
	Mobile	
Date of birth	/ /	Age
Gender identity		
Country of birth		
Language/dialect(s) spoken at home		
Interpreter required	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify language/dialect)	
Aboriginal and/or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> T.S.I. <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Unknown	
Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify nature of disability)	

Child 1		
Family name		
First name		Second name
Current address	<input type="checkbox"/> Same as victim	
	<input type="checkbox"/> Other, please specify Postcode	
Date of birth	/ /	Age
Gender identity		
Aboriginal and/or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> T.S.I. <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Unknown	
Relationship to perpetrator	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (please specify below) <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter	
Concerns/issues for child	<input type="checkbox"/> Child Protection involvement <input type="checkbox"/> Family Court Order <input type="checkbox"/> Other (please specify)	

Child 2	
Family name	
First name	Second name
Current address	<input type="checkbox"/> Same as victim
	<input type="checkbox"/> Other, please specify Postcode
Date of birth	/ / Age
Gender identity	
Aboriginal and/or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> T.S.I. <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Unknown
Relationship to perpetrator	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (please specify below) <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter
Concerns/issues for child	<input type="checkbox"/> Child Protection involvement <input type="checkbox"/> Family Court Order <input type="checkbox"/> Other (please specify)

Child 3	
Family name	
First name	Second name
Current address	<input type="checkbox"/> Same as victim
	<input type="checkbox"/> Other, please specify Postcode
Date of birth	/ / Age
Gender identity	
Aboriginal and/or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> T.S.I. <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Unknown
Relationship to perpetrator	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (please specify below) <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter
Concerns/issues for child	<input type="checkbox"/> Child Protection involvement <input type="checkbox"/> Family Court Order <input type="checkbox"/> Other (please specify)

## Comprehensive assessment

### Aide memoire

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

Risk factors for victims	Presence of factor		
	Yes	No	Comments
Pregnancy/new birth*			
Depression/ mental health issue			
Drug and/or alcohol misuse/abuse			
Has ever verbalised or had suicidal ideas or tried to commit suicide			
Isolation			
<b>Risk factors for perpetrators</b>			
Use of weapon in most recent event*			
Access to weapons*			
Has ever harmed or threatened to harm victim			
Has ever tried to choke the victim*			
Has ever threatened to kill victim*			
Has ever harmed or threatened to harm or kill children*			
Has ever harmed or threatened to harm or kill other family members			
Has ever harmed or threatened to harm or kill pets or other animals*			
Has ever threatened or tried to commit suicide*			
Stalking of victim*			
Sexual assault of victim*			
Previous or current breach of Intervention Order			
Drug and/or alcohol misuse/abuse*			
Obsession/jealous behaviour toward victim*			
Controlling behaviours*			
Unemployed*			
Depression/mental health issue			
History of violent behaviour (not family violence)			
<b>Relationship factors</b>			
Recent separation*			
Escalation—increase in severity and/or frequency of violence*			
Financial difficulties			

\* May indicate an increased risk of the victim being killed or almost killed.

## Comprehensive assessment

### Victim's presentation and own assessment of safety

#### Has a crime been committed?

Criminal offences include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching Intervention Orders. (See Case Classification Code Table for reference).

No     Yes    If yes, provide details.

<b>CASE CLASSIFICATION CODE TABLE *</b>				
<b>Instructions:</b> Describe the most serious feature of the current case, and use this code number in the box above.				
<b>CRIMINAL ABUSE</b>				
ASSAULTS		PROPERTY	STALKING	BREACHING I/O
1 Serious (Physical)	4 Threats (non-physical)	7 Serious (Damage)	10 Less than 2 weeks	13 Only
2 Minor (Physical)	5 Pet Abuse	8 Minor (Damage)	11 Between 2 & 4 weeks	14 Plus Other Charges
3 Sexual	6 Other types of assault	9 Theft	12 Greater than 4 weeks	
<b>NON-CRIMINAL ABUSE</b>				
15 Emotional	Manipulative or controlling behaviour, humiliating or intimidating behaviour, subjecting victim to reckless driving, continual criticism, threatening to take children away or undermining the relationship between victim and children. Threatening to commit suicide.			
16 Verbal	Swearing or making derogatory insults to the victim.			
17 Social	Keeping victim away from family and friends, not letting victim leave the house, insulting victim in public.			
18 Financial	Keeping victim totally dependent, not giving victim enough money to buy things for the household or for basic needs, threatening that victim will lose all victim's property if the relationship ends.			
19 Spiritual	Ridiculing or insulting victim's most valued beliefs about religion, ethnicity, socio-economic background or sexual preferences.			
<b>NON-ABUSIVE AND NON-CRIMINAL BEHAVIOUR</b>				
20 Conflict	Non-violent, non-abusive, non-criminal dispute between family members characterised by the absence of controlling or coercive behaviour			
* This is consistent with the Classification Table used by the Victoria Police in the Family Violence Risk Assessment and Management Report (the L17).				

## Comprehensive assessment

### Protective factors

### Risk level assessment and rationale

Requires immediate protection     Elevated risk     At risk

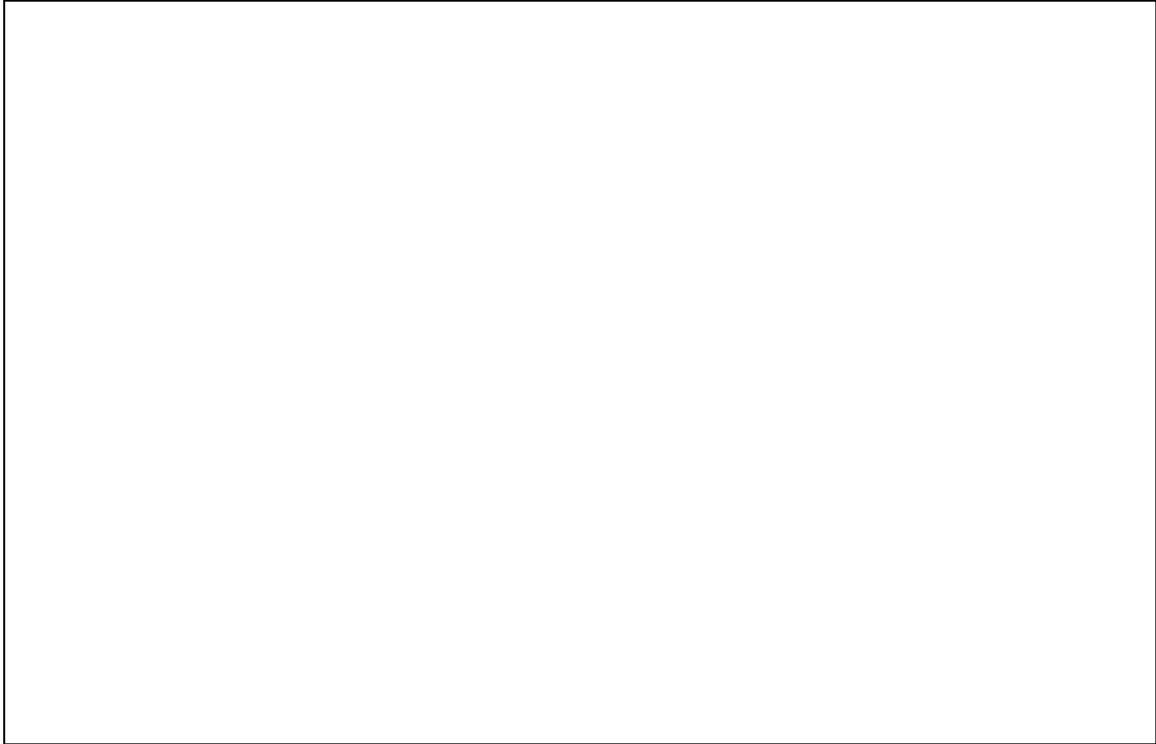
Rationale:

### Agencies already involved

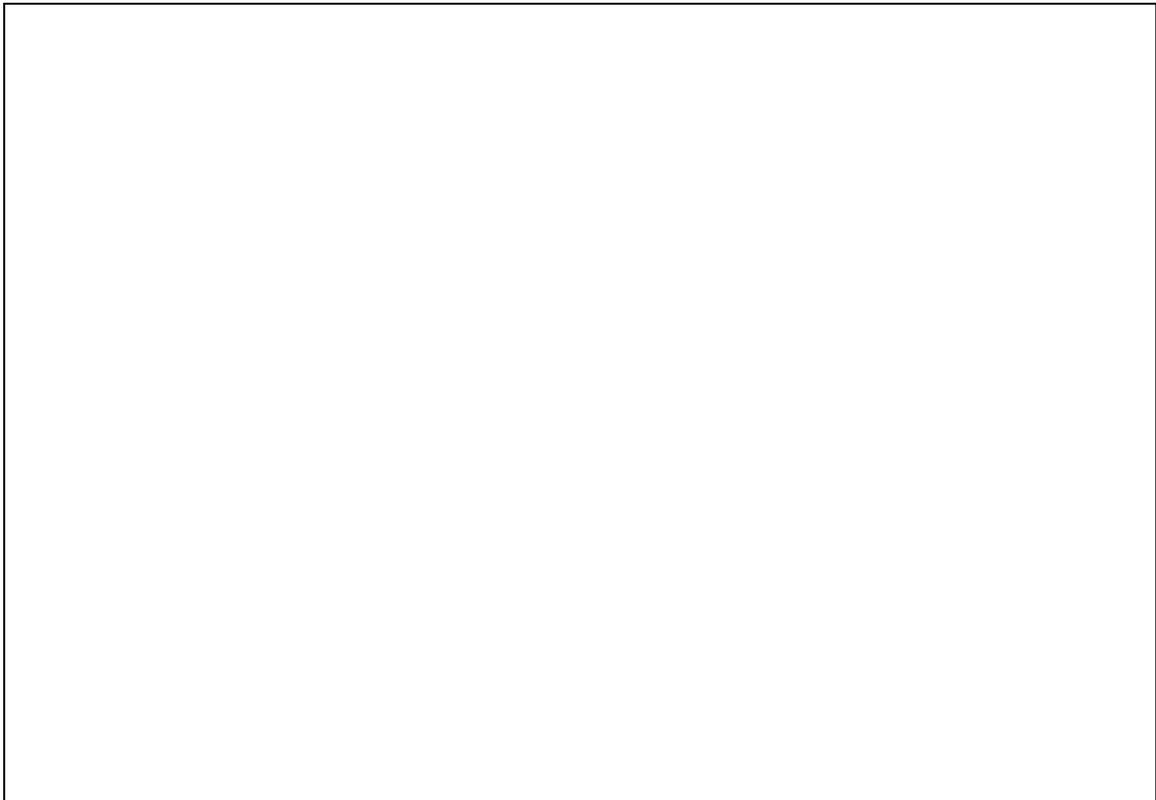
Name of organisation	Contact person and number	Type of involvement

## **Comprehensive assessment**

### **Risk management plan**



### **Safety plan**



# Comprehensive assessment

## Referrals made

Type of organisation	Name of organisation	Name of contact person	Date of referral
Police			
Child Protection			
Child FIRST			
24-hour statewide crisis service			
Regional family violence service			
Counselling service			
Housing service			
Community legal centre/Legal Aid			
Centrelink			
Mental health service			
Drug and alcohol service			
Sexual assault service			
Other			

## 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

#### **4. Risk management** (Refer *framework* pages 50 and 88)

Risk management strategies are the fourth component of the *framework* and such strategies must include ongoing assessment and case management. Because risk levels can change quickly, measuring and assessing risk must be continually reviewed to ensure the safety of the victim and children.

The process of risk assessment focuses on the victim and the family and measures the violence, while risk management uses case management processes and an integrated service system to reduce the violence. All family members, women, children and men, are included. The inclusion of men in a service system response addresses violent behaviours and hence can reduce the likelihood of risk for the victim.

While risk assessment identifies the range of service responses required to maximise safety for the victim, the risk management process continually reviews risk and the effectiveness and appropriateness of current service responses. Based on continual review, new plans of action are initiated which include possible changes to service responses. Clear and consistent protocols including roles and responsibilities between services are essential if risk is to be managed effectively.

Risk management responses must be undertaken in conjunction with any criminal and/or court action that may already have been taken by police. Within an integrated service system, risk management plans must incorporate clear mechanisms for communication between services as levels of risk can change abruptly, depending on external factors (release of a perpetrator from jail; a new pregnancy, etc).

An integrated service 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.

Given the complexity of family violence situations and the host of difficulties they reflect and create, it is very important that at least one worker has ownership of the case management and overall responsibility for the risk management plan. Such an approach ensures that the changing needs of the client are not overlooked and that ongoing review of risk occurs. This ongoing relationship, based on developing trust and rapport between worker and client, is an effective tool for improving the situation and the safety of the victim of family violence.

## **Risk management plan**

(Refer *framework* page 88)

A comprehensive risk management plan must identify goals and objectives and ways of achieving them, roles and responsibilities, and timelines. Risk management strategies must also include safety planning (including for children); ongoing risk assessment mechanisms; plans to address the needs of victims through counselling, advocacy, legal or other appropriate services; and liaison and communication between services working with the victim and with the perpetrator (if appropriate).

- includes a safety plan (including children)
- includes a statement that summarises the current risk level of the victim and ongoing risk assessment mechanisms
- describes initial actions and their outcomes
- identifies the victim's goals and objectives
- identifies strategies for achieving the objectives such as counselling, housing support advocacy, legal support
- indicates any other services involved and delineates roles and responsibilities including communication processes between services working with the victim and with the perpetrator (if appropriate), and
- includes agreed timelines.

All risk management plans must be flexible, include agreed timeframes and meeting dates and provide the victim with choices.

## **Risk management and working with diversity**

Diverse groups who experience increased vulnerability 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.

### **Aboriginal communities**

Aboriginal women experience significantly higher levels of family violence than non-Aboriginal women, with under-reporting of family violence being significant in their communities. Aboriginal children are eleven times more likely than non-Aboriginal children to be the victims of substantiated child abuse.

Service responses to Aboriginal women and children need to be based on an understanding of these issues and incorporate appropriate consultations with Aboriginal organisations. Agencies working with Aboriginal clients must provide a holistic service that takes into account any clan or family arrangements that may be relevant to the assessment process. Importantly, Aboriginal women must always be offered the opportunity to choose the service they wish to engage with, whether that be an Aboriginal-specific or mainstream family violence service.

All agencies providing family violence services can demonstrate their cultural competence by:

- establishing (at point of intake) whether clients are Aboriginal or Torres Strait Islander
- determining whether Aboriginal or Torres Strait Islander clients would prefer to receive service from a general or Aboriginal-specific service
- acknowledging the discrimination experienced by Aboriginal and Torres Strait Islander people, contributed to by past unjust government practices
- forging links and partnerships between local Aboriginal-specific and generalist services, and
- demonstrating respect and consideration for Aboriginal and Torres Strait Islander people presenting or referred for assistance and support.

### **Culturally and linguistically diverse (CALD) communities**

The majority of women from culturally and linguistically diverse communities do not know what services are available to them if they are in a violent situation. These women may also face a number of other barriers including:

- lack of English language skills, which may prevent them from seeking support from the police, support services and the courts
- lack of social and family support, and lack of knowledge about available community support
- cultural beliefs that, for example, forbid separation and divorce; immigration issues including the belief that reporting family violence will jeopardise future residency
- lack of financial support if they leave the relationship.

If language is a barrier, an appropriately trained interpreter should be involved in the risk assessment, where the immediate risk is not great. In cases of high risk, the victim's safety should be secured before a full risk assessment is carried out with an interpreter. When assessing risk for victims from culturally and linguistically diverse backgrounds, it

should be remembered that their risk level may be higher than for the rest of the population because of additional barriers.

When working with women from diverse backgrounds, it is important to ensure:

- that all terms are simplified and explained, and that they have been understood
- that an interpreter or culturally appropriate advocate is available if possible
- that the service provider makes every effort to fully understand the visa status and legal position of the victim
- that all care is taken to engage with the client in a culturally appropriate manner, which may mean making contact with other appropriate agencies, and
- that cultural issues are factored into any risk assessment process.

### **Women with a disability**

Women with a disability are among the most vulnerable in the community. While the type and level of disability may vary, consideration must be given to the needs of the individual.

Types of disability include:

- a neurological impairment
- acquired brain injury
- a sensory disability
- a physical disability

or any combination of the above.

The disabilities may combine to impact on the capacity of the individual to manage self-care, self-management, mobility, communication or comprehension.

Women with a disability face an additional barrier if the abuser is also their main carer. It is important, therefore, to:

- treat women with a disability with respect
- give women with a disability the time they require to communicate their story
- allow women with a disability to communicate in their preferred way (for example, using AUSLAN, Braille or pictograms, or using a communication assistant)
- acknowledge that a disability may increase dependence on the perpetrator, particularly for women without extended family support
- understand the increased fear women with a disability may have about losing their children if violence is identified, as the perpetrator may also provide support in caring for children
- assure the woman with a disability that children will be included in the support
- plan provide an accessible and comfortable environment
- believe women with a disability when they disclose a family violence situation, even though perpetrators often claim that a women with a disability is confused, disoriented or paranoid

## **Rural communities**

Women living in rural communities often face considerable disadvantage in terms of:

- isolation - either geographically or from appropriate supports such as services, family and friends
- access to independent advice, support or assistance because fewer professionals (for example, police) tend to be available in smaller communities
- access to interpreters for women from diverse backgrounds or women with a communication difficulty
- access to appropriate services – because there are fewer services and fewer service options in smaller communities, women and children may need to go out of their community; this is a particular issue for women with a disability
- lack of effective transport or alternative accommodation
- difficulties in maintaining confidentiality and safety – smaller communities can mean confidentiality is compromised and victims are more likely to encounter their perpetrators, and
- where a perpetrator has a high profile or is otherwise a valued member of a small community, victims may not be believed.

## **Firearms and family violence:**

Guns are often more accessible in rural communities for occupational purposes and in some circumstances this can increase women's vulnerability. Much of the family violence literature points to the threat or actual use of firearms as a significant reason that women do not risk fleeing or seeking help. Firearms are believed to play an important role in explaining the disproportionate number of domestic violence-related homicides in rural and remote areas

## **Older women**

Like women with a disability, elderly women frequently depend on their abuser for daily care. Abuse of elderly people can be financial, physical, psychological or emotional and can involve deprivation of basic rights. Elderly people require the same assessment process as other client groups and must be supported through the process appropriately and sensitively. An added complexity in elder abuse is that a paid carer may also perpetrate abuse. Non-abusive staff and family members may need to be engaged in the assessment process, or an advocate appointed if there is no supportive family member.

## **Women with mental health issues**

Women with a pre-existing mental health issue may find it difficult to seek help because they may doubt they will be believed. This reluctance is further perpetuated by taunts from the abuser relating to their credibility when reporting violence, their ability to engage in employment if they leave the relationship and fear of losing any children should they leave. Women with pre-existing mental health issues and those who develop such issues during an abusive relationship may be unable to accurately assess

their own risk or that of their children. Decision making may therefore be limited, which may also increase their vulnerability to violence.

### **Gay, lesbian, bisexual, transgender and intersex people**

While figures about family violence between gay, lesbian, bisexual, transgender and intersex couples are unknown, it is thought to occur in comparable rates to heterosexual people. The types of violence occurring between these couples are also similar to those reported between heterosexual couples, and as with heterosexual couples, the principle reason for the violence is a power imbalance. Treatment of disclosure of family violence between these couples must be the same as for heterosexual people; response should not be influenced by personal beliefs, and practice must remain respectful, accepting and appropriate.

## 5. Safety Planning

(refer *framework* page 89)

Safety planning is an essential professional step to undertake after the risk assessment has been done by a specialist family violence worker. As with the identification of risk factors, this activity must be undertaken in collaboration with the victim.

### When victims choose not to engage

When a victim is assessed as being at elevated risk or as requiring immediate protection, but chooses not to engage in safety planning or to respond to recommendations from family violence professionals or police, every effort must be made to ensure:

- the victim is given every opportunity to understand their current level of risk
- the victim has a clear understanding of their rights under the law and in relation to their safety and that of any children involved
- a safety plan has been discussed with the victim and options provided during the risk assessment have been documented
- the victim has been provided with a number of options for support and counselling, and
- the victim is aware that they can seek assistance from the service provider at any time in the future.

Safety planning should be developed in consultation with the victim, except in cases where the worker believes:

- the victim to be at extreme risk but unwilling to take action and a police response is required to secure their safety (refer to police)
- a child's safety is at risk (refer to Child Protection)
- a child's stability and wellbeing is at risk (refer to Child FIRST), and
- the victim is in need of urgent medical or psychiatric care (refer to hospital crisis assessment and treatment team).

Following risk assessment, risk management is required for each victim regardless of level of risk. All risk management requires safety planning.

### Safety versus agency

Ethical and legal issues can arise in planning to maximise a victim's safety. In safety planning professionals need to be aware of the importance of balancing a victim's safety with her self-determination, as well as the duty of care to at-risk children.

Consider the following question in your role as a professional responding to a victim of family violence:

- What do you do if the rights-based approach appears to conflict with safety, in your professional opinion?
- What if the safety issue involves children?

It is important to note that if a worker who fears imminent violence contacts police on a woman's behalf and they attend the home, the victim may be afraid to disclose to the police in the presence of her partner. The person using violence, however, will know his partner has contacted services and this may increase her level of risk. The woman may feel betrayed by the service she contacted and may not approach it again. This is a very real dilemma for workers.

## **Formulating a safety plan**

Read through the recording template and consider its purpose and usefulness in risk assessment and safety planning. Note that it is a sample document and many workplaces will have developed their own document.

At a minimum, the safety plan should include:

- the contact numbers for a family violence organisation (if not already linked into such a service)
- other emergency contact numbers
- the identification of a safe place to go if in danger
- the identification of a friend or neighbours who can assist in an emergency
- the identification of a way to contact the emergency support person and a plan to get to a safe place, and
- access to cash money and quick access to important documents.

Identifying other services that might already be involved will strengthen the victim's safety planning. Details about the involvement of other services should be recorded, and with the victim's consent, used for referrals to other services. The integrated approach to family violence has strengthened the police and court response to family violence situations and these should be remembered as 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 that 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?*

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

**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 diversity and safety planning.

Running time: 7 mins (20Mb)

**Notes:**

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## **6. Referral pathways, information sharing and networking**

(refer framework page 43 and 89)

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

Information collection, sharing and effective partnership arrangements are integral to the effective implementation of the six components to effectively identify (risk assessment) and respond (risk management) to victims of family violence.

A review of the six components shows the important role that consistent and thorough collection, recording and sharing of information plays in developing an integrated family violence service system:

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

### **Recording information and gaining consent**

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, whilst other professionals should use the recording template provided in the *framework* (page 92).

### **Privacy and confidentiality**

The *framework* document discusses these issues on pages 47-49. Except as indicated on page 49 of the *framework*, 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.

### **Referral pathways and building 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.

As a professional you are responsible for building and maintaining strong and useful referral networks.

As a large group consider and discuss the following questions:

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

Refer to the last page of the recording template in the *framework* (page 99). Review and identify any gaps evident:

- *What might go in the 'Other' sections to improve your referral list?*

### **Referral Options Book:**

Available from DVRCV website: <http://www.dvrcv.org.au/prevention/referrals>

### **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:**

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## 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 different service providers. At worst, by not working together around assessing and managing risk, services can place the victim at further risk of harm and re-traumatise the victim, further isolating her from accessing assistance from services to achieve safety.

### Notes:

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## **Part two. Practice exercise role-play: safety planning**

### **Starting point of role-play**

Work in same group of three. The “Worker” continues the assessment, working with Eva on level of risk and establishing a safety plan.

### **Considerations for role-play:**

- other services that might already be involved to strengthen Eva’s safety plan
- record involvement of other services, and with the Eva’s consent, complete the risk assessment recording template
- explore the victim’s longer term needs, and start talking about possible strategies for on-going risk assessment and risk management

### **Observer:**

Use printed observer guide to make comments on the role-play

### **Time:**

Role-play should take 15-20 minutes, followed by feedback and discussion.

### **Feedback:**

Both Eva and the observer should comment on their experience of the worker’s skill in working in partnership with her to develop the safety plan. Feedback should be specific and constructive

### **Discussion**

- Was a safety plan developed?
- Was Eva included in the process?
- Were other services identified?
- Did the worker explore strategies for on-going risk management?
- What elements of good practice were observed?
- Are there any areas of concern raised by the role-play for participants?

### **Notes:**

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## **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 (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](http://www.mrs.org.au)) and/or a local service provider of a men’s behaviour change program.



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## Websites

Application form for Intervention Order

<http://www.magistratescourt.vic.gov.au/CA256CD30010D864/page/Publications+Forms>

Australian Domestic and Family Violence Clearinghouse

<http://www.austdvclearinghouse.unsw.edu.au/>

Child First

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/child-first-information>

Department of Human Services

[www.dhs.vic.gov.au](http://www.dhs.vic.gov.au)

Domestic Violence Resource Centre Victoria

[www.dvrcv.org.au](http://www.dvrcv.org.au)

Domestic Violence Victoria

<http://www.dvvic.org.au/>

Family Violence Protection Act

<http://www.dms.dpc.vic.gov.au/>

Family Violence Resource Guide - Goulburn Valley & North East Victoria

<http://www.whealth.com.au/pdf/fvguide.pdf>

Mens Referral Service

[www.mrs.org.au](http://www.mrs.org.au)

No To Violence

[www.ntv.org.au](http://www.ntv.org.au)

Queensland centre for Domestic and Family Violence research

<http://www.noviolence.com.au/>

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

<http://www.whwest.org.au/famviolence/fvservices.php>