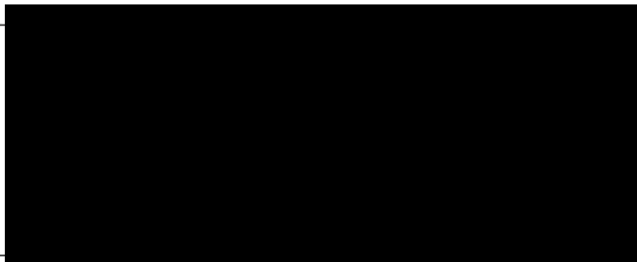


**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

ATTACHMENT FD-15 TO STATEMENT OF FRANCES MARIE DIVER

Date of document: 3 August 2015
Filed on behalf of: the Applicant
Prepared by:
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This is the attachment marked '**FD-15**' produced and shown to **FRANCES MARIE DIVER** at the time of signing her Statement on 3 August 2015.

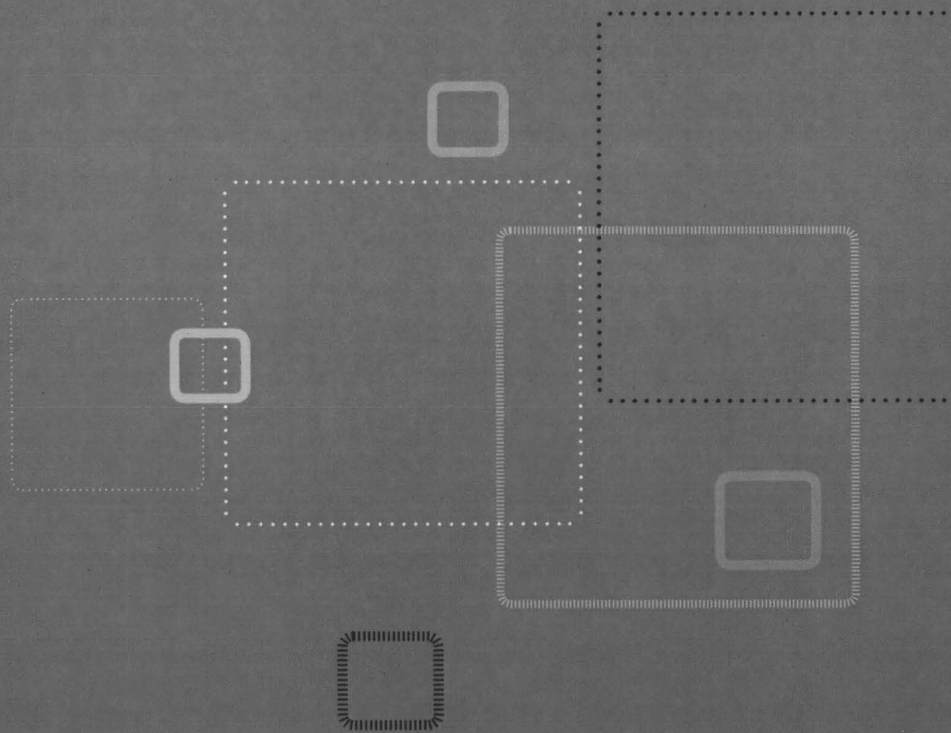


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Attachment FD-15

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Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3



Version 2



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Family Violence
Risk Assessment and Risk Management
Framework and Practice Guides 1-3

Edition 2



If you would like to receive this publication in another format, please phone (03) 9918 7324 using the National Relay Service 13 36 77 if required.

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Introduction

The family violence risk assessment and risk management framework

Increased understanding of family violence and what constitutes an effective response has resulted in important reforms to family violence service delivery. Victoria has been investing in the development of an integrated family violence system (IFVS) since 2005. As a result, Victoria now has a whole-of-system approach that places women and children at the centre of the response. Reforms to the system include innovation to the justice system and an integrated approach that incorporates both specialist family violence and mainstream service providers. This manual aims to support a consistent approach for assessing and managing family violence.

It consists of three key elements:

- the framework
- contextual information necessary to use the framework effectively, and
- Practice guides 1 to 3.

The *Family Violence Risk Assessment and Risk Management Framework* (often referred to as the common risk assessment framework, or CRAF) is a key element of the IFVS. It was developed in consultation with over 500 stakeholders, including the police, the courts and mainstream and family violence service providers. It has been designed for a range of professionals to use in ways that are appropriate to their role within the system. Since the launch of the framework in 2007, it has been incorporated into the practices and policies of the IFVS and is increasingly used by a diverse range of mainstream providers. This is the second edition of the manual and was revised and updated during 2011.

About family violence

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, children and other vulnerable people.¹

The impacts of violence on women and children can be profound. In some cases family violence ends in death; in others, it can result in physical harm, disability, mental illness or other serious health problems. Family violence can affect many other aspects of wellbeing—including housing security, employment prospects and educational achievement. Children are always affected by family violence, even if they do not see or hear it. For example, they may see the injuries or damage to property, or experience an environment of fear.

Exposure to family violence may have a serious impact on children's current and future physical, psychological and emotional wellbeing.²

Terminology

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, 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.

'Children' in this document refers to infants, children and young people aged 0–18.

Children must be considered as victims and assessed in their own right

Responding to family violence

Research shows women make great efforts to prevent, stop and escape their partners' use of violence; they also go to considerable lengths to prevent or minimise the impact of the violence on their children.³ Often, these women and children are supported by friends and family, but they also need immediate and effective responses from police, courts, and mainstream and specialist family violence services.

The framework offers a consistent approach for assessing and managing family violence throughout the service system. It helps to

ensure that the focus of intervention and support remains on the safety and wellbeing of each individual woman and her children, acknowledging their individual circumstances, needs and resilience. It also ensures that all professionals who identify and respond to family violence do so through a coordinated approach, using consistent standards and language.

Adopting and using this framework is an important contribution that services can make to reduce violence against women and their children.

Taking into account the needs of Aboriginal families and communities

Strong culture, strong peoples, strong families: Towards a safer future for Indigenous families and communities is a community-led initiative by the Victorian Aboriginal community in partnership with the Victorian Government to develop a whole-of-government response to family violence in Aboriginal communities. This ten-year plan was launched in June 2008 and guides joint efforts to prevent and respond to family violence in Aboriginal communities.

Data provided to the Victorian Indigenous Family Violence Task Force (the Task Force) in 2003 by Victoria Police indicates that an Aboriginal person in Victoria is eight times more likely to be a victim of family violence than a non-Aboriginal person.⁴ Police data gathered during the same period confirms that 2.9 per cent of Victoria's Aboriginal community were victims of family violence, compared with 0.55 per cent of non-Aboriginal people.⁵ Additionally, the Task Force identified that Aboriginal children are the subject of substantiated child abuse at more than seven times the rate for non-Aboriginal children.⁶ Family violence is the single biggest risk factor for substantiated

child abuse notifications in Victoria and is present in 64 per cent of cases affecting Aboriginal children.⁷

Responses to family violence need to build on the strengths of Aboriginal families and communities and encompass Aboriginal concepts of social, emotional, cultural and spiritual wellbeing. Professionals and organisations need to work in partnership with Aboriginal communities to build their own cultural understanding, and support culturally respectful service provision.

This framework aims to provide an introduction to culturally respectful service delivery for Aboriginal families and communities. It should be read alongside the Department of Human Services (DHS)-Victorian Aboriginal Child Care Agency (VACCA) *Aboriginal Cultural Competence Framework*.

About the *Family Violence Protection Act 2008*

The *Victorian Family Violence Protection Act 2008* uses a broad definition of family, covering:

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

The Act defines family violence as behaviour by a person towards a family member of that person that:

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

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

Examples of family violence that are referred to in the Act include:

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

These examples are not exhaustive. Behaviour may constitute family violence even if it would not constitute a criminal offence.

For further information go to www.legislation.vic.gov.au

6 Family violence – Risk assessment and risk management framework

Understanding the family violence system

As demonstrated in Figure 1, the integrated family violence system comprises specialist family violence services, legal and statutory services and mainstream services.

Entry points to the family violence system

There are many different ways that victims and perpetrators of family violence can enter the family violence system:

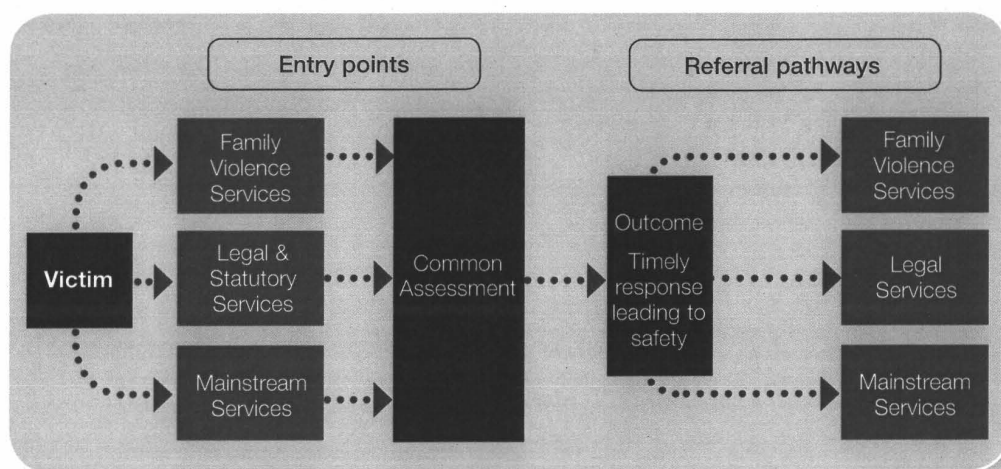
- through direct contact with specialist family violence services, including case management, practical support and counselling, peer support, Aboriginal healing services, and behaviour change programs
- through justice and statutory bodies, including police, courts and correctional services, services for victims of crime, child protection services, and legal services
- through mainstream services, including education, social/public housing, health care and mental health services, drug and alcohol services, disability services, counselling, and family services.

Multiple entry points maximise the chances that people can access the services they need. This relies on a coordinated approach, where professional assess and respond to people in an effective, coherent and consistent way.

Figure 1: Entry points to the integrated family violence system



Figure 2: The victim's journey through an integrated service system



Specialist family violence services

Because specialist family violence services are most likely to have contact with women and children who are victims of family violence at points of crisis, they need to quickly and effectively assess the level of risk to secure the safety of these women and children. Specialist services are also likely to be responsible for ongoing case management for victims of family violence and therefore need to understand the wider service delivery system and the available response options.

In addition to providing support directly to clients, specialist services also support and advise other professionals via secondary consultations.

The Department of Human Services (DHS) distributes funding for specialist family violence services including:

- the 24-hour statewide telephone crisis service
- outreach services
- local after-hours outreach services
- case management, including intensive case management responses for women and children

- crisis accommodation support services
- linkages to the private rental market
- Aboriginal services
- services for women from culturally and linguistically diverse (CALD) communities
- men's case management
- counselling and support for women and children
- a statewide Men's Referral Service
- men's behaviour change programs
- Aboriginal family violence services including
- Healing and Time-out services.

The Department of Health has responsibility for the delivery of the Elder Abuse Prevention and Response Guidelines 2012-2014 under the Victorian Government's Health Priorities Framework 2012-2022. A specialist elder abuse service, Seniors Rights Victoria has been established and funded by the government to provide free advocacy, legal advice, information and support to practitioners and individuals.

For further information see
www.seniorsrights.org.au

Justice and statutory bodies

Police

Since the launch of the *Victoria Police Code of Practice for the Investigation of Family Violence* (the Code) in August 2004, police have used a risk assessment tool at every incident of family violence they attend. This is primarily used to assess the likelihood of further family violence and as a means of developing an appropriate risk management strategy for each case. The Code provides police with specific guidance and accountabilities for responding to reports of family violence.

When responding to family violence, police must take the most appropriate course of action from one or more of the following options:

- **Criminal—arresting the offender and laying charges for criminal offences**
- **Civil—seeking an Intervention Order on behalf of the affected family member(s)**
- **Referral—facilitating a referral of the victims to a family violence service, and of the perpetrator to a men’s family violence service.**

The Code articulates how police are required to:

- assess the immediate risks and threats to victims and manage each incident
- assess the level of future protection required for victims
- be sensitive to diverse needs and consider factors that may compound the effects of family violence
- record all incidents of family violence to allow identification of recidivist offenders, monitoring of trends and identification of persons at risk

- make referrals to family violence services and in certain circumstances notify child protection agencies (if children are involved).

Police treat every report of family violence as genuine and respond and act on all reports, regardless of where they have originated.

Courts

Specialist approaches

There are a number of court-based specialist approaches to family violence that exist within the Magistrates’ Courts of Victoria. These include:

- the Family Violence Court Division (located in Ballarat and Heidelberg)
- the Specialist Family Violence Service (located in Melbourne, Frankston and Sunshine with a circuit to Werribee)
- the Koori Family Violence Court Support Project (a pilot that commenced in Melbourne in May 2011).

Applicant support workers are located in courts in the Family Violence Court Division and the Specialist Family Violence Service. An applicant support worker is also allocated at the Victorian Civil and Administrative Tribunal (VCAT), for victims protected by a Family Violence Intervention Order or Family Violence Safety Notice, who are applying for changes to residential tenancy agreements or change of locks. The applicant support workers make safety assessments for victims of family violence and also provide advocacy, referral and linking services.

The Family Violence Court Division is empowered to order a respondent to attend an eligibility assessment interview to determine their eligibility to attend the mandated Men’s Behaviour Change Program. The court may order a respondent to attend the mandated Men’s Behaviour Change Program if satisfied that the respondent is eligible.

Eligibility assessment is undertaken by respondent support workers, who also have responsibility for assisting people who are respondents to applications for an intervention order and/or who are charged with a criminal offence arising from or including allegations of family violence. These workers can provide information, support and referrals to external service providers and community agencies where appropriate.

Non-specialist courts

Every court has a Court Registrar, and when women arrive at court to seek an Intervention Order, this person is usually their first point of contact.

Non-specialist Magistrates' Courts accommodate family violence matters that come before them in a variety of different ways, depending on resources at each location. Family Violence Resource Officers (Registrars) are located at most court locations. Where possible, the Magistrates' Court of Victoria lists family violence hearings on preferred days, to ensure agencies within the community are actively engaged and represented at each location, for the support and benefit of victims. However, some Magistrates' Courts do not currently have specialist resources, nor do they always utilise specialist listing practices for family violence matters.

Family violence-related issues may arise in other courts, incidental to the substance of those proceedings. Examples include the Children's Court, Victims of Crime Assistance Tribunal (VOCAT), Federal Magistrates' Court and the Family Court.

For further information go to www.magistratescourt.vic.gov.au

Victims' services

The Victims of Crime Helpline is a statewide service that provides victims with information, telephone support and referral to appropriate services. Helpline staff are trained victim-support professionals who provide prompt and accurate information about the criminal justice system and processes. Interpreting and TTY services are also available.

The Helpline is the primary gateway to the Victims Assistance and Counselling Program (VACP), a network of Department of Justice-funded service providers across Victoria that tailors services to the individual needs of victims of crime, including family violence. VACP agencies provide services via a flexible case management model, delivered through a range of practical supports and therapeutic interventions, including counselling. VACP providers are available in metropolitan and regional Victoria.

Legal services

Lawyers, para-legal advisors and legal services can provide a range of legal assistance to contribute to women's and children's safety and wellbeing. While some women utilise the services of private legal advisors, the following state-funded or community-based legal services provide important support to many women.

Community Legal Centres. These often have family violence programs aimed at supporting those who are applying for family violence Intervention Orders by providing legal advice, court representation and other assistance. Usually these services are available at the Magistrates' Court to provide immediate legal support, working in conjunction with Victoria Legal Aid and the local Integrated Family Violence Services, with the support and cooperation of the court.

Victoria Legal Aid (VLA). VLA provides duty lawyers, advice services, and ongoing legal representation to eligible applicants and respondents in Family Violence Protection Act matters in the Magistrates' Court of Victoria, and to clients experiencing family violence in the Commonwealth Family Law Courts. VLA provides Family Dispute Resolution services to people experiencing family violence, through a specialist Roundtable Dispute Management service, which incorporates family violence risk assessment procedures.

In cases involving Child Protection, legal advice is available, as is a once-off free duty lawyer for each of the parties on their first day of court. Ongoing representation can be provided to eligible respondents and applicants with matters in the Family Violence lists of the Melbourne and Moorabbin Children's Court and at country sittings of the Children's Court serviced by a VLA office or VLA-funded practitioners.

Women's Legal Service Victoria (WLSV). WLSV is a statewide not-for-profit organisation providing free and confidential legal information, advice, referral and representation to women in Victoria. WLSV specialises in issues arising from relationship breakdown and violence against women. In addition to delivering services to women, WLSV develops and implements preventative family violence programs and influences the development of legal policy and law reform. WLSV also provides education, training and professional development on the law and related areas.

Victorian Aboriginal Legal Service (VALS). VALS provides legal and legal-related services to Aboriginal and Torres Strait Islander peoples. This includes providing referrals, advice and information, duty work or case work assistance, and information regarding Intervention Orders and acting in the event of a breach of an Intervention Order. VALS has solicitors specialising in criminal, family and civil law.

The Aboriginal Family Violence Prevention and Legal Service (AFVPLS).

This service addresses family violence in Aboriginal communities, provides assistance to victims of family violence and sexual assault, and works with families and communities affected by violence. AFVPLS provides free legal advice, court support and ongoing casework, free counselling, support, information and referrals to specialist services. It also works with local community groups and organisations to develop awareness and preventative initiatives.

Seniors Rights Victoria (SRV). Seniors Rights Victoria is the primary government-funded specialist elder abuse service, established to assist with elder abuse concerns and to safeguard the rights, dignity and independence of older Victorians. The statewide service provides a free and confidential telephone information, support and referral helpline, a specialist legal and advocacy service, advocacy for individuals, and community education.

Child Protection

The 'Best Interests Principles' of the *Children, Youth and Families Act 2005* is the legislative basis for services provided to children, young people and families. All interventions with children and families across the child and family services sector (which includes Child Protection, Out-of-Home care and Family Services) are guided by the *Best Interests framework for vulnerable children and youth*. This framework facilitates a shared understanding, a common language and a consistent approach to assessment, planning and action.

The *Best Interests case practice model* supports consistent application of the framework across the child and family services sector including Child Protection, and incorporates assessment, planning and

casework. It is used to assess the likelihood of harm occurring to children and young people by detailing both the characteristics of the child or young person and their parents, and the nature of the incident or abuse.

Maternal and child health nurses, general practitioners and teachers are mandated to notify Child Protection of any suspected or actual abuse or neglect of a child or young person.

All people have a duty of care to report to Child Protection if they believe a child or young person has suffered or is likely to suffer significant harm and their parent is unwilling or unable to protect them from harm.

For further information go to www.dhs.vic.gov.au/everychildeverychance

Practice Guides 1 to 3 of this manual provide prompts and issues for assessing risk to children.

Mainstream services

Family services

The *Family Services Strategic Framework* describes an approach to responding to vulnerable and at-risk children, young people and their families that includes the delivery of a network of coordinated community-based services. These networks have the capacity to assess the needs of children and young people to determine an appropriate service response, work with hard-to-engage families, and focus on working with parents to address children's needs.

The framework is consistent with the *Child Wellbeing and Safety Act 2005* and the *Children, Youth and Families Act 2005*.

For further information go to www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies-guidelines-and-legislation/legal-and-policy

Child FIRST (Child and Family Information, Referral and Support Teams) are established in 24 sub-regional catchments across Victoria. The primary purpose of Child FIRST is to help vulnerable children, young people and their families link effectively into relevant services. Child FIRST provides an identifiable entry point into family services to achieve improvements in prioritising, assessing, referring and providing services for vulnerable children, young people and families.

Child and Family Services Alliances consist of Child FIRST and family service providers, DHS regional child protection, DHS regional family services, and where capacity exists, an Aboriginal community controlled family service organisation. At the sub regional level the alliances undertake catchment planning, provide operational management and coordinate service delivery.

Other mainstream services

Given the prevalence of family violence in our community, a wide range of other professionals are likely to come into direct contact with victims. These professionals have a role in identifying the presence of family violence and referring appropriately in accordance with this framework.

The framework

Using the framework

This risk assessment and risk management framework (often referred to as the common risk assessment framework or CRAF) has been developed so that a wide range of professionals and organisations can: identify family violence; provide helpful, supportive and timely responses to victims; and contribute to holding perpetrators accountable for their actions.

The framework is for use by:

- professionals working in mainstream settings who encounter people they believe to be victims of family violence
- professionals who work with victims of family violence and play a role in initial risk assessment, but for whom responses to family violence are not their only core business
- specialist family violence professionals working with women and children who are victims of family violence.

The framework comprises six components to effectively identify (risk assessment) and respond (risk management) to victims of family violence:

- 1. a shared understanding of risk and family violence across all service providers**
- 2. a standardised approach to recognising and 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.**

To ensure service delivery is consistent across the family violence system, the framework is accompanied by three practice guides.

The risk assessments outlined in all practice guides combine three elements to determine the level of risk to an individual or family:

- the victim's own assessment of her level of risk
- evidence-based risk factors
- the practitioner's professional judgement.

When applying the framework, you need to take an approach that:

- recognises the ways that gender inequality is manifested in family violence
- is respectful
- uses non-judgemental communication
- is culturally informed and sensitive
- recognises victims' rights to information about all of their options
- demonstrates the accountability of the service system
- promotes social justice
- recognises the importance of preventing violence in the future.

Principles underpinning the family violence risk assessment and risk management framework

- Family violence is a fundamental violation of human rights and is unacceptable in any form.
 - Physical or sexual violence within the family is a crime that warrants a strong and effective justice response.
 - Responses to family violence must recognise and address the power imbalance and gender inequality between those using violence (predominantly men) and those experiencing violence (predominantly women and children).
 - The safety of women and children who have experienced or are experiencing family violence is paramount in any response.
 - Men who use violence should be held accountable and challenged to take responsibility for their actions.
 - Family violence affects the entire community and occurs right across society regardless of location, socioeconomic and health status, age, culture, gender, sexual identity, ability, ethnicity or religion, responses must take into account the needs and experiences of people from diverse backgrounds and communities.
 - Family violence is not acceptable in any community or culture.
- Responses to family violence are most effective when they are integrated and designed to enhance the safety of women and children.
 - The whole community is responsible for preventing family violence, so there needs to be a community-wide understanding that family violence is unacceptable.

Applying the framework in your professional context

To work within this framework, you need to read both the introductory body of this manual, and the practice guide relevant to your work context.

Practice guide 1: Identifying family violence

This guide assists mainstream professionals who encounter people they believe to be victims of family violence. It provides a set of possible indicators of family violence and clear advice on how to identify family violence, and suggests questions that should be asked. You should use this guide if you are:

- a maternal and child health nurse
- a general practitioner
- a teacher
- a health care provider, for example, in a primary health, emergency or hospital setting
- a professional working for a telephone helpline
- a Home and Community Care (HACC) worker
- a disability service worker
- a professional working in a mediation centre
- a professional working in Centrelink.

You should use this guide when you are unsure whether someone is experiencing family violence.

Practice guide 2: Preliminary assessment

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

- a member of Victoria Police
- a professional working in a court setting
- a professional working in a community legal centre
- a professional working in a child protection context
- a professional working in housing and homelessness services.

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

Practice guide 3: Comprehensive assessment

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

Organisational aspects of implementing the framework

Effective risk assessment relies on assessors having the knowledge and ability to undertake assessments effectively to ensure that risk is identified, assessed and responded to in a comprehensive and timely fashion. Effective processes and systems are also necessary.⁸

Professionals wishing to use the framework as part of their practice need to ensure that the organisations they work within have agreement among all relevant staff about:

- the purpose of risk assessment
- the amount of time that is reasonable to spend doing an assessment
- what is said to the victim to encourage her participation in the assessment
- what is said to the victim regarding use of information
- the limits of confidentiality
- who conducts the risk assessment
- the credentials and training required for people conducting the risk assessment
- what will happen to the information collected in the assessment
- what will be communicated to victims and what directions or advice will accompany that communication
- what is to be communicated to the more formal system, that is, what information (and in what form) is appropriate for court proceedings, probation or correction services, and advocates
- where the assessment will be stored and who will have access to it.

Formal partnerships between organisations are also important. These are a means to achieving collaborative arrangements such as joint training, memoranda of understanding, information sharing, or shared action towards continuous service improvement.

In the context of the integrated family violence system, partnerships should build upon networks that already exist at a local level. They should also connect with other forums for integration including as at 2012: the Integrated Family Violence Regional Governance Committees; the Family Violence Services, Child FIRST/Family Services and Child Protection Partnerships; Primary Care Partnership networks; and the Child and Family Services alliances.

Service systems are best placed to respond to victims and perpetrators of family violence in integrated and coordinated ways when they have a framework that:

- incorporates common language, risk assessment, risk management, data collection methods and quality assurance processes.
- focuses on the rights, needs and safety of each unique victim, taking into account their individual circumstances, culture, identity, context and risk situation.

Preventing family violence requires changes in community attitudes and behaviour, early responses to people at risk, and improved responses to women and children who experience violence and to the men who perpetrate it.

Responses to family violence can be improved by better recognition and greater coordination of services that meet the independent rights and needs of children.

This framework (Figure 3) consists of six key components:

1. a shared understanding of risk and family violence across all service providers
2. a standardised approach to recognising and 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.

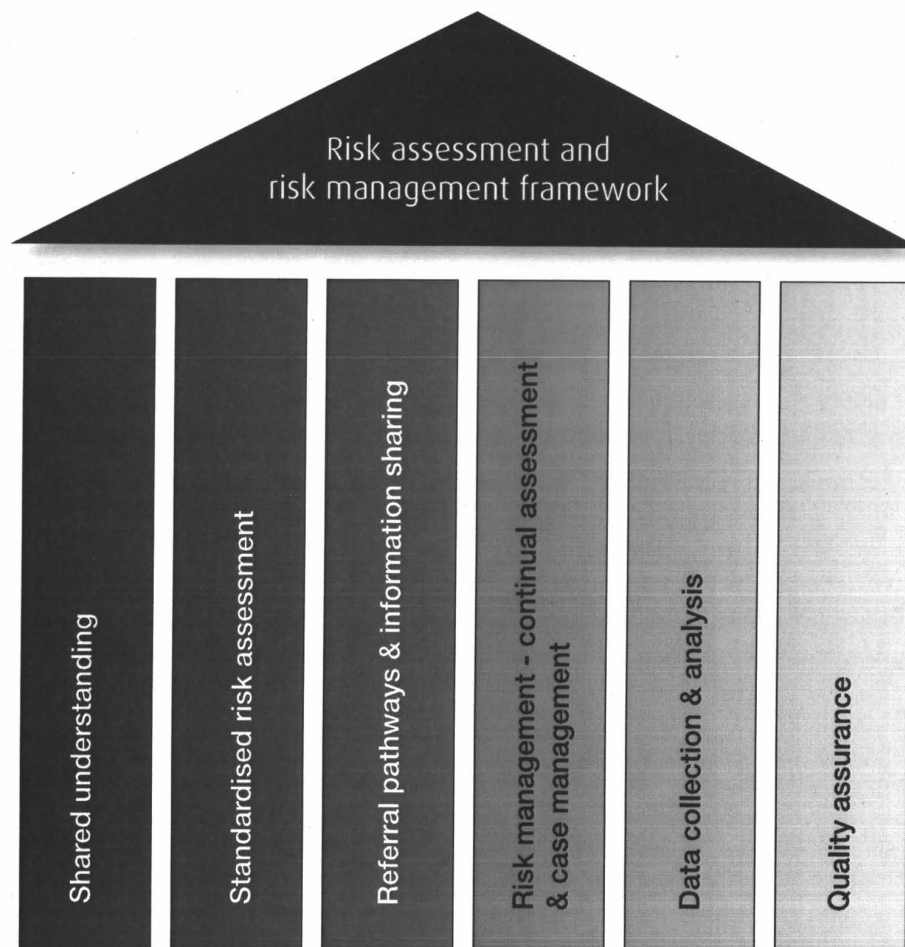


Figure 3: The risk assessment and risk management framework

Component 1: A shared understanding of risk and family violence

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

It is vital that fundamental principles relating to violence are understood, but a common understanding of other basic issues about family violence is equally important. To implement this framework, it is important to be clear about:

- approaches to family violence risk assessment
- what constitutes family violence
- the ways that family violence can impact on women and children
- factors affecting the likelihood and severity of family violence
- responding to men in heterosexual relationships who report being a victim of violence.

The following information is consistent with the following key policy and practice documents, including the *Domestic Violence Victoria Code of Practice*, the *Men's behaviour change group work manual for quality practice* developed by No to Violence and the *Victoria Police Code of Practice for the Investigation of Family Violence*. It is also informed by the *Family Violence Protection Act 2008*.

You also need an understanding of the underlying causes of family violence and an awareness of community attitudes about family violence and their impact. VicHealth has published a number of useful documents regarding these broader contexts.

See www.vichealth.vic.gov.au

Approaches to family violence risk assessment

Risk assessment is the process of identifying the presence of a risk factor and determining the likelihood of an adverse event occurring, its consequence, and its timing. Understanding the relationship between likelihood, consequence and timing will promote structured decision making during risk assessment.

In the health and human services sector, risk assessment is often used in epidemiology and medicine to identify public health risks and factors associated with future illness. It is widely used in the criminal justice and mental health systems, where the need to determine the likelihood of re-offence or future violence is great. Risk assessment is also used systematically in the child protection field to determine the likelihood and consequence of harm occurring to the child and to guide the intervention provided.

The human services field has employed several different approaches to risk assessment:

- the clinical approach, which is historically the most common and primarily utilises professional opinion or judgement. The professional has complete discretion over what information is considered and there are no constraints on the information that can be used to reach a decision
- the actuarial approach, which integrates statistical evidence into assessment. The tools used involve scales or matrices developed on retrospective evidence-based analysis of factors associated with the outcome of interest (for example, episodes of violence).
- the structured professional judgement approach, also known as structured decision making, in which clinical and actuarial approaches are used in

combination, drawing on evidence-based frameworks and taking account of case-specific situations and contexts.

While there is no scientific or completely accurate method of assessing risk to victims of family violence, it is known that a structured professional judgement approach to assessing such risk is more accurate than relying on clinical judgement or actuarial approaches alone.

In the context of family violence, it is critical that the work of professionals recognises and respects that women and children already have their own knowledge and methods to identify, analyse and evaluate risk. Research has found that victims are often good predictors of their own level of risk so their perspectives must be included in the process of assessing risk.

Any assessment of risk to victims of family violence must be structured and informed by:

- the victim's own assessment of her safety and risk levels
- a sound evidence base, which identifies factors that indicate an increased risk of re-occurrence of family violence
- the professional judgement of the person making the assessment, which takes into account the above and includes all other information known about the victim and her situation.

What constitutes family violence

Forms of family violence

In most instances, family violence is perpetrated by men against their intimate female partner and children. It can take many different forms, as shown in Figure 4.⁹

It is important to recognise that the list of behaviours in that matrix is not exhaustive.

There are many different ways that perpetrators of violence exert their power and control over family members; some of these are very specific to the relationship context.

It is critical to be aware that all of these forms of abuse are family violence, even when a relationship has ended. Indeed, the period after separation can be a very dangerous time for a victim, because the perpetrator may perceive a loss of control over her and may become more unpredictable.

Figure 4: Forms of family violence

Form	Examples
Intimidation	<ul style="list-style-type: none"> Smashing things Destroying possessions Putting a fist through the wall Handling guns or other weapons in the presence of the victim Using intimidating body language such as angry looks, raised voice Questioning the victim in a hostile way Recklessly driving a vehicle with the victim in the car Harassing the victim by making persistent phone calls, sending text messages or emails, following her, or loitering near her home or workplace
Verbal abuse	<ul style="list-style-type: none"> Screaming, shouting, making put-downs, name-calling Using sarcasm Ridiculing the victim in public or private
Physical abuse	<ul style="list-style-type: none"> Showing lack of consideration for the victim's physical comfort or safety (such as dangerous driving) Pushing, shoving, hitting, slapping, choking, hair-pulling, punching or using weapons Destroying possessions (Note: acts are physically abusive even if they do not result in physical injury)
Emotional abuse	<ul style="list-style-type: none"> Any behaviour that deliberately undermines the victim's confidence (for example, that leads her to believe she is stupid, a 'bad mother', useless, or even crazy or insane) Acts that humiliate, degrade and demean the victim Threatening to harm the victim, her friend or family member; to take her children; or to commit suicide Silence and withdrawal as a means to abuse Threatening to report the victim to authorities such as Centrelink or Immigration
Social abuse	<ul style="list-style-type: none"> Isolating the victim from her social networks and supports, either by preventing her from having contact with her family or friends or by verbally or physically abusing her in public or in front of others Continually putting friends and family down so the victim is slowly disconnected from her support network Preventing the victim from having contact with people who speak her language and/or share her culture

Figure 4: Forms of family violence continued

Form	Examples
Economic abuse	Denying the victim access to money, including her own Demanding that the family live on inadequate resources Incurring debt in the victim's name Making significant financial decisions without consulting the victim Selling the victim's possessions (Note: these can be contributing factors for women becoming 'trapped' in violent situations)
Sexual abuse	Rape (which includes being forced to perform unwanted sexual acts, or to have sex with others) Being pressured to agree to sex Unwanted touching of sexual or private parts Causing injury to the victim's sexual organs
Controlling behaviours	Dictating what the victim does, who she sees and talks to, or where she goes Keeping the victim from making friends, talking to her family, or having money of her own Preventing the victim from going to work Not allowing the victim to express her own feelings or thoughts Not allowing the victim any privacy Forcing the victim to go without food or water
Spiritual abuse	Ridiculing or putting down the victim's beliefs and culture Preventing the victim from belonging to or taking part in a group that is important to her spiritual beliefs, or practising her religion
Stalking	Loitering around places the victim is known to frequent, watching her, following her, making persistent telephone calls and sending mail including unwanted love letters, cards and gifts (Note: stalking is a criminal offence. Under the stalking legislation, more than one type of behaviour has to occur, or the same type of behaviour has to occur on more than one occasion. Stalking can occur before or after separation.)
Spousal homicide	The death of the victim directly attributed to family violence

Family violence outside the context of intimate, heterosexual relationships

Family violence can be perpetrated by a family member outside the context of an intimate, heterosexual relationship, for example:

- by an adult in the context of an intimate same-sex relationship
- by an adult towards an older person in a family, or family-like, relationship
- by a carer
- by an adolescent son or daughter towards a family member.

In these contexts, family violence can manifest in other ways, with perpetrators using acts of violence that are specific to the relationship context.

Violence perpetrated by an adult in the context of an intimate same-sex relationship

There are a number of aspects of family violence that are unique to same-sex family violence, such as threats to 'out' the victim's sexual orientation, reveal their HIV status, or cut off their contact with gay, lesbian, bisexual, transgender and intersex (GLBTI) communities. Similar issues also exist for transgendered people.

In GLBTI relationships, the perpetrator of violence might tell their partner that their allegations of violence would be disbelieved—perhaps suggesting that the police and the justice system are homophobic, or that family violence only occurs in 'straight' couples. If the perpetrator does not feel fully comfortable with their own sexuality or gender identity, their abuse might include homophobic or transphobic elements. Violence against transgendered people might also include withholding hormones or other essential medications or access to medical or support services.

Violence perpetrated towards an older person in a family, or family-like, relationship

Elder abuse is any behaviour that causes physical, psychological, or financial harm to an older person. Elder abuse occurs in the context of a relationship of trust between the older person and the abuser, and when not perpetrated by victims' partners or carers, is most commonly perpetrated by their adult sons or daughters. Some forms of abuse are criminal acts, for example, physical and sexual abuse. Other types, such as financial misappropriation, may not reach the level of criminality, but may require redress through guardianship or civil proceedings. Elder abuse does not always have a dimension of power and control; for example, it sometimes occurs as a result of ignorance or negligence. However, due to the possibility that family violence might otherwise be missed, it is always preferable to begin with this framework when assessing older people.

Violence perpetrated by a carer

People with disabilities (including frail adults) experience forms of violence that are unique to living with disability and that may be perpetrated by a partner, relative, paid or unpaid caregiver, co-patient, co-resident, staff member in a residential or institutional setting, or a service provider. This violence may take the form of withholding food, water, aids (such as wheelchairs or walking sticks), or medication. If the perpetrator is a carer, they might also withhold assistance with toileting, showering, dressing, travelling, shopping or eating. They might be rough with intimate body parts or engage in inappropriate handling, or they might demand or expect sexual activity in return for helping, or otherwise take advantage of the victim's physical weakness or inaccessible environments. Other forms of violence towards people with disabilities

include threatening to punish, abandon or institutionalise them; threatening that police or other services will not believe their reports; threatening to report them to Child Protection and/or have their children taken away; financial abuse; and abuse that focuses on the disability itself.

Violence perpetrated by an adolescent against a family member

Adolescent violence against parents and siblings includes any physical, emotional, psychological or financial act that makes the victim (the parent) feel threatened, intimidated or controlled. While there is little research on adolescent violence, data that is available suggests that it is more common in single parent families, and that boys are more likely to be physically abusive,¹⁰ while girls are more likely to be emotionally or psychologically abusive. Many of these adolescents are victims of family violence.

Violence by young people with a disability towards their parents is also a concern for some families.

Aboriginal family violence

Aboriginal definitions of the nature and forms of family violence are broader and more encompassing than those used in the mainstream. The Victorian Aboriginal Family Violence Task Force defined family violence as:

An issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.

Family violence in Aboriginal communities encompasses a range of acts that are criminal, such as physical and sexual assault,

and non-criminal, such as emotional and spiritual abuse. Community violence, or violence within the Aboriginal community (often between Aboriginal families), is also an emerging concern for local areas in Victoria. This violence contributes to overall levels of violence reported by Aboriginal people and the trauma experienced within families and kinship networks. In the context of Aboriginal family violence, an individual can be both a perpetrator and a victim of family violence.

Family violence in CALD communities

It is critical to challenge ideas that family violence is more acceptable in some cultures. Women from all cultures leave or take steps to protect themselves from family violence, and in doing so, assert its unacceptability. All communities—including Anglo-Australian ones—have violence- condoning and violence-supporting values, systems and practices; these are different in different communities. Some CALD communities might not have definitions of family violence that extend beyond physical violence. They might, however, have mechanisms for dealing with family violence that are different to those in Anglo communities. For example, community leaders might play a greater role in engaging with or challenging perpetrators, alongside a criminal justice approach.

Violence perpetrated by women

In a relatively small number of cases, women are violent towards their male partner in the context of an intimate relationship.¹¹ Many victims are wrongly perceived as perpetrators when they use self-defence, an act of resistance, or an isolated or relatively isolated episode, in response to their male partner's patterned, systematic use of violence against them.¹²

Violence as a systematic expression of power and control used by women against their male partners is believed to be uncommon.

In some circumstances, assessors have genuine difficulty in establishing whether a person is using or in need of protection from family violence. For example, each adult in a relationship might claim to be experiencing violence from the other, or a man might claim to be a victim of his female partner.

For guidance regarding these situations, see *Assessing whether a person is using or in need of protection from family violence on page 41*.

Ways that family violence can impact on women, children and young people

Women

Family violence has been found to be the greatest contributor to ill health and premature death in women under the age of 45 years.

Impacts of family violence can include physical injuries, disability, miscarriage, sexually transmitted diseases and homicide. Less direct physical health outcomes associated with experiences of family violence include headaches, irritable bowel syndrome and self-harming behaviour such as engaging in unprotected sex. Women who experience family violence might also experience depression, fear, anxiety, low self-esteem, social isolation, financial debt, loss of freedom, and feelings of degradation and loss of dignity. Pre-existing disabilities and mental illnesses may be exacerbated by experiences of family violence.

Women who experience family violence are also likely to have trauma responses or be diagnosed with Post-Traumatic Stress Disorder (PTSD).¹³ Symptoms include nightmares, flashbacks, emotional detachment, insomnia, avoidance of reminders ('triggers') and extreme distress when exposed to these, irritability, hyper-vigilance (watching for anger or signs of violence), memory loss, excessive startle response, clinical depression and anxiety, and loss of appetite. Women with family violence

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

Women as mothers (and other caregivers, kin or guardians)

Mothers or other caregivers who are traumatised by family violence, are often less able to provide for their own or their children's needs in the short term, or may prioritise immediate action towards minimising harm.¹⁴ They may also be too traumatised, victimised or desensitised to violence to make a realistic assessment of the risks and impact the violence is having on them or their children. Traumatized mothers or caregivers might need information and support to understand the impact of family violence on their children.

The relationship between the parent who is a victim (usually the mother) and their children is often affected by family violence. Children might, for example, feel unable to trust that their mother will protect them, particularly if she has not yet acknowledged the impact of the violence on them. Mothers might need assistance to help their children make sense of their negative experiences within the family home.

It is important to recognise that women often go to significant lengths to try to minimise or prevent the perpetrator's violence impacting on their children. Sometimes these actions have their own impact on the child's actual or perceived safety, and on their relationship with their mother.

Children and young people

Children and young people do not have to be physically present during violence to be negatively affected by it. Exposure to violence can take the form of witnessing violence, hearing violence, being aware of violence, being used or blamed as a trigger for family violence, or seeing the consequences of family violence.

There is now a strong evidence base that shows:

- early childhood development and wellbeing provides the foundation for learning, behaviour and health through school years and into adult life
- negative experiences in the first three years of life have long-lasting effects on brain development
- children who have negative experiences in their early years are more likely to have behavioural and learning problems and poor physical health; later in life, they are more likely to abuse substances, be involved in crime, and have poor parenting practices.¹⁵

Exposure to family violence is identified in the literature as a risk factor and negative experience that might impede children's normal development. It is likely to have long-term psychological, emotional and behavioural consequences for children and young people, including anger, trauma, sadness, shame, guilt, confusion, helplessness and despair.

Family violence is a key cause of stress in children and young people and can significantly disrupt healthy brain and personality development. Recent evidence indicates that ongoing exposure to traumatic events as a child, such as witnessing or being the victim of family violence, results in chronic over-activity of the body's stress response and permanent changes to the brain's architecture. This can lead to behaviours such as hyper vigilance and hyperactivity and impacts on children throughout their lives, leading to deficits in learning, behaviour, and physical and mental health and wellbeing.

The Department of Human Services notes:

Cumulative harm refers to an accumulation of risk factors. It recognises the existence of compounded experiences by way of multiple levels or 'layers' of neglect or maltreatment. By the time abuse/neglect is identified as having caused cumulative harm, its unremitting daily impact on the child is wide ranging, profound and exponential, covering multiple dimensions of child and family life, causing damage to the foundations of a child's sense of safety, security wellbeing and development, which can be irreversible.

Living in an environment where the cycle of violence occurs again and again forces children into a way of life where they are continually waiting for the cycle to propel towards the 'explosion', so that the tension in the atmosphere can be relieved. Infants, children and young people growing up in this kind of environment are unable to focus on developmental tasks appropriate to their age, instead developing maladaptive coping strategies.

Recent research evidence on cumulative harm has shown that a child can be as severely harmed by the cumulative impact of less severe risk factors and incidents (for example, prolonged exposure to family violence), as by a single severe episode of harm.¹⁶

Specialist family violence risk assessment and practice resources for children and young people (for services within the IFVS) were under development at the time of printing.

These resources will include a practice guide and template for assessing and recording the safety and needs of children and young people affected by family violence.

The resources will be available in 2012 on the OWP website www.women.vic.gov.au

Factors affecting the likelihood and severity of family violence

One of the fundamental principles underpinning this framework is that perpetrators should be held accountable for their use of violence and challenged to take responsibility for their actions.

Violence against women occurs because of a choice by their male partner, and responsibility for that choice rests solely with the perpetrator of violence. This choice exists in a particular cultural and social context that includes a power imbalance between men and women.

There is reliable research indicating that some factors are associated with greater likelihood and/or severity of family violence. These are summarised in Figure 5. It is important to keep in mind that these factors might interact in many and complex ways.

Despite the co-occurrence of certain factors with family violence, none is causal. It must be recognised and accepted that family violence occurs in a diverse range of households across the entire Victorian community and remains largely undetected and unreported.

Figure 5: Factors impacting on the likelihood and severity of family violence

Risk factor	Explanation
Risk factors for victims	
Pregnancy/new birth*	Family violence often commences or intensifies during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death. Family violence during pregnancy is regarded as a significant indicator of future harm to the woman and her child.
Depression/mental health issue	Victims with a mental illness may be more vulnerable to family violence.
Drug and/or alcohol misuse/abuse	Victims may use alcohol or other drugs to cope with the physical, emotional or psychological effects of family violence; this can lead to increased vulnerability.
Has ever verbalised or had suicidal ideas or tried to commit suicide	Suicidal thoughts or attempts indicate that the victim is extremely vulnerable and the situation has become critical.
Isolation	A victim is more vulnerable if she is isolated from family, friends and other social networks. Isolation also increases the likelihood of violence and is not simply geographical. Other examples of isolation include systemic factors that limit social interaction or support and/or the perpetrator not allowing the victim to have social interaction.

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

Figure 5: Factors impacting on the likelihood and severity of family violence continued

Risk factor	Explanation
Risk factors for perpetrators	
Use of weapon in most recent event*	Use of a weapon indicates a high level of risk because previous behaviour is a likely predictor of future behaviour. A weapon is defined as any tool used by the perpetrator, that could injure, kill or destroy property.
Access to weapons*	Perpetrators who have access to weapons, particularly guns, are much more likely to seriously injure or kill a victim than perpetrators without access to weapons.
Has ever harmed or threatened to harm victim	Psychological and emotional abuse has been found to be a good predictor of continued abuse, including physical abuse. Previous physical assaults also predict future assaults.
Has ever tried to choke the victim*	Strangulation or choking is a common method used by male perpetrators to kill female victims.
Has ever threatened to kill the victim*	Evidence suggests that a perpetrator's threat to kill a victim is often genuine.
Has ever harmed or threatened to harm or kill children*	Evidence suggests that where family violence is occurring, there is a likelihood of increased risk of direct abuse of children in the family. Children are adversely affected through experiencing violence directly and by the effects of violence, including hearing and (or) witnessing violence or through living in fear due to a violent environment.
Has ever harmed or threatened to harm or kill other family members	Threats by the perpetrator to hurt or cause actual harm to family members can be a way of controlling the victim through fear.
Has ever harmed or threatened to harm or kill pets or other animals*	A correlation between cruelty to animals and family violence is increasingly being recognised. Because there is a direct link between family violence and pets being abused or killed, abuse or threats of abuse against pets may be used by perpetrators to control family members.
Has ever threatened or tried to commit suicide*	Threats or attempts to commit suicide have been found to be a risk factor for murder-suicide.
Stalking of the victim*	Stalkers are more likely to be violent if they have had an intimate relationship with the victim. Stalking, when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking behaviour and obsessive thinking are highly related behaviours.
Sexual assault of the victim (including rape, coerced sexual activity or unwanted sexual touching)*	Men who sexually assault their partners are also more likely to use other forms of violence against them.
Previous or current breach of Intervention Order	Breaching Intervention Order conditions indicates the defendant is not willing to abide by the orders of a court. Such behaviour should be considered a serious indicator of increased risk of future violence.

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

Figure 5: Factors impacting on the likelihood and severity of family violence continued

Risk factor	Explanation
Risk factors for perpetrators	
Drug and/or alcohol misuse/abuse*	A serious problem with illicit drugs, alcohol, prescription drugs or inhalants leads to impairment in social functioning and creates a risk of family violence. This includes temporary drug-induced psychosis.
Obsession/jealous behaviour towards victim*	Obsessive and/or excessive jealous behaviour is often related to controlling behaviours and has been linked with violent attacks.
Controlling behaviours (for example, the perpetrator telling the victim how to dress, who they can be friends with, controlling how much money they can access, and determining when they can see friends and family or use the car)*	Men who think they 'should be in charge' are more likely to use various forms of violence against their partner.
Unemployment*	Unemployment is associated with an increased risk of lethal assault, and a sudden change in employment status—such as being terminated and/or retrenched—may be associated with increased risk.
Depression/mental health issue	Murder–suicide outcomes in family violence have been associated with perpetrators who have mental health problems, particularly depression.
History of violent behaviour	Perpetrators with a history of violence are more likely to use violence against family members. This can occur even if the violence has not previously been directed towards family members. Other victims may have included strangers, acquaintances and/or police officers. The nature of the violence may include credible threats or use of weapons, and attempted or actual assaults. Violent men generally engage in more frequent and more severe family violence than perpetrators who do not have a violent past.
Relationship factors	
Recent separation*	For women who are experiencing family violence, the high risk periods include immediately prior to taking action, and during the initial stages of or immediately after separation. Victims who stay with the perpetrator because they are afraid to leave often accurately anticipate that leaving would increase the risk of lethal assault. The data on time-since-separation suggests that women are particularly at risk within the first two months.
Escalation— increase in severity and/or frequency of violence*	Violence occurring more often or becoming worse has been found to be associated with lethal outcomes for victims.
Financial difficulties	Low income (less than that required to provide for basic needs) and financial stress including a gambling addiction are risk factors for family violence.

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

Factors impacting on victims' vulnerability to continued violence

Certain factors might make some victims more vulnerable to continued family violence. These are often factors that, understandably, make women less likely to take active steps towards escaping the violence and/or initiating help-seeking. They include:

- perceived or actual dependence on the perpetrator (for example, as an income earner, carer, or sponsor for a visa)
- fears arising from the perpetrator's threats against children, extended family members, friends, or pets
- fears of their children being removed, or of losing access to their children
- the involvement of other family members who collude with or co-perpetrate family violence (for example, resident in-laws)
- fears arising from the perpetrator's threats to inform police about illegal activities
- fears arising from the perpetrator's threats to report to Centrelink, Child Protection or immigration authorities (such threats are potent even if there might be no grounds for action by these authorities)
- geographic isolation, including having no safe place to flee to
- social isolation, including lack of access to networks of social support
- beliefs that taking steps to leave the violence would necessitate a move away from home, schools, work and social supports
- lack of accommodation options and/or money to pay for rental accommodation and relocation, if they do wish to leave
- the existence of court orders or visa conditions limiting home location and/or travel movements
- fears of not being believed, perhaps because of the perpetrator's high profile or valued status in a community or because of previous experiences of poor system responses
- lack of awareness of family violence support services and protective mechanisms
- concern about being stigmatised for being a victim of family violence
- 'normalisation' of their experience of family violence (which might be attributed to both the perpetrator and community attitudes)
- experiences or expectations of poor service responses.

Of course, victims of family violence often continue to have a deep emotional attachment to the perpetrator. If they feel misunderstood or ashamed of their continuing attachment and relationship with a person who is very significant in their life, they might be less likely to seek support.

Issues such as these need to be considered continually through the process of risk assessment and risk management, as they have potential to impact significantly on women's choices and sense of possibility. It is also critical to note that many of these issues are interconnected and that, for victims from marginalised populations, they are also compounded by other factors, which are discussed on the following page.

Other factors that impact on women's, children's and young people's options and outcomes

Children and young people

Children and young people are particularly vulnerable to the impacts of family violence. Depending on their stage of development, they might be entirely dependent on their adult caregivers to provide them with a safe and stable environment that is free from violence.

It is critical to view children and young people in their own right. Their experiences of violence are different to those of their mothers, by virtue of their stage of development, their different relationship to the perpetrator, and their level of dependence on adult caregivers. Their safety needs are also likely to be different to their mother's, and so where possible, each child or young person requires a safety plan tailored to their own situation.

To minimise the effects of the additional risks and vulnerabilities that might be experienced by children or young people, it is important to:

- be cognisant of their stage of development, and how the impacts of trauma might manifest now and at future points in their life
- be mindful of the cumulative harm caused by living with family violence
- explore their narratives or responses to the violence in age-appropriate ways
- recognise the strengths offered by their culture, community and circumstances
- identify and respond to any particular vulnerabilities that arise from their—or their family's—life circumstances
- recognise the impact of issues associated with leaving a situation of family violence, such as having to change schools, move away from friends, or adjust to life in a refuge

- work collaboratively with the professionals who are most involved in their daily lives—for example, teachers, maternal and child health nurses, and general practitioners.

Family violence is often a direct or indirect attack on the mother–child relationship, and this creates circumstances that undermine the child or young person's wellbeing and safety. All responses to children and young people need to commence with engagement of their mothers and other significant caregivers, while giving space to acknowledge the different, if not separate, impacts and safety issues that arise.

It is common for workers to be concerned about the potential to jeopardise their relationship with women by raising concerns for children. However, the risk to children of continued exposure to family violence means that it is critical to actively engage women around children's safety. The *Best interests case practice model: Summary guide* provides information and practice tips for family services practitioners and managers in this regard; generalist workers should consult with Child FIRST or Child Protection.

The *Children, Youth and Families Act 2005* allows for assessments to be made in relation to a child's or young person's need for protection by examination of 'a single act, omission or circumstance' or through an accumulation or series of 'continuing acts, omissions or circumstances'. Therefore, the impact of cumulative harm experienced by children as a result of ongoing exposure to family violence will, at times, require a Child Protection or Child FIRST response. Decision making by these agencies is governed by what is in the child's best interests. Consideration of best interests includes safety, stability and developmental needs, underpinned by an understanding of culture and age and stage of life.

Adolescents experiencing family violence are likely to enter the service system via youth support services, and so workers in the youth sector need to be skilled in risk assessment and risk management.

Women in pregnancy and early motherhood

Pregnancy and the early years of motherhood are periods when women are at greater risk of experiencing family violence. Research shows that women often experience their first assault during pregnancy, or experience an increase in the form or intensity of violence.¹⁷ Violence committed against pregnant women is more likely to be very dangerous or lethal. There is also evidence that some perpetrators specifically target the foetus, using physical violence aimed at their partner's abdominal area, genitals and breasts.

The Australian Bureau of Statistics 2006 estimates that 59 per cent of women who experienced violence from a previous partner were pregnant at some time during the relationship; of these, 36 per cent reported that violence occurred during the pregnancy and 17 per cent experienced violence for the first time when they were pregnant.¹⁸ International research indicates that a minimum of 4 per cent and possibly up to 21 per cent of pregnant women experience violence that causes injury. Babies born to women who have experienced violence are more likely to be of a lower birth weight, to be more vulnerable to illness, to be at risk of premature delivery and to be at greater risk of death in the months following birth. As described on page 26, family violence has an adverse impact on babies' and children's development.

Some of the additional vulnerabilities that women might experience in pregnancy and early motherhood are:

- exhaustion and sleep deprivation associated with mothering, which might contribute to diminished sense of, or actual, self-efficacy
- stress associated with their new role or with the introduction of a new child into their family
- perceived or actual inability to protect themselves and their children from harm
- change in financial circumstances (perhaps a reduction from two incomes to one)
- fears about losing access to their child because of involvement of Child Protection
- fear of social stigmatisation about becoming a single mother
- lack of safe accommodation options appropriate to an infant or young child
- desire to maintain the child's connection with its father.

The prevalence of family violence in pregnancy and early motherhood suggests that professionals working in perinatal and maternal and child health services play a critical role in early intervention, by identifying family violence and referring appropriately.

Aboriginal and Torres Strait Islander peoples

Aboriginal women experience significantly higher levels of family violence than non-Aboriginal women, with significant under-reporting of family violence in Aboriginal communities. Aboriginal children are seven times more likely than non-Aboriginal children to be the victims of substantiated child abuse.¹⁹

From an Aboriginal perspective, this high prevalence of family violence is attributed to a number of factors, many of which relate to the impact of white settlement on Aboriginal culture. These include:

- dispossession of land and traditional culture through colonialism
- breakdown of community kinship systems and Aboriginal lore
- racism and vilification
- economic exclusion and entrenched poverty

- alcohol and drug abuse
- the effects of institutionalism and child removal policies such as the White Australia Policy
- a collective intergenerational grief and trauma
- the loss of traditional Aboriginal male roles, female roles and associated status.

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 might 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 must demonstrate their cultural respect by:

- asking (at point of intake) whether clients, including children, identify as 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
- demonstrating respect and consideration for Aboriginal and Torres Strait Islander people presenting or referred for assistance and support.

As noted by the *Aboriginal Family Violence Taskforce final report*, regardless of the historical antecedents of Aboriginal family violence and the cultural complexities involved in responding sensitively, the safety and security of victims of violence are number one priorities.

Women and children in culturally and linguistically diverse communities

Some women and children from CALD communities:

- speak no or limited English, which might make it harder to seek support from the police, support services and the courts, especially if those professionals do not routinely offer interpreters
- rarely have access to information about family violence and services in their preferred language
- often encounter systemic barriers to access, such as poor provision of interpreters, a lack of cultural respect, and in some cases, even racism on the part of service providers
- often have limited knowledge about community supports, or access to those supports
- might have cultural beliefs that preclude separation or divorce.

A significant number of women who seek assistance from family violence crisis services are living in Australia on temporary or provisional visas.²⁰ Conditions attached to these visas differ, and women in these situations usually require specialist advice. Many women fear that reporting or leaving family violence will jeopardise their future residency. While their fears of deportation might or might not be well founded, it is critical to recognise that some women who are deported may face punishment or death on return to their country of origin. Others might be shunned by their families, or considered to have brought great shame upon them. Perpetrators often exploit these fears.

Women who are recently arrived in Australia are often particularly isolated, perhaps knowing no one other than their partner's immediate family. Other barriers to their leaving the violence include lack of independent funds, lack of income-earning capacity, the need to send money back to family overseas, experiences of state-based repression, and experiences in Australia of marginalisation and racism.

When assessing risk for victims from CALD communities, it should be remembered that the additional barriers they face in accessing services might compound their level of risk. When working with a woman from a diverse community, it is important to ensure that you:

- simplify and explain all terms, and check that the woman understands them
- always provide an interpreter if required (see below)
- seek secondary consultation and possible co-case management with a service that specialises in responding to family violence against victims from CALD communities
- take all care to engage with the woman in a culturally appropriate manner, perhaps by making contact with other appropriate agencies and/or engaging the services of a bicultural worker
- enquire about and record concerns arising from the woman's life circumstances and factor these into risk assessment and risk management
- discuss with the woman any protective concerns you hold for her children, to minimise the chances that your concerns arise from cultural misunderstandings.

It is critical for you to make every effort to understand:

- the cultural context of the victim's distress, and cultural factors in how this distress might be expressed
- the victim's visa status and legal position (this should be based on information from a suitably informed professional)
- how the victim's culture informs her parenting practices
- the underlying reasons for any reluctance the victim has to use a service or engage with the service system.

If you and the victim cannot communicate easily in English, or if the woman prefers to speak a language other than English,

then you must use a properly accredited interpreter. Using a friend or family member as an interpreter is never acceptable, although this person might be asked what language and dialect the woman speaks, if it has not been possible to determine this.

Some women from small communities have concerns for their privacy and safety in using interpreter services, and any woman might feel concerned for her privacy if she already knows the interpreter. Accredited interpreters have advanced training, significant experience and are required to abide by a code of conduct; however, women with privacy concerns might feel reassured to have access to interstate or international telephone interpreters. These can be arranged via Victorian telephone interpreter services, and should be offered to all women. It is also good practice to explain the interpreter's role to the woman at the outset of the interview and note that the interpreter is not allowed to tell anyone what is said in the course of the consultation.

Before engaging an interpreter service, you should always ask the woman about:

- all the languages she speaks
- which language/s she prefers to speak
- what dialect/s she speaks
- her preferences regarding the gender of the interpreter
- her preferences regarding the form of interpreting (telephone or on-site) and, if telephone, whether she would prefer an interpreter from outside Victoria.

This information is required to engage an appropriate interpreter.

A bicultural worker or specialist CALD service can help to prepare women to speak through an interpreter; this can maximise the benefits of engaging an interpreter.

Women may also require specialist immigration advice.

Women in rural communities

In rural communities, additional factors that make women and children more vulnerable are:

- their distance from neighbours, police stations and support services
- the limited availability of professional advice, support or assistance regarding family violence issues in rural areas
- the limited options for transport to reach services out of their geographic area
- the cost of petrol
- the lack of affordable temporary or rental accommodation in some rural areas, should they wish to leave their home
- the lack of access to onsite interpreters and other communication services, if they prefer to speak a language other than English or have a disability that affects communication
- the potency of threats that they will not be believed or that they will be shamed by alleging family violence, especially if the perpetrator is a high-profile or valued community member
- the likelihood that they will have continuing encounters with the perpetrator in their local community after the relationship has ended.

In small rural communities, some service providers experience extra challenges in preserving service users' privacy. This can impact on women's sense of confidentiality and actual safety.

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 threatened or actual use of firearms as a significant reason that women do not risk fleeing or seeking help.²¹ Firearms are believed to play an important role in explaining the disproportionate number of family violence-related homicides in rural and remote areas.

To minimise the effects of the additional risks and vulnerabilities that might be experienced by a woman living in a rural community, it is important that you:

- offer her opportunities to name and discuss concerns that arise from living in a rural area
- explore what support or assistance she needs in order to gain access to out-of-area services or accommodation
- make specific provision to address safety concerns if she lives at a distance from main roads and/or neighbours
- explore how other factors—such as disability, being in a same-sex relationship, immigration status or dependence on the perpetrator—might impact on her safety and access to services, and make provisions to address these
- respect, engage with and respond to her concerns about confidentiality
- believe her and directly address any concerns she has about whether she will be believed by others, especially if the perpetrator is a high-profile or valued community member

If the woman has children, you should explore their support needs, keeping in mind how living in a rural community might shape their experiences of family violence.

Women with a disability

Family violence profoundly affects everyone who experiences it, regardless of whether they have a disability or what that disability is.

Each person's experience of disability—and the effects of that disability—is unique, and their needs and self-identity will vary accordingly. Their disability may be cognitive, psychiatric, sensory or physical, or a combination of these. While permanent or likely to be permanent, it might not always be evident and/or it might not be perceived by the person as disabling. Most critically, disability only sometimes means a person is cognitively impaired. The best way to assess whether a woman has a disability is to ask her. If it is part of standard practice to ask clients during assessment, then this need not be a difficult practice.

The degrees of assistance that people with disabilities require range from none, through to very intensive support. They might require mobility assistance, personal care, interpreters, and/or (for people whose decision-making capacities are impaired) a Guardian Advocate from the Office of the Public Advocate. The best way to assess the supports required by a woman with a disability is to ask her.

'Family-like' relationships with professional carers and personal attendants are recognised in Victoria's Family Violence Protection Act. For most victims of family violence who have a disability, however, the perpetrator is their intimate partner, who might also be their primary carer.

People with disabilities experience higher rates of family violence than people without a disability, and intimate partner violence—including physical, emotional and sexual violence—is in fact the leading contributor to death, disability and ill-health in women aged 15–44. Women with disabilities are particularly over-represented as victims of family violence.²²

Some women, particularly those with intellectual disabilities, experience violence from their adolescent children, although it is always important to check whether adolescents are being made a scapegoat for violence perpetrated by other family members. The considerations outlined under the heading *Assessing whether a person is using or in need of protection from family violence* (page 41) might be useful in such situations.

Perpetrators of violence will often manipulate the impact of a person's disability to increase their own power and control over that person. Furthermore, women with disabilities sometimes have little autonomy in family or institutional settings; in these contexts, perpetrators are often perceived by others—such as police and doctors—to have more credibility. This can be a significant barrier to seeking help or reporting family violence.

Many women with disabilities are very fearful about having their children removed from their home, particularly if they rely on the perpetrator to assist them with their parenting role. This is a potent threat often used by perpetrators of violence.

Factors that increase vulnerability to family violence for women and children with disabilities are:

- their reliance on the perpetrator of the violence—for example, for personal care, mobility, income, parenting support, or transport
- lack of support options
- lack of economic resources and/or sufficient income
- the social isolation that stems from the marginalised position of people with disabilities in our society
- failure of adequate supervision in a community residential or other institutional settings

- communication challenges and lack of access to interpreters, communication devices and information in an appropriate format
- normalisation of the experience of being controlled and abused (especially if this has been accepted by authority figures, for example, where a male carer is asked to ‘speak for’ the woman with the disability).

To minimise the effects of the additional risks and vulnerabilities that might be experienced by a woman with disabilities, it is important that you:

- check what, if any, communication assistance she requires before proceeding with the assessment
- check whether she identifies as having a disability
- check whether any children identify as having a disability
- enquire about what, if any, supports she and/or her family require for daily living, and who provides that support
- check whether she requires mobility aids, medications or treatments and record the details of any schedule that applies to these
- identify any support services/agencies that she and/or her family are engaged with
- explore what support or assistance she needs if she wishes to access other services, including accommodation
- develop a safety plan that makes specific provisions for her and her children’s requirements (addressing, for example, lack of mobility, communication difficulties)
- explore how other factors—such as living in a rural area, being in a same-sex relationship, immigration status, or dependence on the perpetrator—might impact on her and her children’s safety and access to services, and make provisions to address these

- believe her and directly address any concerns she has about whether she will be believed by others, especially if the perpetrator has undermined her confidence or self-esteem.

If the woman has children, explore their support needs. You need to keep in mind that the specific context of their mother’s disability might also inform their experience of the violence.

All service providers have a responsibility to ensure access for women with disabilities.

This means:

- treating women with disabilities with respect
- giving women with disabilities the time they require to communicate their story and identify options for their safety
- ensuring that women with disabilities are able to communicate in their preferred way (for example, using Auslan, Braille or pictograms, or via a communication assistant—making sure that this person is not the perpetrator)
- providing an accessible and comfortable environment
- not making assumptions about women’s cognitive abilities based on their presentation
- being familiar with local disability agencies to enable secondary consultation and ensure that women’s and children’s support needs are met
- providing disability awareness training for staff
- developing Disability Action Plans for the organisation.

Older women

With respect to age, the Victorian Government's practice guidelines for health services and community agencies for the prevention of elder abuse, note that elder abuse is an under-reported form of societal violence. Currently, there is no systematic collection of statistics or prevalence studies. However, some Australian studies estimate that prevalence ranges from below 1 per cent to 5 per cent. Results of different studies vary, depending on the methodology and definitions used, but evidence suggests that abuse of older people is much more common than societies admit.

As they grow older, women may experience additional vulnerabilities and discrimination. For example, as they age, women often experience:

- shrinking social and friendship networks
- reduced access to information
- loss of economic power and access to resources
- frailty or physical dependency, or the expectation or fear of frailty
- poor or limited housing options.

Many of the issues that impact on older women are similar to those experienced by women with disabilities. Violence against older people is typically perpetrated by someone close to them, with whom they have a relationship implying trust, such as a family member, paid carer or friend. Often older women are dependent on the perpetrator, for example, because he is their principal carer. However, dependence is not a defining characteristic of family violence—the older person might not be dependent, and might even be supporting the perpetrator.

The place of older people is deeply bound to culture, and so any understanding of violence against older women must be informed by recognition and understanding of their cultural background. Violence against Aboriginal older women must be informed by an understanding of the context of Aboriginal family violence, and in particular, the many layered experiences, roles and relationships of Aboriginal families and communities.

Older women require the same considerations in assessment as women with disabilities, and you need to support them through the process appropriately and sensitively. An added complexity in elder abuse is that a paid carer may also perpetrate abuse. You might need to engage non-abusive staff and family members in the assessment process, or seek to have an advocate appointed if there is no supportive family member.

Note: The Australian Bureau of Statistics estimates that approximately half of all people with dementia live at home in the community, while the other half are in residential care. Of those living in the community, nearly three-quarters live with other people, usually their carer (who is presumably often their intimate partner).²³ Carers in these contexts are thought to be at risk of abuse by a person with dementia. Sometimes this might take place in the context of a history of family violence; but at other times, the violence will emerge with the dementia. Where dementia is suspected or confirmed, it is important to seek a secondary consultation to facilitate assessment and risk management.

Women with a mental illness

Experiences of interpersonal violence—in childhood, adulthood or both—are more common among women with a mental illness than among those without. Concurrently, family violence contributes to the development of mental health problems and mental illness, and can also exacerbate symptoms of mental illness.

Family violence has been associated with PTSD, depression, anxiety and suicide attempts. A connection between family violence and increased/problematic substance use has also been established. Women with family violence experiences are up to six times more likely to use substances; such 'self-medication' can be understood as a way of coping with trauma and managing symptoms of PTSD.

It has been found that just under half of women who experience family violence suffer from clinical (diagnosable) depression; and that women within the refuge population show high rates of post traumatic stress disorder (PTSD).

At the same time, previous mental illness heightens vulnerability to (further) abuse and can impact on availability of coping strategies and options for women to receive appropriate support. Conversely, family violence can be a precipitant or trigger for an episode of mental illness.

If the person perpetrating the violence is the woman's partner and also her carer, she may find it much harder to disclose such violence, take steps for her safety or consider separation, due to dependency on her partner for her activities of daily life.

Perpetrators of family violence frequently exploit a victim's mental illness, for example by:

- telling her nobody will believe her because she has a mental illness

- withholding medication, controlling medical appointments or threatening to call the crisis assessment and treatment team (CATT) or have her admitted to a psychiatric ward
- threatening to discredit her or actually using her mental illness against her to prove she is an 'unfit' mother
- colluding with psychotic symptoms (for example, by moving furniture around and denying having done so).

Service providers can collude with or support family violence by giving undue weight to the views of perpetrators regarding women's care when they are unwell, or believing perpetrators when they assert that the women's claims of violence are a symptom of their mental illness.

Women with mental illness need the same support as other women, with an added understanding by workers about the impact of family violence on their mental health and vice versa. It is critical to recognise that many women who experience mental illness are well much of the time, and that assessment must not be based wholly on women's needs and capacities when they are unwell.

To minimise the effects of the additional risks and vulnerabilities that might be experienced by a woman with a mental illness, it is important that you:

- believe her and directly address any concerns she has about whether she will be believed by others, especially if the perpetrator has undermined her confidence or self-esteem
- discuss her perceptions of her mental health (and seek secondary consultation with a local mental health service regarding this if required)
- enquire about what, if any, supports she and/or her family require for daily living, and who provides that support
- check whether she requires any medications or treatments and record the details of any schedule that applies to these

- identify any support services/agencies that she and/or her family are engaged with
- explore what support or assistance she needs if she wishes to access other services, including accommodation
- make specific provision to address safety concerns that arise from her mental illness
- explore how other factors—such as living in a rural area, being in a same-sex relationship, immigration status, or dependence on the perpetrator—might impact on her and her children's safety and access to services, and make provisions to address these
- collaborate with her case manager (if in a clinical mental health service), support worker (if in a psychiatric disability rehabilitation and support service), GP or private practitioner (for example, psychiatrist or psychologist)
- be aware of the episodic nature of mental illness (a woman's mental health may fluctuate—one day she may appear 'disorganised and vague', while another she may be very clear and organised; assistance needs to be flexible and adaptive to her mental health status)
- recognise that anger and distress are appropriate responses to family violence and not necessarily signs of mental illness or relapse (once a woman has a diagnosis of mental illness, there is a risk that all of her behaviour is seen in illness terms rather than attributed to the experience of family violence)
- recognise the importance of emotional support and the impact of stigma on help-seeking behaviour.

If the woman is a parent, you need to actively seek to understand the impact of issues in relation to the intersection of parenting with a mental illness and family violence, and recognise how this may be experienced by the woman's children.

Gay, lesbian, bisexual, transgender and intersex people

A Victorian study of GLBTI people showed that over 80 per cent of participants had experienced public insult, 70 per cent verbal abuse, 20 per cent explicit threats and 13 per cent physical assault.²⁴ Another Victorian study found that such discrimination, harassment and violence had caused two-thirds to modify their behaviour.²⁵

Studies such as these provide compelling evidence of continued homophobia and transphobia in the Victorian community. Homophobic or transphobic discrimination and violence mean that the fears and concerns of GLBTI people are often based on their own lived experience, or that of someone close to them.

While the level of family violence in GLBTI couples is unknown, there is some evidence to suggest it occurs at rates comparable with family violence perpetrated by men against women in heterosexual relationships.²⁶ The forms of violence occurring are also similar to those reported by women in heterosexual relationships.

Some of the additional factors that make people in same-sex relationships more vulnerable to family violence are:

- beliefs that violence from a GLBTI partner is not family violence (this is a particularly potent idea for women in same-sex relationships)
- beliefs that there are no services for people experiencing family violence
- concerns about the ways that GLBTI people have historically been treated by police or other service providers—and about ongoing homophobia and transphobia on the part of some professionals
- concerns for their confidentiality and privacy, including being 'outed'

- concerns that reporting violence might lead to revelations to Centrelink about their relationship status (recent changes to federal laws mean that same-sex de facto couples now have the same reporting requirements as heterosexual couples)
- lack of awareness about their rights (including as parents) and entitlements if they leave the relationship
- internalised homophobia, which might lead victims to question their deservedness of respectful relationships
- fears that their children will be removed, or that their access to their children might be limited, if they report or leave family violence
- the presence of other co-existing and/or confounding vulnerabilities, such as living in a regional area or having a disability.

To minimise the effects of the additional risks and vulnerabilities that might be experienced by people in GLBTI relationships, it is important that you:

- are respectful of people's choices regarding the pronouns and identities they use to describe themselves and others in their family and community
- make specific provision to address concerns or fears that arise from the context of homophobia or transphobia
- believe people and directly address any concerns they have about whether they will be believed by others, especially if the perpetrator has undermined their confidence or self-esteem
- explore how other factors—such as living in a rural area, immigration status, being from a CALD community, or being dependent on the perpetrator—might impact on their and their children's safety and access to services, and make provisions to address these.

If the victim has children, you should explore their support needs, keeping in mind that the specific context of marginalisation might also inform their experience of the violence.

If it is difficult to assess whether a person is using or requiring protection from family violence, please see *Assessing whether a person is using or in need of protection from family violence* on page 41.

Responses to men who report or are assessed to be victims of violence in a heterosexual relationship

The research evidence and experience of family violence professionals demonstrate that relatively few men in heterosexual relationships are solely victims of intimate partner violence.

As discussed on page 41, men are much more likely than their female partners to be using a number of repeated, patterned forms of violence to dominate and control over time.

A man who is the principal (or sole) user of family violence can present as a victim or the victim of the violence. This presentation is often persuasive because:

- women may retaliate which later may be interpreted as 'evidence' of a pattern of violence on their part
- men may claim injuries (for example scratches or bite marks) as evidence of their victimisation that are likely to have been received from their partner in self-defence
- even when they are not able to portray their partner as the sole aggressor and themselves as the sole victim, men can describe their partner's actions (of self-defence) to present the situation as 'tit-for-tat fighting', perhaps by saying that 'she gives as good as she gets'
- women (people) experiencing fear or terror will sometimes make decisions (including the use of violence), which might add to the portrayal of them being hysterical or out of control

- descriptions of women's behaviour can be made in the context of a broader social history in which women have been portrayed as less credible than men, and can have particular resonance if men present as calm, charming, eloquent and 'in control'.

The extent to which men in these situations believe that they are partly or solely the victim, versus the extent to which they know that they are not a victim can vary.

Men who admit to using violence often try to justify or minimise their violence, or to blame their partner—perhaps for 'provoking' an attack or giving him 'no way out'. They might refer to their partner as being over-sensitive, irrational, hysterical, a danger to themselves, or even mentally ill when trying to minimise their own behaviour to others. These characterisations of women can be reinforced by social norms that do not support equitable relations between women and men.

For these reasons, in all circumstances where a man is initially assessed as or claiming to be a victim of family violence in the context of a heterosexual relationship, you should refer him to a men's family violence service for comprehensive assessment or to the Victims of Crime Helpline. His female (ex)partner must always be referred to a women's family violence service for assessment, irrespective of whether she is thought to be the victim or aggressor.

In these situations, you should always take into account the issues outlined in *Assessing whether a person is using or in need of protection from family violence* in the following section.

Assessing whether a person is using or in need of protection from family violence

In some circumstances, assessors have genuine difficulty in establishing whether a person is using or in need of protection from family violence. For example, each adult in a relationship might claim to be experiencing violence from the other, or a man might claim

to be a victim of his female partner. It is critical to remember in these situations that family violence involves a pattern of power and control. It is different to relationship conflict.

To differentiate whether a person is using or in need of protection from family violence, assessors might explore:

- whether there is a history of violence perpetrated by one party against the other
- the nature of the injuries sustained by both parties
- whether one person was acting in self-defence
- the context in which the violence took place, the intent of its use, and its effects on the person
- the degree to which the person appears to have a sense of agency in the couple's decision making (victims tend to report less agency, whereas perpetrators are more likely to say that there is equal power in decision making, or that their partner 'doesn't want a say', or that their partner is not competent to contribute to decision making)
- the extent of the person's empathy with their partner (victims often empathise with the perpetrator's feelings, opinions or reactions, whereas perpetrators tend to blame their victims)
- whether the person feels able to assert their will (for example, whether they feel able to do the things they want to do)
- whether the person seems to have a sense of entitlement to exert their will regardless of their partner's wishes (for example, whether they do what they want regardless of what their partner wants)
- whether the person appears to be experiencing fear due to the other person's behaviour or implied threats, what they are afraid might happen, and how this fear manifests (for example, whether they modify their behaviour in an attempt to minimise the violence).

Component 2: A standardised approach to assessing risk

It is important that all victims of family violence in Victoria receive a consistent level and quality of service across the range of family violence service providers. Regardless of where they enter the system, victims' assessment should be:

- conducted in partnership with them
- respectful
- attentive and responsive to their needs—including any that arise from their life circumstances or additional vulnerabilities
- evidence based
- strengths focused.

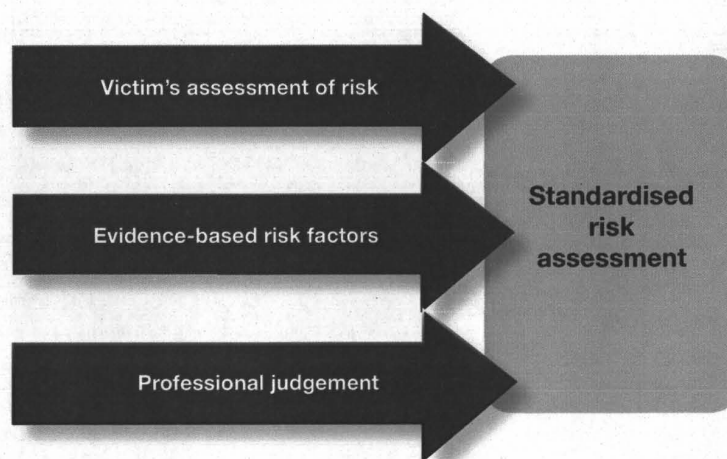
The three practice guides accompanying this framework present a standard, structured professional judgement approach to risk assessment. They provide you with:

- support to introduce the topic of risk assessment to victims
- specific guidance about interviewing victims of family violence

- suggested questions to ask victims to elicit their stories and provide their assessment of their level of risk
- an aide memoire consisting of evidence-based risk factors specific to risk in family violence
- support to develop a risk management and safety plan.

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.

Figure 6: Elements of a standardised risk assessment



Component 3: Appropriate referral pathways and information sharing

A key principle of this framework is that the range of services that work with and help protect women and children must engage effectively with each other as well as with services that work with men who use violence. Inter-agency communication, referral and information sharing is essential to responding to risk and to ongoing case management.

Referring victims

When to refer

While professionals across the justice, health and community sectors often have a lot of the skills and knowledge required by victims of family violence, specialist family violence service providers are best placed to coordinate or provide a holistic response. As such, it is critical that all victims have the option of using specialist family violence services. If a client is Aboriginal, she should be offered the option of a specialist Aboriginal service response (with secondary consultation with an Aboriginal service being utilised if a local service does not exist or is declined).

A specialist family violence service will be able to help women and children to obtain the legal, practical, financial and emotional support they need.

In addition to involvement of specialist family violence services:

- when a crime has been or is likely to be committed, police need to be involved
- when protection is required, police and/or courts need to be involved
- when child abuse or neglect is suspected or detected, Child Protection needs to be involved
- if a victim requires any form of assistance to communicate, this should be in place before the assessment commences.

Other specialist support might also be needed to assist victims around specific issues, particularly (but not only) if these issues are contributing to risk. Examples of such issues include:

- substance abuse or addiction issues
- visa or immigration matters
- when the victim and worker do not share a common culture
- urgent psychiatric or medical care needs.

Where to refer

This manual is accompanied by a list of common referral points. More information on key services within the IFVS can be found on pages 11 to 16. In most cases, referrals should be made within local networks to appropriate agencies, such as:

- **family violence services**, which deliver programs such as outreach, case management, emergency accommodation, links with the private rental market and community education
- **the specialist immigrant women's family violence service**, which provides culturally sensitive risk assessment, information, support, advocacy and referral to women and children from CALD communities in situations of family violence
- **counselling support programs**, which provide one-on-one counselling and group support for women and children who have experienced family violence
- **general duties police**, who may be an appropriate contact if you have non-urgent concerns for a victim's safety or if a crime has been committed
- **family violence advisors**, who operate from four police regions across Victoria. This specialist role includes liaising with family violence services at a regional level, monitoring police compliance with the *Victoria Police Code of Practice for the Investigation of Family Violence* and ensuring that police officers in their region have the knowledge, skills and attitudes to respond appropriately to family violence

- **family violence liaison officers**, who are located at every 24-hour and most 16-hour police stations throughout the state. This role includes closely monitoring police compliance with the *Victoria Police Code of Practice for the Investigation of Family Violence* and liaising with services at the local level
- **sexual offences and child abuse units**, which are the appropriate policing unit to assess crimes of a sexual nature or investigate child abuse allegations where a crime may have been committed
- **courts**, which make determinations about perpetrator guilt and sentencing and issue Intervention Orders (specialist family violence divisions of the Magistrates' Court currently operate at Ballarat and Heidelberg to support victims and respond to perpetrators of family violence; there are also specialist family violence services at Melbourne, Sunshine, Frankston and Werribee Magistrates' Courts)
- **family relationship centres**, which provide information, support, referral and dispute resolution services. These centres also offer individual, group or joint sessions to assist in making workable parenting arrangements and to help separating families with relationship and parenting issues (Note: dispute resolution processes may not be appropriate where there has been violence)
- **Child FIRST and Integrated Family Services**, which respond to the needs of vulnerable children, young people and families. Child FIRST provides a single entry point to ensure vulnerable children, young people and their families are linked to relevant services
- **Child Protection**, which has a statutory responsibility for investigating reports of child abuse and intervening when children are assessed as being at significant risk of harm and in need of protection
- **crisis assessment and treatment teams or hospitals**, if a client presents as suicidal or at risk of self-harm, or appears to have a psychiatric disorder that requires assessment or treatment. Hospital emergency departments are the appropriate referral pathway for a client presenting with injuries
- **mental health services**, if a victim or perpetrator presents with mental health issues but is not currently in crisis
- **general practitioners**, who can support victims and provide medical treatment when the matter is not urgent
- **drug and alcohol services**, if a victim or perpetrator presents with alcohol or drug issues
- **Centres Against Sexual Assault**, which provide counselling, advocacy and support throughout Melbourne and in regional areas, for adults and children who have been sexually assaulted
- **Sexual Assault Crisis Line**, which provides an after-hours crisis and counselling service
- **Victims of Crime Helpline and the Victims Assistance and Counselling Program**, which provide practical assistance for people who have been victims of a criminal act
- **migrant and ethno-specific services**, which can assist mainstream providers to understand and respond appropriately to a victim's specific cultural context and needs (these services can often also link victims with bicultural professionals such as doctors, lawyers and financial advisors)
- **interpreter services**, which assist victims who need help with communication (for example, because they use a spoken language other than English, Auslan, or another communication method)
- **community health centres**, which can help women, children and men who are experiencing crisis or difficulty

- **financial counselling services**, which can assist victims of family violence to adjust to altered financial circumstances after leaving their partner, or to manage issues arising from financial abuse
- **Victoria Legal Aid**, community legal centres or private solicitors, who provide court support or general legal assistance (such as advice in relation to an Intervention Order application, victims of crime assistance, criminal charges, family law or child support).

Clients from CALD communities need to be able to choose whether to receive assistance and support from a culturally specific or mainstream service provider. Where mainstream organisations are providing a service to a woman from a CALD community, secondary consultations with appropriate organisations will support culturally respectful service provision.

Clients from an Aboriginal or Torres Strait Islander background need to be able to choose whether to receive a service from a mainstream or Aboriginal-specific service. Where a mainstream organisation is providing a service to an Aboriginal or a Torres Strait Islander person, secondary consultations with an Aboriginal organisation will support culturally respectful service provision.

Referral information

Contact details for relevant services are located in the inside pocket of this folder.

How to refer a victim of family violence

It is important that victims of family violence receive an integrated and effective service response that:

- respects their identity and unique context (including their culture, family structure, and their risk situation)
- meets their specific needs
- acknowledges the efforts they have made to prevent or minimise harm that they or their child have experienced.

A disempowering, disrespectful or insensitive service response can exacerbate the impacts of family violence.

You should consult the person being referred before making a referral. As outlined in *Sharing information* on page 47, consent is always required, except when the safety of the victim or others is in question.

If two or more agencies are providing services, it is preferable that there is regular communication between all agencies. It is helpful to appoint a case coordinator who can ensure regular and ongoing risk assessment and safety planning with the victim. Such case coordination should be the responsibility of a service that is providing significant ongoing support to the victim.

In the interests of better outcomes for victims, case coordination should not be undertaken on an ad hoc basis. Services that work together, or plan to do so in the future, should develop memoranda of understanding to ensure that all parties agree on roles and responsibilities.

When referring, try to ensure that referrals to agencies that will have an episodic or one-off encounter with the client are complemented by referrals to agencies or professionals who can provide long-term support.

How to refer a perpetrator of family violence

You may report perpetrators of family violence to the police if evidence of a crime is present, or to Child Protection if you believe a child is in need of protection. You may also refer to Child FIRST if you have significant concerns for the wellbeing of a child.

Processes for referring perpetrators of family violence to men's behaviour change programs are specific to each local program. All programs now receive formal referrals from police, and many also accept formal referrals from courts, Child Protection, corrections and other professionals.

You should only refer men to a behaviour change program on their own request, except in specific policing or criminal justice contexts for which agreed protocols exist.

You should never refer a man without making a corresponding referral for the victims of his violence.

Key providers of information about working with perpetrators are:

- the Men's Referral Service, an anonymous and confidential telephone counselling, information and referral service for men across Victoria who behave violently or abusively towards family members
- men's behaviour change programs, which provide group programs for men to help them understand and address their violent behaviour.

How to make a secondary consultation

Secondary consultations are an often overlooked aspect of service provision. They can play a critical role in ensuring that victims receive appropriate and effective service responses.

You may seek a secondary consultation with or without a victim's permission. If you have permission, you may share with the other professional any information that is relevant to the purpose of the secondary consultation. If you do not have permission, you may discuss the situation in general terms, but must be very careful not to reveal any identifying information. Remember that in small communities, it is very easy to inadvertently reveal a person's identity. It is definitely not acceptable to merely change a name and/or one or two superficial factors.

When seeking a secondary consultation:

- discuss the secondary consultation with the victim, and seek her permission to share information (ensure that you have a signed permission form that you can fax to the other agency if they request it)

- if the victim does not give permission to share information, consider whether there is potential for her confidentiality to be breached inadvertently (in which case, do not proceed, and instead try to work with the victim to identify another way to access specialist advice)
- identify beforehand what information is required, and check that you are approaching the right agency
- ensure you have all the information you might require (for example, if seeking advice on a victim's immigration status, you will need to know their visa category and number, date of arrival in Australia and any conditions that have been imposed on their immigration status)
- have the victim's file at hand
- consider what, if any, ongoing role you might ask the agency to take
- reflect on any assumptions, biases, and privilege that might influence your work with the victim or the agency
- check back with the victim about how the information and ideas obtained in the secondary consultation fit with her own narratives, context and situation.

Sharing information

Why share information

Sharing information helps to ensure that victims of family violence receive support and assistance in a timely and effective manner; increases the safety of victims; and promotes the accountability of perpetrators.

Sharing information between services helps to enhance protection for women and children when they are vulnerable. It also enables earlier intervention and prevention strategies to be implemented, by enhancing case management and coordination, and providing services with clearer roles and expectations for service provision.

Importantly, sharing information helps people to feel confident that their situation is understood and is being managed across a range of service providers; it also means they do not have to repeat personal and sensitive information and possibly be subjected to further trauma.

To maximise the quality and strength of relationships between clients and service providers, information should always be shared in ways that respect privacy and confidentiality.

Privacy and information sharing

It is important that you understand the function of your agency and the reasons you collect information prior to making any decision about whether and what information to share with other agencies.

Information is typically shared when a formal referral is made or when it is otherwise needed to provide an appropriate service.

Individuals, including victims and perpetrators, own all information about themselves, including any that has been provided to or shared with you by another party. It is therefore their right to be asked for their informed consent before information about them is disclosed to other agencies. Informed consent necessitates you explaining the reasons for collecting and sharing information, as well as how the information will be used or shared and any possible consequences of sharing it.

There may be times, however, when it is not possible to seek consent. Examples of this include:

- when a person cannot be contacted, or cannot be contacted in a timely fashion
- when it might exacerbate risk to a victim
- when a person's capacity to give informed consent is temporarily diminished (in these circumstances, seek guidance from the Office of the Public Advocate).

In all circumstances, as articulated in the *Information Privacy Act 2000*, information can be shared or disclosed when the disclosure is for the primary purpose for which it was collected, regardless of whether you have explicit consent from the person. In addition, information can be disclosed for a purpose related to the primary purpose, where the individual would reasonably expect the disclosure.

This means that agencies working with victims and perpetrators of family violence which collect information for the purposes of support, protection, prevention of violence or accountability for violence can disclose this information to other agencies or professionals for these purposes.

When working with victims or perpetrators, you need to be clear with them about the function of your agency, the reasons you are collecting information from them and what it will be used for. Information you have collected can then be disclosed, so long as it is related to the primary purpose for which it was collected.

Some additional circumstances in which you can share information without consent are:

- a serious and imminent threat to an individual's life, health, safety or welfare
- a serious threat to public health, public safety or public welfare
- a suspicion of unlawful activity and the information is used or disclosed as a necessary part of investigating the matter or in reporting concerns to relevant persons or authorities.

Professional judgement is also an important guide to information sharing.

Sharing information regarding children

In circumstances where there are significant concerns for a child's wellbeing, any person can make a referral to Child FIRST. Any person can make a report to Child Protection if they believe a child is at risk of significant harm. The *Children, Youth and Families Act 2005* authorises certain professionals to share information with Child Protection and Child FIRST about vulnerable children and families. The following documents provide useful guides to sharing information regarding children:

- *Providing support to vulnerable children and families: Information sharing authorised by the Children, Youth and Families Act 2005: A guide for Family Violence Service managers and workers in Victoria.*
- *Providing support to vulnerable children and families: An information sharing guide for authorised Information Holders or professionals employed by Service Agencies in Victoria according to the Children, Youth and Families Act 2005.*

Sharing information regarding men who use violence

Men's behaviour change service providers funded by the Department of Human Services must adhere to the No To Violence Minimum Standards. Men who use violence have only limited confidentiality in all of their communications with men's behaviour change professionals, and are advised of this before they are asked to disclose information.

The first step to deciding whether and what information to share is to undertake a family violence risk assessment. In this, you should consider risk factors using this framework, basing your assessment of the level of risk on:

- the victim's view of her level of risk
- the presence of evidence-based risk factors
- your professional judgement taking into account all other circumstances for the victim and the perpetrator.

With consent by the person who owns the information, personal information can be shared.

Without consent, you must make a professional judgement balancing the following considerations:

- whether, when you collected the information, the individual was made aware of the purposes for which the information was collected (information can be used or disclosed for the primary purpose it was collected; it can be used or disclosed for a secondary purpose if the person would reasonably expect that it would also be used for that purpose)
- whether you have the legal authority to disclose.

When making your decision about whether to share information without consent:

- discuss your assessment with your manager or other colleagues
- refer to your professional protocols, service standards or guidelines
- discuss with the person (if appropriate)
- consider your safety and the implications for your agency
- note and record the decision.

If you decide not to share information:

- consider ways to reduce risk to the victim(s)
- consider whether any additional safety plans or measures need to be in place
- consider ways to help the person access help from other agencies
- note a time to review the decision
- record the decision.

If you decide to share information:

- decide on the amount of information to share, how and with whom
- share the information, but only sufficient information for the other agency to perform their role or function
- record the decision, with whom the information was shared, how and why
- note whether/when the person was informed that the information was shared and, if they have not been informed, the reasons why not (for example, perpetrator was not informed because it would increase risk).

Information must always be transferred securely. The recipient must be able to guarantee they have secure systems for storage and retrieval of the information. It is preferable that information is shared in written form, to reduce any risks of misunderstanding or misinterpretation of the information provided.

Checklist questions for use when sharing information without consent

In addition to the steps outlined above, the questions below are designed to assist you to make a defensible decision, if you are in a situation where you feel that you have to disclose information without the consent of the victim or perpetrator. These are always very difficult decisions and ones where you may be concerned about the impact they will have on the trust that a victim or perpetrator has placed in you. Remember, you need to take defensible not defensive decisions. The key focus is to ensure the safety of women and children you are supporting.

1. *Have you considered the amount of information to be disclosed and the number of people/agencies to disclose to?*



This should be limited to what is judged as necessary in the circumstances, given the results of the risk assessment.

2. *Has the victim or perpetrator been informed that the information will be disclosed and to whom, and why? Have details of next steps been explained? Has this been done in advance of the information being disclosed? If you have not spoken with the victim or perpetrator, have you recorded your reasons for this?*



Component 4: Risk management strategies

Risk assessment considers the needs of family members and evaluates the likelihood and severity of future violence. Risk management uses an integrated service system to respond to and reduce the violence. All family members—women, children and men—are included in risk management.

Because risk levels can change quickly, risk must be continually reviewed via a process of ongoing monitoring and assessment. Victims of family violence must be linked with services that can provide ongoing risk assessment and case management, that is, specialist family violence service providers. These providers must build an ongoing review process into any case coordination or case management process, or as part of any regular client contact with counsellors or other health professionals.

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).

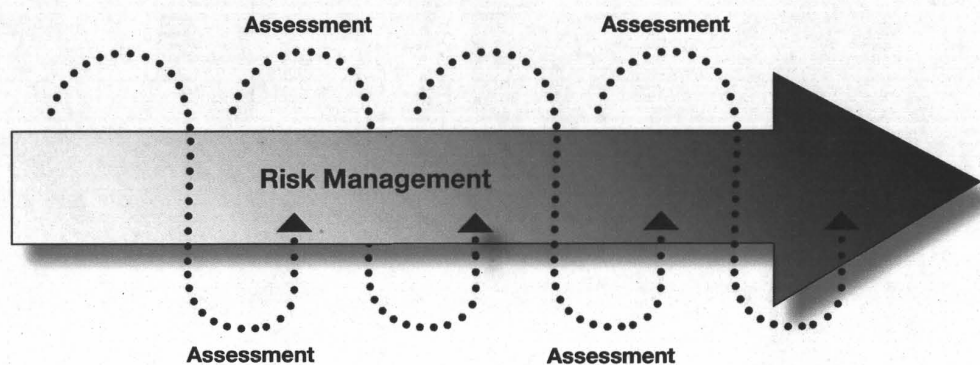
It is also vital that:

- the victim's level of risk, which may include a risk to children, is known and understood by all services involved
- responses to this level of risk are consistent and that appropriate referrals are made in consultation with the victim
- the response to the perpetrator is consistent and the risk they pose is understood by all services involved.

Risk management practice guidelines for services within the IFVS were under development at the time of printing. The guidelines will build upon information in this manual and provide more detail on strengthening risk management for practitioners who work with women and children experiencing family violence.

The guidelines will be available on the OWP website www.women.vic.gov.au

Figure 7: Continual assessment and risk management



Safety planning is the process of identifying and documenting (in case notes) the steps required to optimise a state of safety for all victims in a family. It can refer to any aspect of physical, social, emotional, financial and psychological safety, but it typically involves planning to avoid serious injury, to escape violence (crisis management), and to ensure the safety of children.

At a minimum, the safety plan should:

- list the contact numbers for a family violence organisation
- list emergency contact numbers
- identify a safe place for the victim to go if she is in danger, and how to get there
- identify a friend, family member or neighbour who can assist in an emergency, and how to contact them
- identify a way for the victim to get access to money in an emergency
- identify a place to store valuables and important documents so that the victim can access them when needed
- specifically address any barriers to the victim implementing the safety plan (for example, leaving a pet behind, or having mobility or communication difficulties).

Safety plans need to be tailored to the particular circumstances and needs of all victim(s) in a family. The needs of any children who are involved should be identified and addressed in the safety planning process. There might need to be a different safety plan for each family member.

Victims of family violence should also be made aware that the perpetrator can get information about calls from mobile and landline telephones and pages accessed via the internet. You should encourage victims to regularly clear the 'recently dialled numbers' log in their mobile telephone and dial another 'safe' number after contacting services via the landline. Victims should also be advised about the safety features on family violence websites that prevent the tracing of viewed pages.

For further information on technology safety planning, go to www.dvirc.org.au

When making a safety plan, it is critical to address and understand the relationship between the victim and perpetrator, particularly when there is a continuing emotional attachment or when children are involved. Professionals are more likely to be able to support victims to develop realistic risk management plans when they have a true understanding of all of the elements they need to integrate and to take into account.

Component 5: Consistent data collection and analysis

Collecting consistent data over time will help to build a profile of an individual's or family's risk.

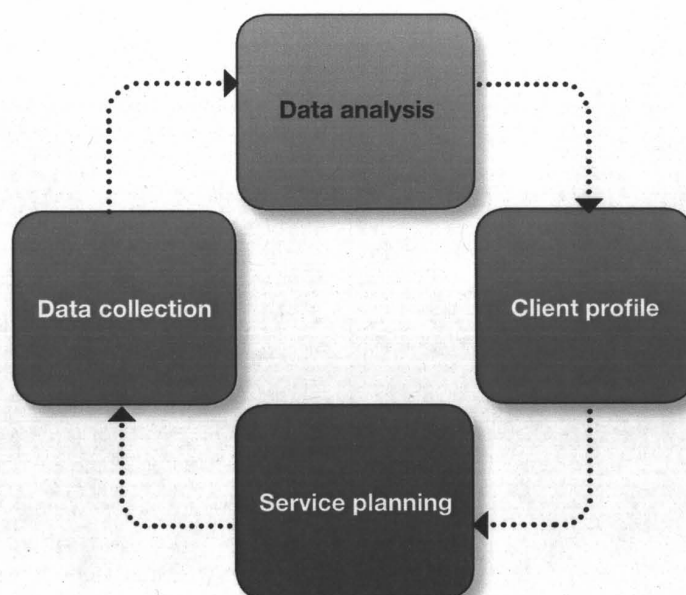
When this data is compiled and analysed—within a service or across the service system—this can help to:

- clarify the prevalence of family violence in Victoria (while taking into account that not all victims of family violence choose to report it or seek help)
- identify demographic groups that seem to be under-represented as service users, and put in place measures to improve access for these groups

- identify groups that appear to be over-represented as service users, and implement violence prevention strategies for these groups
- ensure service providers are accountable for the services they provide
- identify common entry points into the family violence system
- inform planning for future service delivery.

Over time, the collection, collation and analysis of meaningful data about victims and perpetrators of family violence will contribute to improvements in service delivery to vulnerable clients. Organisations will also be able to use the data collected for reporting to their funding bodies and to support internal reviews of their service provision.²⁷

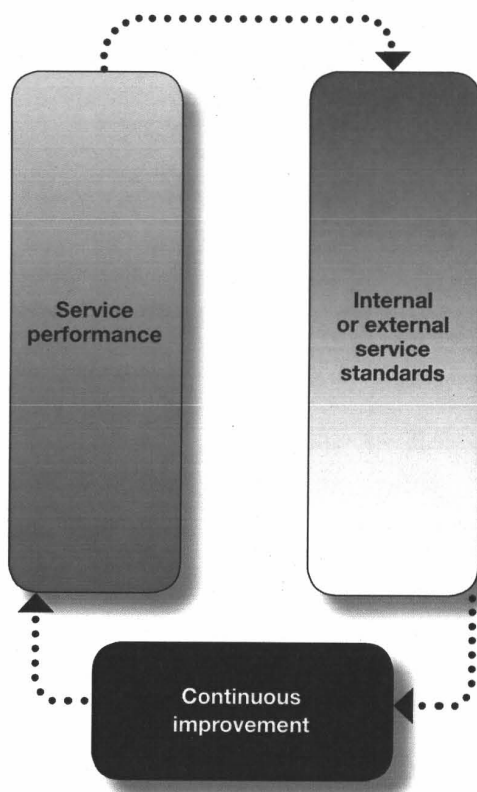
Figure 8: The data collection, analysis and planning cycle



Component 6: Quality assurance

Quality assurance aims to guarantee that the service meets a predetermined standard and identifies best practice responses for clients. Predetermined standards include both organisational and service sector standards and can exist at a number of levels.

Figure 9: The quality assurance cycle



Organisations utilising this framework need to ensure that their staff are using it effectively. This will require:

- monitoring performance of relevant standards at management levels as part of an annual assessment process, with an action plan being developed to address any deficits in service delivery performance that are identified
- highlighting evidence-based best practice responses by the sector and displaying an ongoing commitment to embracing such responses
- ensuring new staff are inducted into use of the framework
- providing staff with regular training to enhance their skill development in assessment techniques and approaches
- monitoring how and when staff use the framework
- regular supervision of staff dealing directly with clients, to ensure they have a consistent understanding of family violence, fully understand the risk assessment process, and understand case management and referral processes.

A number of documents exist to help organisations providing family violence services to monitor their standard of service:

- *Code of Practice – for specialist family violence services for women and children* (Domestic Violence Victoria)
- *Code of practice for the investigation of family violence* (Victoria Police)
- *Practice Guidelines: women and children's family violence counselling and support programs* (Department of Human Services)
- *Minimum standards for men's behaviour change group work: a guide to reflection and planning* (No To Violence)
- *Risk management practice guidelines* (DHS), (in development).

Practice guide 1: Identifying family violence

The practice guide is to be used when family violence is suspected but not confirmed. It is primarily intended for use by professionals in mainstream settings, if they are concerned that a client might be a victim of family violence.

If your professional role includes working with victims of family violence, you may use this guide to identify family violence before implementing the assessment outlined in Practice guide 2 or 3.

If your professional role does not require you to work with victims of family violence on an ongoing basis, please refer to Figure 10: Response options for mainstream services in the identification of family violence (page 60).

You should use this guide if you are:

- a maternal and child health nurse
- a general practitioner
- a teacher
- a health care provider, for example, in a primary health, emergency or hospital setting
- a professional working for a telephone helpline
- a HACC worker
- a disability service worker
- a professional working in a mediation centre
- a professional working in Centrelink.

The guide provides you with:

- a set of possible indicators of family violence
- questions to identify family violence, and advice on how to ask these
- steps to take if you identify family violence.

You should only use this guide when it is unclear whether someone is experiencing family violence. If you are aware that violence is occurring, or if someone discloses that violence is occurring, you should follow the referral pathways set out in Figure 10 on page 60.

Preparing to identify family violence

To use this guide, you need to be aware of the family violence response options within your local area and the statewide services. Refer to the insert at the front of this manual.

The free call number for the 24-hour helpline operated by the Women's Domestic Violence Crisis Service of Victoria is **1800 015 188**.

Possible indicators of family violence

The following lists present possible indicators of family violence. If a number of these indicators are present, you should ask the prompting questions on the following pages to guide a conversation with the person about their current circumstances.

It is important to note that these signs and symptoms do not by themselves indicate family violence. In some situations and combinations, however, they may raise a suspicion of family violence. When such a suspicion arises, it is important to ask the person whether they are experiencing family violence.

If these indicators are not present, but you have a sense that something is 'not quite right', it is preferable to use this practice guide to explore whether family violence might be an issue.

Indicators of family violence in an adult

A person who is a victim of family violence might:

- appear nervous, ashamed or evasive
- describe their partner as controlling or prone to anger
- seem uncomfortable or anxious in the presence of their partner
- be accompanied by their partner, who does most of the talking

- give an unconvincing explanation of injuries that they or their child has sustained
- have recently separated or divorced
- be reluctant to follow advice
- suffer anxiety, panic attacks, stress and/or depression
- have a stress-related illness
- have a drug abuse problem including dependency on tranquillisers or alcohol
- have chronic headaches, asthma and/or vague aches and pains
- have abdominal pain and/or chronic diarrhoea
- report sexual dysfunction
- have joint and/or muscle pain
- have sleeping and/or eating disorders
- have attempted suicide and/or have a psychiatric illness
- have gynaecological problems and/or chronic pelvic pain, and/or have suffered miscarriages
- have physical signs of violence such as bruising on the chest and abdomen, multiple injuries, minor cuts, injuries during pregnancy and/or ruptured eardrums
- have delayed seeking medical attention, or
- present with patterns of repeated injury or signs of neglect.

Indicators of family violence in a child or young person

Indicators of family violence can manifest as either physical or behavioural and can include:

- bruises, burns, sprains, dislocations, bites, cuts
- fractured bones, especially in an infant where a fracture is unlikely to have occurred accidentally
- poisoning
- internal injuries
- showing wariness or distrust of adults
- wearing long-sleeved clothes on hot days in an attempt to hide bruising or other injury
- demonstrating fear of parents and of going home
- becoming fearful when other children cry or shout
- being excessively friendly to strangers
- being very passive and compliant.

Indicators of sexual abuse of a child or young person

Indicators of possible sexual abuse include the child or young person:

- telling someone that sexual abuse has occurred
- complaining of headaches or stomach pains
- experiencing problems with schoolwork
- displaying sexual behaviour or knowledge unusual for the child's age
- displaying maladaptive behaviour such as frequent rocking, sucking and biting
- experiencing difficulties in sleeping
- having difficulties relating to adults and peers.

Indicators of emotional abuse of a child or young person

Indicators of possible emotional abuse include the child or young person:

- displaying low self-esteem
- tending to be withdrawn, passive and/or tearful
- displaying aggressive and/or demanding behaviour
- being highly anxious
- showing delayed speech
- acting like a much younger child, for example, soiling and/or wetting pants
- displaying difficulties relating to adults and peers.

Indicators of neglect of a child or young person

Indicators of possible neglect include the child or young person:

- being frequently hungry
- being poorly nourished
- having poor hygiene
- wearing inappropriate clothing, for example, wearing summer clothes in winter
- being unsupervised for long periods
- not having their medical needs attended to
- being abandoned by their parents
- stealing food
- staying at school outside school hours
- often being tired and/or falling asleep in class
- abusing alcohol or drugs
- displaying aggressive behaviour
- not getting on well with peers.

Using the prompting questions

How to use the prompting questions with adults

The questions suggested below should not be asked one by one in survey style. Rather, they should be prompts in a conversation about possible violence in the family home. Each question should be explored in detail if a response is ambiguous; for example, 'Can you tell me more about that?' or 'Could you explain that a little more for me?' could help to clarify responses or elicit more information.

You do not need to restrict yourself to the questions suggested here.

Make sure you are very familiar with the forms of family violence described in Figure 4 on pages 20 and 21 of the manual, as some of the prompting questions may require explanation. For example, 'control' in the context of family violence may mean

controlling what a person wears, who they can talk to, where they can go and what access they have to money or the car. It does not mean a parent reminding a child that it is time to go to bed or to stop watching television.

Using the prompting questions with children

While the indicators listed above might suggest that a child is being abused or neglected, they should be used in conjunction with other information available about the child's situation. The child should also be asked about their situation.

When talking to children you need to consider your tone of voice, speak gently and reassuringly. Consider starting your conversation with an acknowledgement that they might feel frightened and a little nervous about speaking to an adult they don't know, or don't know very well.

Assess all children and young people in ways that are appropriate to their stage of development. Primary school-aged children can be asked the simple direct questions suggested below. For young people, a mix of the questions for adults and children might be suitable.

Young people, especially young women, might experience violence in the family home and/or from a partner outside the home. This means it is important to obtain the name of the suspected perpetrator and their relationship to the victim.

Inclusive practice

There are many different factors that might affect victims' real and felt safety and options. You should be familiar with the many ways that issues such as disability, being from a CALD community, identifying as Aboriginal or Torres Islander, living in a rural area, or being in a same-sex relationship might have on the victim and her children.

Suggestions for inclusive practice are documented on pages 30 to 41 of the *Risk Assessment and Risk Management Framework* manual.

Prompting questions


Questions to ask adults about violence they might be experiencing

Questioning about possible family violence should begin with an explanation that sets the context for such personal probing.

For example:

I am a little concerned about you because (list family violence indicators that are present). I would like to ask you some questions about how things are at home. Is that okay with you?


Once the client has indicated a willingness to talk, you can ask the prompting questions below. These are quite 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?

Questions to ask adults about violence their child might be experiencing


Children and young people can be affected by family violence even if they do not hear or see it. This means you should always ask the adult about what any children or young people who reside with them (or who have contact with the suspected perpetrator) are experiencing.

If you hold concerns for children, questioning should be appropriate to the developmental stage of the child. If infants are suspected of being at risk from family violence, a thorough assessment must occur. This assessment will need to occur with the mother (or non-abusive parent) present. Referral to Child Protection or to a service with expertise in infant development may be appropriate.

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

Questions to ask children

Of the following questions, only ask those that you judge to be appropriate to the child's developmental stage.

-  • Tell me about the good things at home
- Are there things at home you wish you could change?
- What don't you like about home?
- Tell me about the ways mum/dad look after you?
- What happens in your house if people have an argument?
- Do you worry about your mum/dad/ brothers/sisters for any reason?

For further information refer to www.dhs.vic.gov.au/everychildeverychance

Next steps

If it seems family violence is not occurring

If responses to the prompting questions indicate that family violence is not occurring, you must respect this. The person might be experiencing family violence, but either not yet ready to talk about it, or not comfortable talking to you about it. Of course, it is also possible that they are not experiencing family violence.

The person should be thanked for answering the questions and informed about the help that is available should they ever experience family violence.

If family violence is occurring

If the person's responses indicate that they are experiencing family violence:

- start by asking the person how the violence is affecting them, perhaps by simply asking, *'How is the violence affecting you?'*
- acknowledge any challenges and difficulties they have spoken of and validate their efforts to protect themselves and their family members
- state clearly that the violence is not their fault, and that all people have a right to be and feel safe
- briefly (in a few sentences) note that there are many different services and options open to people who experience family violence
- ask whether they would like your help.

You might need to contact several services or authorities in response to a disclosure of family violence. Figure 10 over the page outlines your referral options.

If family violence is occurring but the victim declines assistance

If a victim indicates they do not want assistance:

- provide them with contact details for a specialist family violence service

- consider discussing the idea of safety planning (see page 89)
- try to arrange ongoing opportunities to monitor and discuss the violence, perhaps by scheduling future appointments
- continue to engage with the victim and encourage them to accept a referral for their own safety and wellbeing
- determine an appropriate course of action to address the safety and wellbeing of any children or young people who are also victims of the violence:
 - if the child or young person is at risk of physical, emotional or other types of harm and neglect, you should report to Child Protection
 - if you have significant concerns for the wellbeing of the child or young person in the present or future, you could make a referral to your local Child FIRST agency and discuss appropriate options.

Special considerations

If a crime might have been committed

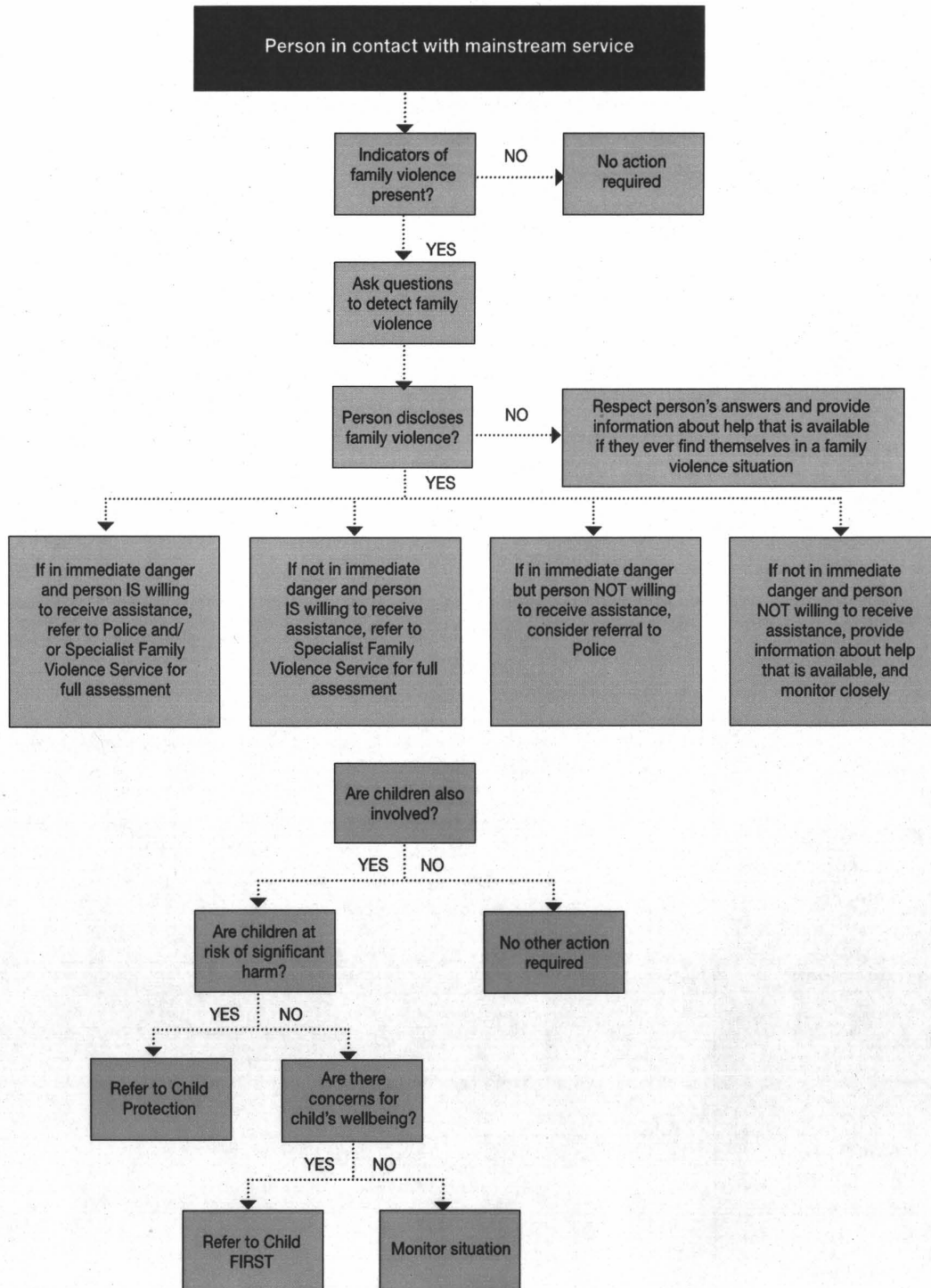
If you consider that a crime might have been committed, carefully set aside evidence such as weapons or torn or blood-stained clothing and contact police.

Make notes about your conversation with the victim and about your observations of the victim as soon as possible. This information may be required to help police investigate the possible crime.

If the person identifies as Aboriginal or Torres Strait Islander

Aboriginal or Torres Strait Islander people must be offered a clear choice about whether to use a mainstream or Aboriginal service, and this choice must be respected. Where an Aboriginal-specific service response is not available, consultation with an Aboriginal organisation will support culturally respectful service provision.

Figure 10: Response options for mainstream services in the identification of family violence



Photocopy and complete

Identifying family violence

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"/> Defacto wife <input type="checkbox"/> Former wife (including defacto) <input type="checkbox"/> Husband <input type="checkbox"/> Defacto husband <input type="checkbox"/> Former husband (including defacto) <input type="checkbox"/> Girlfriend <input type="checkbox"/> Former girlfriend <input type="checkbox"/> Carer <input type="checkbox"/> Boyfriend <input type="checkbox"/> Former boyfriend <input type="checkbox"/> Partner <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (please specify below) <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister
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)

Photocopy and complete

Identifying family violence

Recording template continued

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)

Photocopy and complete

Identifying family violence

Recording template continued

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)

Practice guide 2: Preliminary assessment

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

- a member of Victoria Police
- a professional working in a court setting
- a professional working in a community legal centre
- a professional working in a child protection context
- a professional working in housing and homelessness services.

You should only use this guide when it has been established that someone is experiencing or has experienced family violence. If family violence has not been established, please refer to **Practice guide 1: Identifying family violence**.

If you are a specialist family violence worker, you should use **Practice guide 3: Comprehensive assessment**.

If you are not a professional in any of the categories listed above or do not have family violence as part of your core business, you should refer to **Practice guide 1: Identifying family violence**.

Elements of risk assessment

The risk assessment outlined in this practice guide combines three elements to determine the level of risk:

- the victim's own assessment of her level of risk
- evidence-based risk factors
- the practitioner's professional judgement.

The purpose of preliminary assessment

The purpose of the preliminary 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, you 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 by referring appropriately.

The practice approach

Your practice approach to working with victims of family violence needs to be informed by a sophisticated understanding of their experience of the violence, their relationship with the perpetrator, other significant family relationships and the impact of the violence on their daily functioning.

At the time of assessment—and indeed from the moment of engagement—victims will be making their own decisions about how much information to disclose. They are more likely to disclose the full extent of the violence if they feel they have support. They are also more likely to talk about their personal circumstances, including issues about their lifestyle and financial position, their relationship with the perpetrator and with their children, the children's relationship with the perpetrator, their emotional reactions to the perpetrator, and their assessment of their own risk and safety in relation to the perpetrator.

Victims' needs for a sense of safety in the assessment process mean that you must conduct a preliminary assessment using a practice approach that is sensitive, collaborative, respectful, inclusive of diversity, strengths based and rights focused.

It is also vital to ensure that your assessment does not compound the impact of the violence or collude with the perpetrator's narratives.

As a priority, you must ensure that the victim is safe and able to communicate comfortably. This includes providing an interpreter for anyone who requires assistance to communicate. For victims from CALD communities, the telephone interpreter service can be used when an onsite interpreter is not available.

The assessment must be as comprehensive as possible, even when there is limited time or

privacy, and any action you take must err on the side of caution to ensure the safety of the victim and child.

In crisis situations or where ideal conditions are not available, you should still aim to gather the information needed to make a thorough assessment, which is based on your professional judgement, the victim's view of their risk, and the risk and vulnerability factors in the aide memoire.

Inclusive practice

There are many different factors that might affect victims' real and felt safety and options. You should be familiar with the many ways that issues such as disability, being from a CALD community, identifying as Aboriginal or Torres Strait Islander, living in a rural area, or being in a same-sex relationship might have on the victim and her children.

Suggestions for inclusive practice are documented on pages 31 to 42 of the *Risk Assessment and Risk Management Framework* manual.

Using prompting questions

How to use prompting questions with adults

Risk assessment must be conducted in a conversational manner to ensure the victim feels understood and supported.

The questions suggested below should not be asked one by one in survey style. Rather, they should be prompts in a conversation about possible violence in the family home. Each question should be explored in detail if a response is ambiguous; for example, 'Can you tell me more about that?' or 'Could you explain that a little more for me?' could help to clarify responses or elicit more information.

You do not need to restrict yourself to the questions suggested here.

Using prompting questions with children

When talking to children you need to consider your tone of voice, speak gently and reassuringly. Consider starting your conversation with an acknowledgement that they might feel frightened and a little nervous about speaking to an adult they don't know, or don't know very well.

Assess all children and young people in ways that are appropriate to their stage of development. Primary school-aged children can be asked the simple direct questions suggested below. For young people, a mix of the questions for adults and children might be suitable.

Aboriginal cultural respect

When responding to family violence for an Aboriginal and Torres Strait Islander person, you must have a culturally sensitive service response that is based on:

- an understanding of past government policies and practices in relation to Aboriginal people
- a respect for Aboriginal culture
- a connectedness to Aboriginal organisations and service providers in the local area
- a partnership approach to risk assessment and risk management with Aboriginal organisations and agencies in the local area.

You must offer Aboriginal or Torres Strait Islander people (including children) a clear choice about referral options, and this choice must be respected. Where an Aboriginal-specific service response is not available, consultation with an Aboriginal organisation will support culturally respectful service provision.


Introducing the assessment

The risk assessment conversation should be introduced with an explanation about the purpose of the assessment, the possible outcomes of the assessment, and any actions that may be taken after the assessment, 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?

Exploring risk factors

The initial stage of the assessment is to encourage the victim to tell her story and define the problem in her own words. Broad questions to begin this process may be:

-  Can you tell me what has been happening to you lately?
- Tell me about your home life/your relationship with (the perpetrator)/what is worrying you?
- Is there someone you are afraid of?

Once the victim has had the opportunity to respond to these broad questions, subsequent questions can be more specific, to determine severity/frequency, for example:


-  Could you tell me more about the last time he hurt you?
- What is it exactly that he does that hurts/scares/controls you?
- What is the scariest thing that he has done to you (or pets or others)?
- How long has this been going on?

Exploring the victim's level of fear


The victim's own level of fear (for example, about the likelihood of future violence) is a critical indicator of her level of risk. The perpetrator's behaviour and most risk assessment tools are not as effective in assessing risk as this single measure.

There will be times, however, when women are unable to accurately describe their level of fear or assess their level of risk. This is why evidence-based factors and your professional judgement must also contribute to the assessment of risk.

You could use the following questions to explore the victim's view about her level of risk:

-  • *How scared do you feel given what has just happened/the latest incident?*
- *Do you think the violence will continue?*
- *Is the violence getting worse?*

Scaled questions may also be a useful way of determining fear levels. For example, you could ask:

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

Scaled questions are also effective for use with older children, as long as you give them some simple examples of the process to practise with.

Observing the victim will also provide information about her level of fear. Signs of fear, anxiety or terror should be recorded on the recording template at the back of this guide.

Exploring protective factors

It is important to identify any protective factors that might mitigate current or future risk. Protective factors include, but are not be limited to:


- a victim's decision to move away from the perpetrator—this factor can, however, 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 may include the victim being employed (and therefore being less isolated), having a well-developed social network, and having access to resources such as money, transport, a place to stay and advocacy services.

While the presence of protective factors should be taken into account in making the risk assessment, take care not to place too much weight on them. The victim's own view of whether the factor can protect her is of vital importance.

Assessing risk to children

Your preliminary assessment must focus on the safety and wellbeing of any children or young people residing with or otherwise potentially affected by the violence. You must ask questions that establish whether children are affected by the violence, for example:

-  • *Do you have children/what are their names?*
- *Tell me about your children?*
- *How old are they?*
- *Where do they live?*
- *How do you think [names of children] are coping with things at home?*
- *Does (the perpetrator) hurt the children?*
- *Where are the children when the violence occurs?*
- *What have the children seen/heard?*

It is also important to establish whether Child Protection or Family Services have been, or are, involved.

If appropriate, children or young people can be asked questions to determine the risk to them, for example:



- *Has one of your parents or someone else in your family hurt or injured you physically, or have they tried to hurt or injure you?*
- *Do either of your parents constantly put you down and make you feel stupid or worthless, like you don't matter?*
- *Have you ever tried to protect your mum from your father/stepfather?*
- *Have any of the things we've just discussed happened to your brothers or sisters?*

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.

Aide memoire

The aide memoire at the end of this guide 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 your interview with the victim, you should 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.

You need to exercise your professional judgement 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.

It is important to note that separation is a time of extreme danger. Separation includes the victim leaving the perpetrator or the perpetrator being removed from the home due to an Intervention Order, police charges or holding powers, or otherwise against their will. Separation is in itself a risk factor, and other risk factors do not diminish in importance if the victim is separated.

Determining the presence of risk

Having collected as much information as possible about the victim and their situation, you need to use professional judgement to determine:

- if risk is present (yes or no)
- if action is required (yes or no).

If risk is present, action is always required. You should:

- immediately refer to an appropriate specialist family violence provider
- consider referral to police or courts
- develop a safety plan with the victim.

Developing a safety plan

It is important to help the victim plan ways to increase her safety should she need to leave quickly or feel unsafe or in danger. The victim should participate in and understand this process.

At a minimum, the safety plan should:

- list the contact numbers for a family violence organisation
- list emergency contact numbers
- identify a safe place for the victim to go if she is in danger, and how to get there
- identify a friend, family member or neighbour who can assist in an emergency, and how to contact them
- identify a way for the victim to get access to money in an emergency
- identify a place to store valuables and important documents so that the victim can access them when needed
- specifically address any barriers to the victim implementing the safety plan (for example, leaving a pet behind, or having mobility or communication difficulties).

Safety plans need to be tailored to the particular circumstances and needs of all victim(s) in a family. The needs of any children who are involved should be identified and addressed in the safety planning process.

Recording the assessment

Police should record the assessment on the Family Violence Risk Assessment and Management Report (L17).

Other professionals should use the recording template included with this guide.

Consent

Consent from the victim should be obtained before an active referral is made. The victim can sign the recording template giving her consent for her assessment record to be used as a referral to another organisation.

For more information on issues of consent, see pages 47 to 49.

Liaising with other services

It is possible that the victim has already had contact with other services regarding her situation. Identifying these services and providing them with updated information will strengthen the victim's safety planning.

Details about the involvement of other services should be recorded in the template and, with the victim's consent, the template should be faxed to these other services.

Referral pathways

You should refer the victim to:

- your local specialist family violence service (who will conduct a comprehensive assessment to ascertain and respond to the support needs of all victims)
- Child Protection, if a child is believed to be at risk of significant harm or to Child FIRST if there is significant concern for the wellbeing of a child or unborn child (this does not need consent by victim)
- police, if a crime has been committed or if the victim's safety is not currently assured
- a legal centre or court if an Intervention Order is required.

A list of local referral pathways should be compiled using the template located in the inside cover of this guide.

Photocopy and complete

Preliminary 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"/> Defacto wife <input type="checkbox"/> Former wife (including defacto) <input type="checkbox"/> Husband <input type="checkbox"/> Defacto husband <input type="checkbox"/> Former husband (including defacto) <input type="checkbox"/> Girlfriend <input type="checkbox"/> Former girlfriend <input type="checkbox"/> Carer <input type="checkbox"/> Boyfriend <input type="checkbox"/> Former boyfriend <input type="checkbox"/> Partner <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (please specify below) <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister
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)

Photocopy and complete

Preliminary assessment

Recording template continued

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)

Photocopy and complete

Preliminary assessment

Recording template continued

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)

Photocopy and complete

Preliminary 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*	<input type="checkbox"/>	<input type="checkbox"/>	
Depression/mental health issue	<input type="checkbox"/>	<input type="checkbox"/>	
Drug and/or alcohol misuse/abuse	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever verbalised or had suicidal ideas or tried to commit suicide	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation	<input type="checkbox"/>	<input type="checkbox"/>	
Risk factors for perpetrators			
Use of weapon in most recent event*	<input type="checkbox"/>	<input type="checkbox"/>	
Access to weapons*	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever harmed or threatened to harm victim	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever tried to choke the victim*	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever threatened to kill victim*	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever harmed or threatened to harm or kill children*	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever harmed or threatened to harm or kill other family members	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever harmed or threatened to harm or kill pets or other animals*	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever threatened or tried to commit suicide*	<input type="checkbox"/>	<input type="checkbox"/>	
Stalking of victim*	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual assault of victim*	<input type="checkbox"/>	<input type="checkbox"/>	
Previous or current breach of Intervention Order	<input type="checkbox"/>	<input type="checkbox"/>	
Drug and/or alcohol misuse/abuse*	<input type="checkbox"/>	<input type="checkbox"/>	
Obsession/jealous behaviour toward victim*	<input type="checkbox"/>	<input type="checkbox"/>	
Controlling behaviours*	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployed*	<input type="checkbox"/>	<input type="checkbox"/>	
Depression/mental health issue	<input type="checkbox"/>	<input type="checkbox"/>	
History of violent behaviour (not family violence)	<input type="checkbox"/>	<input type="checkbox"/>	
Relationship factors			
Recent separation*	<input type="checkbox"/>	<input type="checkbox"/>	
Escalation— increase in severity and/or frequency of violence*	<input type="checkbox"/>	<input type="checkbox"/>	
Financial difficulties	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Preliminary 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.

CASE CLASSIFICATION CODE TABLE *

Instructions: Describe the most serious feature of the current case, and use this code number in the box above.

CRIMINAL ABUSE

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	

NON-CRIMINAL ABUSE

- 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.

NON-ABUSIVE AND NON-CRIMINAL BEHAVIOUR

- 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).

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Preliminary assessment

Protective factors (see page 68)

--

Risk level

Is risk present? No Yes
 Is action required? No Yes

Agencies already involved

Name of organisation	Contact person and number	Type of involvement

Safety plan (see page 70)

--

Photocopy and complete

Preliminary 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			
Other			
Other			
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

Practice guide 3: Comprehensive assessment

This guide assists specialist family violence professionals working with women and children who are victims of family violence. They also have very advanced skills in engaging clients around family violence matters as well as in detailed safety planning and case management. These professionals have family violence responses as a designated part of their job role, or 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. If this is not the case, please firstly use **Practice guide 1: Identifying family violence**.

Elements of risk assessment

The risk assessment outlined in this practice guide combines three elements to determine the level of risk:

- the victim's own assessment of her level of risk
- evidence-based risk factors
- the practitioner's professional judgement.

The purpose of comprehensive assessment

The purpose of the comprehensive 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
- identify and make provisions to address any needs or issues that might impact on the victim's recovery from her family violence experience.

To achieve this, you 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
- identify all of the possibly wide-ranging factors that impact on the victim's wellbeing, paying particular attention to those that might make her or her children more vulnerable to the effects of violence or continued violence
- establish whether risk is present and identify actions required (for example, appropriate referral and safety planning)
- 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 by referring appropriately.

Your practice approach

Your practice approach to working with victims of family violence needs to be informed by a sophisticated understanding of their experience of the violence, their relationship with the perpetrator, other significant family relationships and the impact of the violence on their daily functioning.

At the time of assessment—and indeed from the moment of engagement—victims will be making their own decisions about how much information to disclose. They are more likely to disclose the full extent of the violence if they feel they have support. They are also more likely to talk about their personal circumstances, including issues about their lifestyle and financial position, their relationship with the perpetrator and with their children, the children's relationship with the perpetrator, their emotional reactions to the perpetrator, and their assessment of their own risk and safety in relation to the perpetrator.

Victims' need for a sense of safety in the assessment process means that you must conduct a preliminary assessment using a practice approach that is sensitive, collaborative, respectful, inclusive of diversity, strengths based and rights focused.

It is also vital to ensure that your assessment does not compound the impact of the violence or collude with the perpetrator's narratives. The assessment must be as comprehensive as possible, even when there is limited time or privacy, and any action you take must err on the side of caution to ensure the safety of the victim and child.

In crisis situations or where ideal conditions are not available, you should still aim to gather the information needed to make a thorough assessment, which is based on your professional judgement, the victim's view of their risk, and the risk and vulnerability factors in the aide memoire.

The assessment must also categorise the level of risk, provide details of risk management plans and record the assessment.

Conduct in the comprehensive assessment process

Attending to basic needs

As a priority, you must ensure that the victim is safe and able to communicate comfortably. For example, you should ensure the victim:

- feels (and is) safe enough to have a conversation about the issues (see below)
- has her basic needs for food, fluids, privacy and childcare met
- has opportunities for a break, especially if she is distressed, ill or has a cognitive disability
- is able to communicate and be understood appropriately
- has an advocate or support person present if desired and appropriate
- is being engaged in a culturally sensitive manner
- is clear about your responsibilities as the professional making the assessment
- is comfortable with you and has a rapport with you.

In non-crisis situations, the interview process should start only when the victim is ready. The approach should be conversational and at a pace comfortable for the victim. The victim should also be allowed to discontinue at any time if she becomes traumatised.

It is important to consider your place in relation to the victim. She might be more willing to disclose things to you than to a police officer or other person associated with the law, particularly if she has been engaged in criminal activity or has concerns about how she might be treated within the justice system.

Immediate safety

If an immediate threat is anticipated and the perpetrator's whereabouts are unknown, ensure your agency has safety arrangements in place. These might include conducting the interview in a secure environment, arranging for security or other suitable personnel to be available to prevent the perpetrator entering the premises, or relocating the victim to a safer environment.

Building rapport

To establish a rapport with the victim, you should fully explain your role and responsibility within the organisation and introduce the risk assessment process in a sensitive way.

It may take more than one interview to establish rapport. If that is the case, it is important to specifically address safety on each occasion.

Advocacy or support in the assessment process

It is appropriate for the victim to have an advocate or support person with her throughout the assessment process, but it is important to establish that there is no element of coercion involved in the presence of that person and that person is an appropriate support to the victim.

Ideally you should have a private conversation with the victim prior to the assessment, to explore her relationship to the third party and her level of comfort with them knowing intimate and personal details about her life.

Aboriginal cultural respect

For Aboriginal or Torres Strait Islander people who have experienced family violence, you must have a culturally sensitive service response that is based on:

- a real understanding of past government policies and practices in relation to Aboriginal people
- a demonstrable understanding and respect for Aboriginal culture
- a connectedness to Aboriginal organisations and service providers in the local area
- a partnership approach to risk assessment and risk management with Aboriginal organisations and agencies in your local area.

You must offer Aboriginal or Torres Strait Islander people (including children) a clear choice about referral options, and this choice must be respected. Where an Aboriginal-specific service response is not available, consultation with an Aboriginal organisation will support culturally respectful service provision.

Cultural competence and respect

Culture plays an important part in the way that a woman might:

- talk about and understand her experience
- understand her options
- seek help
- express distress.

While an in-depth understanding of another person's culture and values may not be possible, it is important to be open to the many different ways that women might present, and to ask about and engage with these factors in ways that are appropriate to the time and place.

It is equally critical for you to acknowledge the influence of both your own culture and values, and those of the broader service system. You need to demonstrate an open and respectful approach to cultural differences at all times.

Secondary consultations can assist you to provide culturally respectful service responses.

Inclusive practice

There are many different factors that might affect victims' real and felt safety and options. You should be familiar with the many ways that issues such as disability, living in a rural area, or being in a same-sex relationship might have on the victim and her children.

Practice suggestions for inclusive practice are documented on pages 30 to 41 of the *Risk Assessment and Risk Management Framework* manual.

Professional responsibility

You need to make the victim aware of:

- the limits of confidentiality (that is, when you may need to breach confidentiality)
- your organisation's policies about mandatory or other reporting to Child Protection or making a referral to Child FIRST
- your organisation's policies about the risk assessment and risk management process, including requirements to contact police should immediate safety issues exist.

Introducing the assessment

Introduce the risk assessment with an explanation about the purpose of the assessment, the possible outcomes of the assessment, and any actions that may be taken after the assessment. 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?'

Collecting information in the assessment process

The assessment must be thorough and must collect as much information as possible to support a safety and risk management response. To this end, the assessment must:

- gather details of the most recent family violence episode, and identify frequency and severity of previous episodes
- document the history of the violence or abuse, including what children experienced or have been exposed to (including what they may have seen or heard)
- identify risk factors (refer to aide memoire)
- include the victim's assessment of her 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 document 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
- document details of services currently involved and any referrals made as a result of the assessment
- document plans for the next contact with the victim, or provide reasons if no further contact is planned
- include the victim's written consent for the risk assessment to be passed on as part of any referral made.

Using prompting questions with adults

Risk assessment must be conducted in a conversational manner to ensure the victim feels understood and supported.

The questions suggested below should not be asked one by one in survey style. Rather, they should be prompts in a conversation about violence in the family home. Each question should be explored in detail if a response is ambiguous; for example, 'Can you tell me more about that?' or 'Could you explain that a little more for me?' could help to clarify responses or elicit more information.

You do not need to restrict yourself to the questions suggested here.

It is appropriate for you to refer to perpetrators and children by name when asking questions about them, and to ask the questions in a natural manner.

Using prompting questions with children

When talking to children you need to consider your tone of voice, and speak gently and reassuringly. Consider starting your conversation with an acknowledgement that they might feel frightened and a little nervous about speaking to an adult they don't know, or don't know very well.

Assess all children and young people in ways that are appropriate to their stage of development. Primary school-aged children can be asked the simple direct questions suggested below. For young people, a mix of the questions for adults and children might be suitable.

Exploring risk factors

Your initial objective is to encourage the victim to tell her story and define the problem in her own words. Broad prompting questions can be used to begin the conversation, for example:

- *What has brought you here today?*
- *Can you tell me what has been happening for you lately?*
- *Tell me about your home life/relationship with X/what is worrying you?*
- *Is there someone you are afraid of?*

Once the victim has had the opportunity to provide some details about her circumstances, you can ask more specific questions, such as:

- *Could you tell me more about the last time he hurt you?*
- *What does he do that hurts/scares/controls you?*
- *How long has this been going on?*

To build a complete risk profile, and validate the victim's possibly complex feelings, consider also asking the following questions:

- *Tell me about your relationship with X.*
- *What was it that attracted you to X in the first place?*
- *What role does X play in the family?*
- *What role does X play with the children?*
- *What are the good things about X? What good things does X do for you and the children?*
- *What role does X play in the running of the household/of the family?*
- *Was there a time when your relationship/family was free of violence? What was that like?*

Asking these types of questions assures the victim that you will understand and accept her relationship with the perpetrator and accommodate it in any risk assessment and risk management plan.

Exploring the victim's level of fear

While the victim's own level of fear is a good indicator of her level of risk, there are times when women are not able to accurately assess their level of risk, or minimise the level of risk to themselves or their children. For example, if a woman is abusing drugs or alcohol, her judgement might be impaired.

You must use all the information obtained from the assessment process (including from other sources, such as police) to determine how much weight to give to the victim's assessment of her situation.

The following questions explore the victim's view about her level of risk:



- *How scared do you feel given what has just happened/the latest incident?*
- *Do you think the violence will continue?*
- *Is the violence getting worse?*

Exploring protective factors

It is important to identify any protective factors that might mitigate current or future risk. Protective factors may include, but are not limited to:

- a victim's decision to move away from the perpetrator—this factor can, however, 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 may include the victim being employed (and therefore being less isolated), having a well-developed social network, and having access to resources such as money, transport, a place to stay and advocacy services.

While the presence of protective factors should be taken into account in making the risk assessment, take care not to place too much weight on them. The victim's own view of whether the factor can protect her is of vital importance.

Assessing risk to children and young people

Children and young people can be affected by family violence even if they do not hear or see it. This means you should always ask the adult victim about what any children or young people who reside with them (or who have contact with the suspected perpetrator) are experiencing. Children's and young people's risk and needs might be different to those of the adult victim. Their experience must be understood in the context of their development, their daily life, and their sibling, parental and peer relationships.

Considerations for children must be appropriate to their developmental stage and should include their:

- current functioning at home and school and other relevant environments
- relationships with family members and peers
- own views of their needs, safety and wellbeing
- relationship with the perpetrator
- relationship with other victims in the household, particularly if the victim is their mother
- developmental history, including other experiences of family violence or other types of abuse or neglect.

Your assessment must focus on the needs of any children or young people residing with or otherwise potentially affected by the violence. You must ask questions of adults that establish whether children are affected by the violence, for example:

- **?** Do you have children/what are their names?
- Tell me about your children?
- How old are they?
- Where do they live?
- How do you think (names of children) are coping with things at home?
- Does (the perpetrator) hurt the children?
- Where are the children when the violence occurs?
- What have the children seen/heard?

It is also important to establish whether Child Protection or Family Services have been, or are, involved.

It is imperative for both you and the adult victim to understand the impact the violence is having on any children in the family. Asking women to consider whether they believe the children are safe (both physically and emotionally) in the family home is a good place to start. Women who do not understand that the violence affects their children need support to accept this fact.

If a victim seems unaware or unconvinced that family violence affects her children, you could:

- provide her with a pamphlet on family violence from Child Protection or from another child-focused agency
- present her with a summary of the literature about the impact of family violence on children
- encourage her to discuss the issue further with a professional who works closely with children.

Sometimes a woman can be guided towards greater understanding through gentle questioning such as:

- **?** How do you think (child's name) would describe life at home?
- What changes do you think (child's name) would like to see made at home?
- Have you noticed how the children are after X has been violent to you?

Just as it is the role of the professional to validate and understand the woman's experience of family violence, so too must the woman be supported to validate and understand her children's experience of the violence. Exploring this together is an important aspect of the professional's ongoing intervention with women and children and must be considered in planning for risk management.

Interviewing children and young people

If appropriate, children or young people can be asked questions to determine the risk to them; for example:

- **?** Do you feel relaxed when you are around your family?
- Do your parents look after you?
- Do you worry about how one member of your family treats another?
- Do your parents care about you?
- Do you feel nervous or scared around certain members of your family?
- Do you trust people in your family not to hurt you?
- Is everyone in your family treated like they are important?
- Do you worry that one member of your family might hurt another?
- Do your parents treat each other with respect?

Children and young people may be asked about how their parents relate to each other; for example:

- *Does one of your parents sometimes act in a way that makes the other feel nervous, intimidated or scared?*
- *Does one of your parents constantly put the other down, criticise them or call them names (for example, calling them stupid or useless)?*
- *Has one of your parents ever hit, kicked, pushed, thrown things at, or hurt the other?*
- *Have you ever tried to protect one of your parents when this has happened?*
- *Has one of your parents tried to stop the other from going out or seeing their family or friends?*
- *Does one of your parents control all the money or doesn't let the other parent have any money?*
- *Does one of your parents bully the other or always have to be the boss?*
- *Has one of your parents ever threatened to hurt the other?*

Children and young people should also be asked about how their parents relate to them; for example:

- *Has one of your parents or someone else in your family hurt or injured you physically, or have they tried to hurt or injure you?*
- *Do either of your parents constantly put you down and make you feel stupid or worthless, like you don't matter?*
- *Do your parents look after you and take care of you?*
- *Has a parent or family member touched you in a way that made you feel uncomfortable, or have they tricked you or pressured you into doing sexual things?*
- *Have any of the things we've just discussed happened to your brothers or sisters?*

When children are too young to be interviewed or talked to about family violence, behavioural observation from other sources such as kindergarten, school or day care will assist in the assessment process. Parental consent is required for such contact.

When working with a family, best practice is to obtain the written consent of both parents (or people with parental responsibility) when seeking information from third parties in relation to a child or young person. It may be appropriate to only gain consent from the primary or custodial parent/carer in circumstances where contacting the other parent/carer would negatively impact on the safety of the child/young person or where a court order is in place (e.g. intervention order, parenting order) that supports this approach. Where the child or young person has sufficient maturity and understanding, their consent should also be obtained prior to seeking information from third parties.

You must refer children to specialist children's service providers if concerns exist about a child's wellbeing or safety.

Aide memoire

The aide memoire at the end of this guide 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 your interview with the victim, you should 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.

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

It is important to note that separation is a time of extreme danger. Separation includes the victim leaving the perpetrator or the perpetrator being removed from the home due to an Intervention Order, police charges or holding powers, or otherwise against their will. Separation is in itself a risk factor, and other risk factors do not diminish in importance if the victim is separated.

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. You should gather information on the presence of each risk factor in the aide memoire, and also

explore 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, you might ask the victim *'Do you think that will happen (again) in the future?'*

To explore the consequence of a risk factor, you could ask *'How does that affect your day to day life?'*

You might need to balance the victim's responses with your own knowledge of the situation and the risk factors to assess likelihood and consequence.

Determining the level of risk

Having collected as much information as possible about the victim and her situation, you should use your professional judgement to:

- analyse the information obtained through your conversation with, and observation of, the victim
- determine the significance of risk and vulnerability factors in the overall presentation of the victim.

In general, the greater the number of risk factors present, the greater the risk to the victim from the perpetrator. The likelihood of risk factors re-occurring should also be considered.

There are three levels of risk:

- 1. requires immediate protection:** the risk factors identified indicate further serious violence is imminent and immediate action is required to prevent this from occurring
- 2. elevated risk:** 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
- 3. at risk:** some family violence risk factors are present but structures are already in place to manage the risk or the risk can be managed through advocacy, victim support and referral.

Risk management

Every victim requires a risk management plan, regardless of her risk level. You should develop the plan in consultation with the victim. However, you will need to take action even when you cannot consult or gain consent, when:

- you believe her risk level requires immediate protection but she is unwilling to take action and you believe a police response is required to secure her 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)
- the victim is in need of urgent medical or psychiatric care (refer to accident and emergency department or treatment team).

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

You should always make arrangements for your next contact with the victim, so that she is clear about if, and when she will next meet with or talk to you. If you will not meet the victim again, you should provide a clear reason about why not, and prepare her for contact with someone else.

Core elements of a risk management plan

Risk management for all victims

All victims require:

- information and advice about their legal rights
- advice about possible referral pathways for counselling or other appropriate services
- 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 (see the following section)

- a report to Child Protection if required as a result of the risk assessment
- advice about appropriate ongoing support options.

Risk management for victims requiring immediate protection

In addition to the requirements listed above, victims requiring immediate protection must have access to ongoing, high levels of support from a specialist family violence service and immediate assistance from police and courts.

Risk management for victims who refuse assistance

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, you must make every effort to ensure:

- she is given every opportunity to understand her current level of risk
- she has a clear understanding of her rights under the law and in relation to her own safety and that of any children involved
- you have discussed a safety plan with her and provided options for developing such a plan
- you have documented the risk assessment
- you have provided her with a number of appropriate and relevant options for support and counselling
- she is aware that she can seek assistance from you or another service provider at any time in the future.

If you believe the victim to be in need of immediate protection and that a crime is likely to be committed by the perpetrator, you can inform the police. The victim's consent is not required in this instance, but you should make every effort to encourage her to act in a way that increases her and her children's personal safety, and to help her understand your role and responsibilities.

Referral

Victims should be involved in making all decisions about referral. You should canvass their referral options and clearly explain the service options. A victim must consent to you sharing her information with another person or service (except in instances detailed above).

Referral pathways include:

- specialist family violence services for women and children experiencing family violence, including housing, refuges and other support services
- Child Protection or Child FIRST, where children are identified as being in need of protection or their wellbeing is compromised
- a police response if a crime has been committed or if the victim's safety is not currently assured
- referral to a legal centre or court if an Intervention Order is required.

You should compile a list of local referral pathways using the template in the front pocket of this guide.

To make an effective referral, you should:

- contact the agency receiving the referral, to ensure it is appropriate and to ascertain any waiting times
- complete referral forms in conjunction with the victim
- share information with other agencies to ensure victim safety (the risk assessment template should form part of the referral)
- consult with the service you are referring to, in order to discuss roles and responsibilities and to develop a case management protocol
- minimise the need for victims to repeat information they have previously disclosed.

Note: it is not necessarily appropriate to refer a victim to a service she has previously been referred to or used. You should discuss this with the victim in the course of deciding where to refer her.

Safety planning

All risk management must involve some level of safety planning, and the victim must participate in and understand this process. It may be appropriate and empowering for some victims to develop their own safety plan with minimal assistance; other victims might need considerable assistance. You must judge the victim's level of risk and provide the appropriate level of assistance.

The safety plan must be documented and include a statement that summarises the current risk level of the victim. A recording template is provided at the back of this guide.

Contents of a safety plan

At a minimum, the safety plan should:

- list the contact numbers for a family violence organisation
- list emergency contact numbers
- identify a safe place for the victim to go if she is in danger, and how to get there
- identify a friend, family member or neighbour who can assist in an emergency, and how to contact them
- identify a way for the victim to get access to money in an emergency
- identify a place to store valuables and important documents so that the victim can access them when needed
- specifically address any barriers to the victim implementing the safety plan (for example, leaving a pet behind, or having mobility or communication difficulties).

Safety plans need to be tailored to the particular circumstances and needs of all victim(s) in a family. The needs of any children who are involved should be identified and addressed in the safety- planning process. There might need to be a different safety plan for each family member.

Safe use of information technologies

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. You should encourage victims to regularly clear the 'recently dialled numbers' log of their mobile telephone and dial another 'safe' number after contacting services via the landline. You should also advise them about the safety features on family violence websites that prevent the tracing of viewed pages.

Safety plans for children and young people

School-aged children and young people might require a safety plan of their own. Their mother or carer should be aware of this plan. A child's or young person's safety plan should:

- identify a safe place to go to when things at home become unsafe
- identify a trusted friend to go to for help, their telephone number, a code word to indicate the need for help and directions about what type of action to take (for example, call the police, tell an adult, call a helpline, meet the child at a certain location).

It might also be appropriate to provide the child or young person with money to make phone calls, catch public transport or catch a taxi.

Child Protection

If a child or young person might be harmed by the violence, a report to Child Protection should be made to secure their immediate safety. While it is often good practice to advise parents that a report to Child Protection is being made, this should only

occur if it does not compromise the safety and wellbeing of the child or young person or does not place yourself or another person at risk of harm. Acting without the consent of the victim does place a strain on the relationship between the victim and the professional, so it is important that you explain your actions and decisions to the victim as clearly as possible.

The perpetrator

The future safety of victims includes interventions with perpetrators to remove the threat or possibility of further harm. A proactive response to the perpetrator is a part of the risk management process. Such responses might be initiated by police or courts and include criminal, civil and referral options.

For many reasons, however, intervening with perpetrators is itself a risk. Violence often escalates once a man's use of violence becomes known to others. An effective response to family violence should anticipate an escalation of the violence once it is disclosed.

Collecting information on perpetrators—and especially any indicators of future or continuing risk—is a responsibility shared by all professionals. Within the integrated family violence system, men's family violence services might identify indicators of risk and communicate these to women's family violence services, in line with existing protocols. Women's family violence services should document victims' claims about perpetrators' actions, in order to support any legal action that victims might wish to pursue in the future.

Integrated assessments

An aim of an integrated service response to family violence is to encourage consistency between service providers' assessments and to build a collaborative response to securing victim safety. When a service provider such as a court, for example, refers a victim to another service provider such as a specialist family violence service, the risk assessment should form the basis of the referral (with the victim's consent). It is important that the new service provider revisits this assessment with the victim to ensure that the information is still current and to provide the victim with the opportunity to elaborate on the information she initially provided.

Photocopy and complete

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"/> Defacto wife <input type="checkbox"/> Former wife (including defacto) <input type="checkbox"/> Husband <input type="checkbox"/> Defacto husband <input type="checkbox"/> Former husband (including defacto) <input type="checkbox"/> Girlfriend <input type="checkbox"/> Former girlfriend <input type="checkbox"/> Carer <input type="checkbox"/> Boyfriend <input type="checkbox"/> Former boyfriend <input type="checkbox"/> Partner <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (please specify below) <input type="checkbox"/> Son <input type="checkbox"/> Daughter _____ <input type="checkbox"/> Brother <input type="checkbox"/> Sister _____
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)

Photocopy and complete

Comprehensive assessment

Recording template continued

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)

Photocopy and complete

Comprehensive assessment

Recording template continued

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)

Photocopy and complete

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*	<input type="checkbox"/>	<input type="checkbox"/>	
Depression/mental health issue	<input type="checkbox"/>	<input type="checkbox"/>	
Drug and/or alcohol misuse/abuse	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever verbalised or had suicidal ideas or tried to commit suicide	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation	<input type="checkbox"/>	<input type="checkbox"/>	
Risk factors for perpetrators			
Use of weapon in most recent event*	<input type="checkbox"/>	<input type="checkbox"/>	
Access to weapons*	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever harmed or threatened to harm victim	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever tried to choke the victim*	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever threatened to kill victim*	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever harmed or threatened to harm or kill children*	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever harmed or threatened to harm or kill other family members	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever harmed or threatened to harm or kill pets or other animals*	<input type="checkbox"/>	<input type="checkbox"/>	
Has ever threatened or tried to commit suicide*	<input type="checkbox"/>	<input type="checkbox"/>	
Stalking of victim*	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual assault of victim*	<input type="checkbox"/>	<input type="checkbox"/>	
Previous or current breach of Intervention Order	<input type="checkbox"/>	<input type="checkbox"/>	
Drug and/or alcohol misuse/abuse*	<input type="checkbox"/>	<input type="checkbox"/>	
Obsession/jealous behaviour toward victim*	<input type="checkbox"/>	<input type="checkbox"/>	
Controlling behaviours*	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployed*	<input type="checkbox"/>	<input type="checkbox"/>	
Depression/mental health issue	<input type="checkbox"/>	<input type="checkbox"/>	
History of violent behaviour (not family violence)	<input type="checkbox"/>	<input type="checkbox"/>	
Relationship factors			
Recent separation*	<input type="checkbox"/>	<input type="checkbox"/>	
Escalation— increase in severity and/or frequency of violence*	<input type="checkbox"/>	<input type="checkbox"/>	
Financial difficulties	<input type="checkbox"/>	<input type="checkbox"/>	

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

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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.

CASE CLASSIFICATION CODE TABLE *

Instructions: Describe the most serious feature of the current case, and use this code number in the box above.

CRIMINAL ABUSE

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	

NON-CRIMINAL ABUSE

- 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.

NON-ABUSIVE AND NON-CRIMINAL BEHAVIOUR

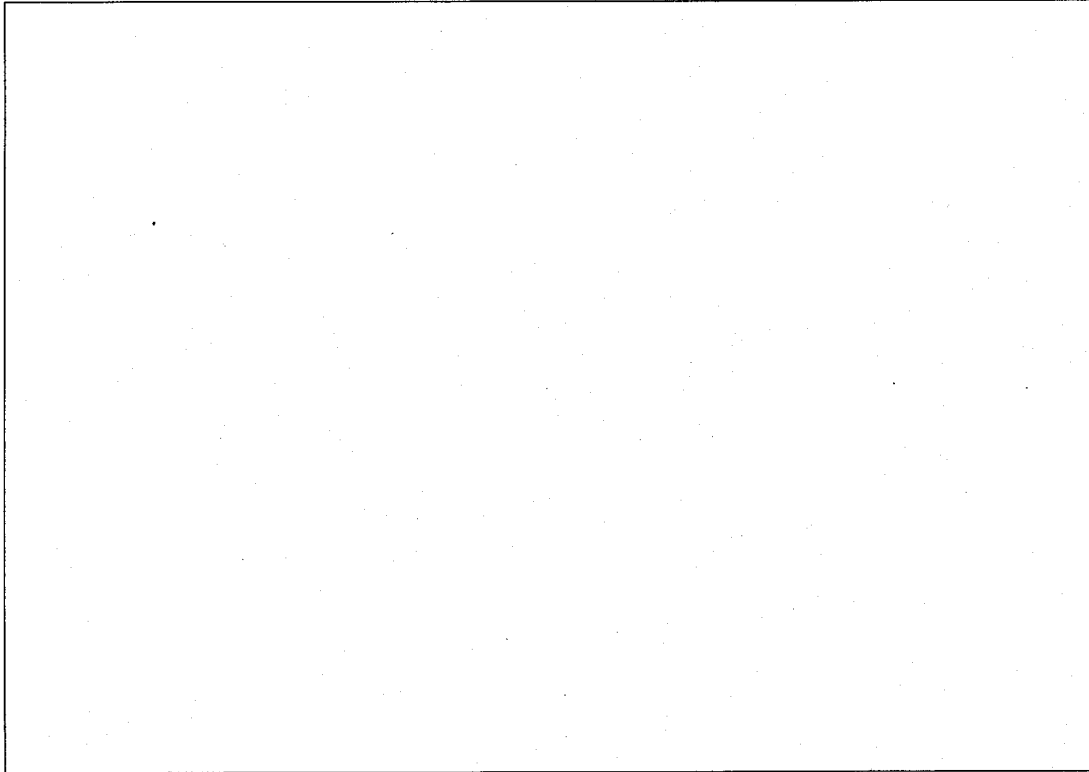
- 20 **Conflict** Non-violent, non-abusive, non-criminal dispute between family members characterised by the absence of controlling or coercive behaviour

* This is consistent with the Classification Table used by the Victoria Police in the Family Violence Risk Assessment and Management Report (the L17).

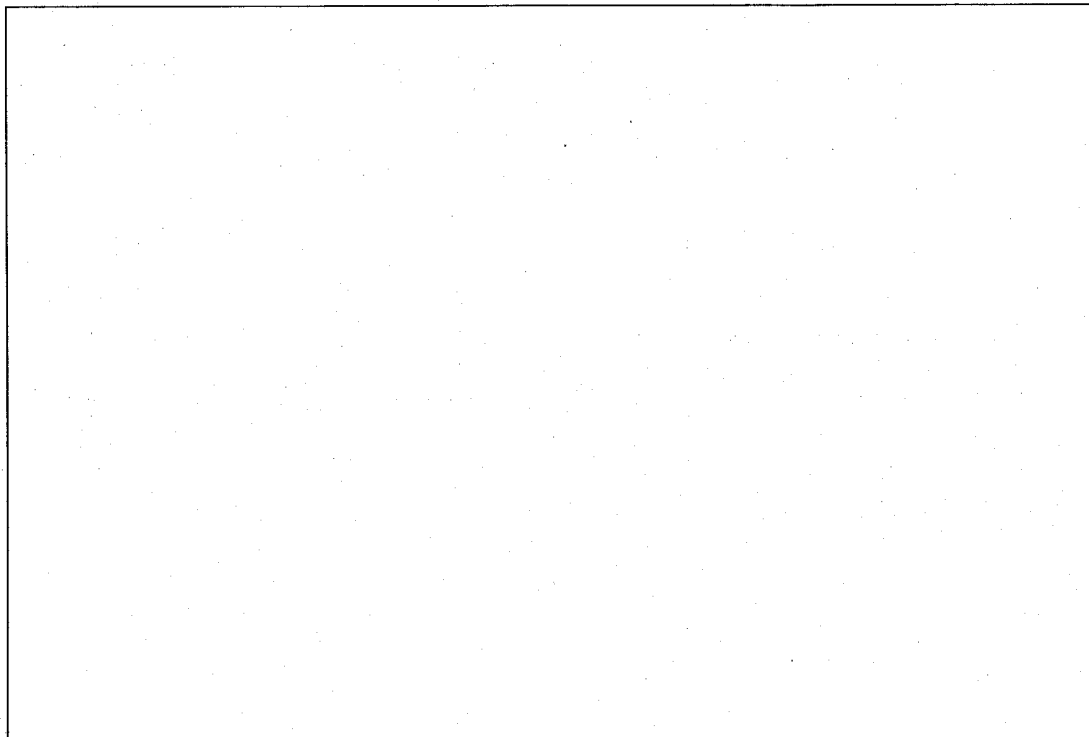
Photocopy and complete

Comprehensive assessment

Risk management plan (see page 88)

A large, empty rectangular box with a thin black border, intended for the user to write a risk management plan. It occupies the central portion of the page.

Safety plan (see page 89 to 90)

A large, empty rectangular box with a thin black border, intended for the user to write a safety plan. It occupies the lower portion of the page.

Photocopy and complete

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			
Other			
Other			
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

Scenarios

Scenario one

Donna is 19 years old and has been in a relationship for five months with her boyfriend, **Stephan**, who has a number of convictions for assault. Donna moved into Stephan's flat four months ago and gave up the lease on her own unit. Donna has a history of alcohol abuse and recently lost her job because she came to work drunk. Donna has just found out she is pregnant.

.....

At a recent antenatal check with her general practitioner, Dr Walsh, Donna presents with bruising to her eye, shoulders and chest. Dr Walsh explains to her that pregnancy is often a time when family violence can start.

Dr Walsh uses the *Identifying family violence practice guide* to identify the presence of risk factors for family violence. He confirms that family violence is present and is concerned both for Donna's safety and for the wellbeing of Donna's unborn child.

Donna acknowledges that Stephan has been hitting her and that the violence is getting worse. Donna is clearly fearful of Stephan but unable to identify alternatives to staying in the relationship with him.

With Donna's permission, Dr Walsh contacts the local family violence service, which arranges for Donna to be transported to its office in a taxi. The agency undertakes a comprehensive assessment which indicates there is elevated risk to Donna and her unborn baby and, following discussion with Donna, organises a referral to a refuge for accommodation.

Once Donna has settled at the refuge, the risk assessment is reviewed. The refuge worker identifies significant concerns for the wellbeing of Donna's baby, and suggests a number of additional supports to address these issues.

With Donna's permission, the family violence worker coordinate referrals to:

- the courts and a community legal centre so Donna can seek an Intervention Order
- a drug and alcohol agency so Donna gets support with her alcohol abuse issues
- Centrelink and the Department of Human Services Housing Service so that Donna can access appropriate benefits.

The refuge worker also refers Donna to Child FIRST to ensure she has access to appropriate maternity services and support. The Child FIRST worker contacts Donna at the refuge and assists with Donna's planning for her safety and stability, and her baby's development. The worker also refers Donna to a family service that specialises in working with pregnant teenagers. Donna is allocated a case worker who will continue to work with her after she leaves the refuge and provide ongoing support once her baby is born.

The family violence support service talks to Donna about police involvement but she is adamant that she does not wish to make a report. The family violence support service maintains a case coordination role until such time as Donna's safety needs have been addressed and managed.

Scenario two

Jenna has been supported through a women's family violence support service on and off for some time. She has suffered significant emotional and economic abuse throughout her 16-year marriage. Her husband restricts her access to finances, the car and her social and family networks; he threatens her, her cats and her property whenever he feels she is 'disrespectful'.

Over the years, Jenna has left and returned to her husband on six occasions. Her reasons for returning are a combination of guilt and fear – initially she returned because she hoped things would improve as her husband had promised; more recently, she has gone back because she has been worried about what her husband would do to her possessions. Jenna has always refused to involve the police or take any legal action when this has been suggested by her family violence worker.

With the support of her family violence worker and a close friend, Jenna (at 67 years of age) leaves her husband, moves into her own flat and applies for a divorce. However, her husband harasses her by calling repeatedly at all hours, making threats and sometimes waiting in his car outside her flat or outside her sister's house. Her letterbox is smashed and a cat box with 'RIP' written on it is left outside her front door.

Jenna contacts her family violence worker, who reviews Jenna's risk assessment and discusses changes to her safety plan. This time, when the worker suggests contacting the police and applying for an Intervention Order (IO), Jenna agrees.

The worker accompanies Jenna to the Magistrates' Court, where she talks to the registrar and explains her situation. The registrar provides an application to Jenna and then interviews her regarding the information disclosed in the application. The registrar uses information from the risk assessment completed by Jenna's family violence worker. The evidence-based risk factors detailed

in the aide memoire are considered in the IO application, together with Jenna's own assessment of her level of risk and the context of her previous attempts to leave.

The registrar also explores whether any measures need to be in place to ensure Jenna's safety on her return to court. The registrar provides Jenna with information about the secure waiting areas, court security personnel and witness facilities for giving evidence remotely.

When Jenna returns to court she is supported by her family violence worker and secures an IO with a number of conditions, including an exclusion condition that her husband must stay 150 metres away from her and her friend's homes and must not contact her or threaten her in any way. Jenna's husband attends the court; he appears shocked by the proceedings and alarmed at the prospect of further police involvement.

Jenna feels confident that the IO will have a strong impact on her husband's behaviour and is clear about what she can do if the IO is breached.

Scenario three

Maria is 34 years old and married with two children. Her husband Jason started being physically violent towards her soon after they were married. Maria wants the relationship to work, but after eight years she recognises she cannot stop Jason from being violent. Maria feels she should stay with Jason because of the children, whom he never hits. She also worries about having to move away from her job and her son's school. Her son has a learning difficulty and it has taken several years for him to settle into a school and develop friendship groups.

.....

After a particularly violent incident one Saturday evening, Maria's neighbours call the police. They arrive at the house and conduct a risk assessment, noting the injuries to Maria and that although the children were not directly assaulted, they were present and therefore affected by the incident. The police determine that Maria and the children are in need of immediate protection and issue a Family Violence Safety Notice excluding Jason from the home and requiring him to attend the local Specialist Family Violence Court site the following Monday.

Jason was removed from the home and taken to the police station where he was charged. As part of the action taken, police refer Jason to the After Hours Men's Referral Service and provide a copy of their risk assessment and management report (the L17) to help the referral service engage Jason. Police take steps to ensure that he has accommodation for the nights he is excluded from the home.

Maria and the children are referred to the after-hours statewide crisis service, which undertakes a comprehensive risk assessment and provides them with support and information, including what to expect at the court in her area. Maria has the option of referral to the Court Support Program or having an outreach worker attend court with her. The crisis service develops a safety plan and, in consultation with Maria, refers her to

the local family violence service for ongoing support.

Maria decides to seek support from the applicant support worker at the court. The worker undertakes a risk assessment utilising assessment information gained by the state-wide service and supports her through the court process. Jason is referred by the court to attend a men's behaviour change program and is provided with a few nights of emergency accommodation by a local service. Police facilitate the safe collection of his belongings from Maria's house and he moves in with a workmate shortly after.

Working with the family violence service, Maria receives advice and support to change the joint tenancy into her name through the Victorian Civil and Administrative Tribunal. The family violence service assists her to change the locks on her doors and windows. Maria also receives financial advice and a referral to Centrelink so her rental payments can be adjusted. Her children are assessed by the service and referred to a family violence counselling service for support.

Maria is also referred to a legal service for representation at Family Court hearings and after a number of months, and following regular assessments of her risk, she feels safe and confident enough to work directly with a number of mainstream services.

Scenario four

Kim's new husband Lee seemed to enjoy the opportunity to be a stepfather to her three children (aged 2, 5 and 9 years) when they first moved in with him. Over the next 12 months though, as Kim and Lee unsuccessfully attempted to have their own child, Lee's behaviour changed.

He began limiting Kim's access to money, took her car keys, and wouldn't allow the car to be repaired. He started monitoring her mobile phone calls and internet use and sometimes took her phone to work with him. He also started being aggressive towards her and the children in the evenings.

Following an incident witnessed by the children, where Lee pushed Kim's head into a wall, the nine-year-old child tells her teacher that she is frightened at home, that she has seen Lee hurting mummy and that she is scared of being hurt by him too. The teacher contacts Child Protection, and a Child Protection worker interviews Kim and Lee and the children.

Using the *Best interests case practice model*, the Child Protection worker assesses that the children's safety, wellbeing and development are being negatively impacted by the cumulative effects of family violence. The worker substantiates that physical and emotional harm is occurring to the children, and contacts the local family violence service to refer Kim and the children.

Kim indicates that she is still very much in love with Lee and so the Child Protection worker discusses with her the risks and care options for the children, should she decide to remain in a relationship with him. The worker makes the decision to work with Kim in a voluntary capacity for several months.

At Kim's first meeting with the family violence service, the worker undertakes a comprehensive risk assessment and safety

plan and discusses options with Kim. She decides to move, with the children, into her sister's house and to get counselling and support from the family violence service while she decides what steps to take regarding her relationship.

The family violence service works with Kim and Child Protection services to help Kim make plans for her and her children's safety as she returns to, and leaves, the relationship with Lee a number of times. The children are provided with a variety of supports, including counselling and group support for the nine-year-old child. They continue to live with Kim's sister.

Lee's violence recommences each time Kim returns, and each time, she eventually calls the police. As both police and the family violence service operate within a consistent risk management framework, Kim's level of risk is well established and understood by all services involved.

Case planning meetings—attended by Kim—are held to identify and review support needs, expectations, goals and timelines. While case management responsibility resides with Child Protection, the family violence service and the police family violence advisor also attend the planning meetings, along with Kim's sister and

representatives from the children's school. Safety plans are developed and kept up to date for everyone. Kim's sister is provided with support to care for the children. Lee is charged with assault by police and they apply for an Intervention Order on Kim's behalf, even though she did not want this. The court they attended can order men to attend men's behaviour change programs and Lee is ordered to attend a program.

While Lee is completing the men's behaviour change program, the partner support worker from the program maintains contact with Kim's family violence worker to share information related to Kim's safety. Kim's children participate in a children's support group and the worker also links Kim to a range of services that can support her if she decides to end her relationship with Lee. These services include alternative housing options, counselling, legal services, family support, and programs for children.

Scenario five

Kirra is a 25-year-old Aboriginal woman living with her partner Mick and her two children (aged 3 and 5 years). She also has full-time care of her niece (aged 6). Mick, who is not Aboriginal, is depressed and drinks heavily.

.....

After several episodes of increasingly severe violence, Kirra phones the local family violence service and tells the worker that she wants to leave the relationship. She does not want to go to the police as she is worried this will make the situation worse. She is also scared that Child Protection will get involved and take the children from her care. Living in a rural area, Kirra is concerned that Mick or his extended family will find her if she leaves him.

Due to Kirra's concerns about being identified by community members or Mick's family, the family violence service worker arranges to meet Kirra at the local community health centre. The worker interviews Kirra and completes a risk assessment. Kirra does not want to stay in the house so, based on the risk assessment, the worker offers her and her children crisis accommodation. With Kirra's consent, the worker also supports her to make

a statement to the police and apply for an Intervention Order (IO), and provides a copy of the risk assessment to the police.

The police conduct their risk assessment, and determine that Kirra has been assaulted and is in need of protection. The police charge Mick with assault and apply for an IO on Kirra's behalf. The IO includes conditions that prohibit Mick from committing family violence such as assaulting or threatening Kirra. As part of the risk assessment process, Mick is also referred to the Men's Referral Service for comprehensive assessment and referral to appropriate services.

The worker refers Kirra to the Aboriginal Family Violence Prevention and Legal Service, which provides legal advocacy for Kirra in her dealings with the police and courts, as well as advice throughout the IO application process.

Although safe and well supported in the refuge, Kirra does not feel comfortable staying in the region, so the refuge, in consultation with the family violence service, refers Kirra to a mainstream refuge in Melbourne. Kirra and the children stay in the refuge for three weeks and receive cultural support from an Aboriginal worker from a family violence service based in Melbourne. Kirra and the children in her care are then assisted to move to another part of Victoria, where Kirra has family, practical assistance and she feels safe.

With Kirra's consent, information about her situation and risk assessment are shared with the new services she is referred to.

This means she does not have to repeat information unnecessarily, and that any changes to her risk situation can be monitored and addressed.

The Aboriginal Family Violence Prevention and Legal Service continues to work with Kirra and initiates an application to the Victims of Crime Assistance Tribunal for financial assistance that will enable Kirra to attend specialist counselling services and cover some travel and medical expenses. Kirra is also linked with the local Aboriginal co-operative for ongoing support to get established in her new location.

Scenario six

Rhena is 48 years old. She recently formed a relationship with Colin, and after wanting to leave her parents' home for some time, she moved into an apartment with him. Rhena has no speech and has difficulty using her hands but communicates by using a language of facial expressions and noises. She attends a day activity centre two days a week and the centre staff and her family think Rhena is lucky to have a full-time 'carer' to help with banking, shopping, cooking and transportation.

A few weeks after moving in with Colin, Rhena begins missing days at the centre. She seems unhappy and becomes disagreeable towards the end of the day. Staff notice she is also rapidly losing weight and ask Colin if he is coping and keeping up with the cooking. He is very reassuring and says all is well, just that Rhena has been a little sick lately.

Rhena appears increasingly unhappy and a staff member familiar with identifying signs of family violence notices Colin treating Rhena roughly and removing money from her purse during a drop-off. She asks Rhena if everything is okay at her house and if she feels safe with Colin. Rhena indicates that things are not okay,

prompting the worker to call the local women's health service, which then organises a family violence worker to meet with Rhena.

Rhena asks her day service key worker to aid her communication with the family violence worker and—at the suggestion of the key worker—the latter tailors her communication style to Rhena's needs by asking many closed questions.

The initial risk assessment identifies that Rhena is being verbally abused by Colin. He is also isolating her by refusing her transport to social events and services, and by telling people that she is ill and doesn't want to attend.

Colin is taking money out of her account and her wallet, and is frequently physically rough with her. The family violence worker explains to Rhena that what she is experiencing is called family violence. She offers to provide support and assistance in partnership with other services.

The family violence worker is unfamiliar with the services, resources and needs relating to Rhena's disability and so, following discussion with Rhena and her key worker, and in consultation with her line manager, she has a confidential secondary consultation with a disability case worker. With this additional information, the family violence service is able to proceed with supporting Rhena using the same principles as for any other woman.

It is established that Rhena wants Colin to leave and that, while she owns the apartment, she needs ongoing support to live independently. The family violence worker supports Rhena to make a report to police.

With the information provided by the family violence worker, the police arrange an independent third person to assist with communication. They also allow extra time for the reporting process in order to accommodate Rhena's needs. Rhena takes the family violence worker with her to the police station. The police officer completes a risk assessment and determines that Rhena is in need of protection. The officer makes an application for an Intervention Order on Rhena's behalf, which is supported in court by a police prosecutor. The order is granted and includes an exclusion provision to remove Colin from Rhena's home.

In collaboration with a disability worker, the family violence service continues to monitor the risk of family violence and supports Rhena to access a range of services and independent living aids. These include accessing funds through the Victims of Crime Assistance Tribunal to be used to modify her apartment, organising the delivery of groceries and organising home help through the local council. With the help of family and friends from the day activity centre, Rhena is able to stay living independently and safely in her apartment.

Scenario seven

Tatiana is 38 years old and has two children from her first marriage, a 12-year-old son and a 14-year-old daughter. Tatiana met Boris (an Australian citizen) through an online introduction agency. After meeting Boris in person in Russia, and falling in love with him, Tatiana quit her job as a doctor, sold her flat and moved to Australia with her children on a Prospective Marriage Visa.

Boris was very loving to Tatiana and got along well with her children. Before her visa expired, Boris proposed to her and they got married. Tatiana was then able to apply for a Spouse Visa.

After getting married, Boris's behaviour changed. He continually complained about how much Tatiana and her children were costing him. He monitored all their movements and prevented them from making friends by keeping them isolated. Boris was on a disability pension and now received family payments for Tatiana's children, but Tatiana always had to beg him for money. At night Boris was more abusive and made sexual demands that Tatiana didn't feel comfortable with.

On several occasions Boris physically assaulted Tatiana and her children. They were very depressed and did not know how to get help.

.....

One night Tatiana hears her daughter screaming and discovers Boris with his hands around her throat. As Tatiana speaks little English, she has been attending English classes and the next day it is her teacher whom she tells about her issues at home. The teacher contacts the statewide crisis service, which organises to speak with Tatiana through a telephone interpreter. After assessing the risk, the service organises immediate interim emergency accommodation and initiates a referral to a refuge.

At the refuge, Tatiana and her children are supported by the refuge workers and the statewide family violence service for women from culturally and linguistically diverse communities. These organisations work together with the Department of Immigration

and Citizenship to ensure that Tatiana and her children are not violating their visa and can stay in Australia. They are also able to obtain income support through Centrelink.

The family violence service offers support to Tatiana's children and arranges an alternative school for them. Tatiana is referred to a counsellor at a Centre Against Sexual Assault, who helps her decide whether to make a statement to the police.

Six weeks later, with the risk of continuing family violence much lower, Tatiana and her family are assisted into transitional accommodation in another area. They still have access to support from the statewide service and are linked in with family services and an organisation that can provide cultural support.

Endnotes

- 1 Victorian Family Violence Department of Justice Database: nine year trend analysis (Volume 4), Department of Justice, Melbourne.
- 2 Miller, R, 2007, *Cumulative Harm: conceptual overview*, Department of Human Services, Melbourne.
- 3 Council of Australian Governments, 2011, *National plan to reduce violence against women and their children*, Department of Families, Housing, Community Services and Indigenous Affairs, Canberra.
- 4 Victorian Indigenous Family Violence Task Force, 2003, *Victorian Indigenous Family Violence Task Force final report 2003*, Department for Victorian Communities, Melbourne.
- 5 Department of Planning and Community Development, 2005, *Strong Culture, Strong Peoples, Strong Families: towards a safer future for Indigenous families and communities: 10 year plan*, 2nd edn, Department of Planning and Community Development, Melbourne.
- 6 Victorian Indigenous Task Force, op. cit.
- 7 DPCD, Strong Culture, Strong Peoples, Strong Families, op. cit.
- 8 National Council to Reduce Violence against Women and their Children 2009b, *Time for Action: The National Council's plan for Australia to reduce violence against women and their children, 2009–2021*, Australian Government, Canberra.
- 9 Materials from the *Gold Coast Domestic Violence Prevention Project* www.domesticviolence.com.au have been adapted and used with permission.
- 10 Howard, J, 2011, *Adolescent violence in the home – the missing link in family violence prevention and response*, Australian Domestic & Family Violence Clearinghouse Stakeholder Paper, Sydney.
- 11 Australian Bureau of Statistics, 2006, *Personal Safety Survey*, Australian Bureau of Statistics, Canberra.
- 12 Bair-Merritt, MH, Crowne, SS, Thompson, DA, Sibinga, E, Trent, M, and Campbell, J, 2010, 'Why do women use intimate partner violence? A systemic review of women's motivation', *Trauma Violence Abuse*, vol. 11, no. 4.
- 13 Department of Human Services, 2008, *Practice Guidelines: women's and children's family violence counselling and support programs*, Children, Youth and Families Division, Department of Human Services, Melbourne.
- 14 R. Miller, Cumulative Harm, op. cit.
- 15 Miller, R, 2007, *The Best Interests framework for vulnerable children and youth*, Department of Human Services, Melbourne.
- 16 Miller, R, 2010, *The Best Interests case practice model*, Department of Human Services, Melbourne.
- 17 Walsh, D, 2008, The hidden experience of violence during pregnancy: a study of 400 pregnant Australian women, *Australian Journal of Primary Health*, vol. 14, no.1.
- 18 J. Howard, Adolescent Violence in the Home, op. cit.
- 19 DPCD, Strong Culture, Strong Peoples, Strong Families, op. cit.
- 20 *Women's Domestic Violence Crisis Service* (interim accommodation) shows that 25 per cent – 36 per cent of women supported or accommodated did not have permanent residency.
- 21 McDonald, J, and Green, R, 2001, 'A dispersed refuge model for women escaping domestic violence: a regional case study', *Australian Journal of Primary Health*, vol. 7, no. 1.

- 22 Jennings, C, Julian, F, Howe, K, Humphreys, C, and Healey, L, 2008, *Building the Evidence: a report on the policy and practice in responding to violence against women with disabilities in Victoria*, Victorian Women with Disabilities Network Advocacy Information Service, Melbourne.
- 23 Department of Human Services, 2009, *With Respect to Age: Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse*, Aged Care Branch, Department of Human Services, Melbourne.
- 24 McNaire, R, and Thomacos, N, 2005, *Not Yet Equal: Report of the VGLRL same sex relationship survey*, Victorian Gay and Lesbian Rights Lobby, Melbourne.
- 25 Leonard, W, Mitchell, A, Patel, S, and Fox, C, 2008, *Coming Forward: the under reporting of heterosexist violence and same sex partner abuse in Victoria*, Australian Research Centre in Sex, Health and Society, Melbourne.
- 26 Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing, 2009, *Well Proud: a guide to gay, lesbian, bisexual, transgender and intersex inclusive practices for health and human services*, Department of Health, Melbourne.
- 27 DOJ, Victorian Family Violence, Department of Justice Database, op. cit.

References

- Australian Bureau of Statistics, 2006, *Personal Safety Survey*, Australian Bureau of Statistics, Canberra.
- Bair-Merritt, MH, Crowne, SS, Thompson, D A, Sibinga, E, Trent, M., Campbell, J, 2010, 'Why do women use intimate partner violence? A systemic review of women's motivation', *Trauma Violence Abuse*, vol. 11, no. 4.
- Department of Human Services, 2008, *Practice Guidelines: women's and children's family violence counselling and support programs*, Children, Youth and Families Division, Department of Human Services, Melbourne.
- Department of Human Services, 2009, *With Respect to Age: Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse*, Aged Care Branch, Department of Human Services, Melbourne.
- Department of Planning and Community Development, 2005, *Strong Culture, Strong Peoples, Strong Families: towards a safer future for Indigenous families and communities: 10 year plan*, 2nd edn, Department of Planning and Community Development, Melbourne.
- Domestic Violence Victoria, 2006, *Code of Practice – for specialist family violence services for women and children*, Domestic Violence Victoria, Melbourne.
- Jennings, C, Julian, F, Howe, K, Humphreys, C, Healey, L, 2008, *Building the Evidence: a report on the policy and practice in responding to violence against women with disabilities in Victoria*, Victorian Women with Disabilities Network Advocacy Information Service, Melbourne.
- Howard, J, 2011, *Adolescent violence in the home – the missing link in family violence prevention and response*, Australian Domestic & Family Violence Clearinghouse Stakeholder Paper, Sydney.
- inTouch, *Multicultural Centre Against Family Violence and Women's Domestic Violence Crisis Service* (interim accommodation) internal data shows that 25 per cent – 36 per cent of women supported or accommodated did not have permanent residency.
- Leonard, W, Mitchell, A, Patel, S, Fox, C, 2008, *Coming Forward: the under reporting of heterosexist violence and same sex partner abuse in Victoria*, Australian Research Centre in Sex, Health and Society, Melbourne.
- McDonald, J and Green, R, 2001, 'A dispersed refuge model for women escaping domestic violence: a regional case study.' *Australian Journal of Primary Health*, vol. 7, no. 1.
- McNaire, R, and Thomacos, N, 2005, *Not Yet Equal: report of the VGLRL same sex relationship survey*, Victorian Gay and Lesbian Rights Lobby, Melbourne.
- Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing, 2009, *Well Proud: a guide to gay, lesbian, bisexual, transgender and intersex inclusive practices for health and human services*, Department of Health, Melbourne.
- Materials from the *Gold Coast Domestic Violence Prevention Project* www.domesticviolence.com.au have been adapted and used with permission.
- Miller, R, 2007, *The Best Interests framework for vulnerable children and youth*, Department of Human Services, Melbourne.
- Miller, R, 2007, *Cumulative Harm: a conceptual overview*, Department of Human Services, Melbourne.
- Miller, R, 2010, *Best Interests case practice model*, Department of Human Services, Melbourne.

National Council to Reduce Violence against Women and their Children 2009b, *Time for Action: The National Council's plan for Australia to reduce violence against women and their children, 2009–2021*, Australian Government, Canberra.

Risk Assessment and Risk Management Framework bibliography can be accessed on line: www.women.vic.gov.au.

Victorian Family Violence Department of Justice Database: nine year trend analysis (Volume 4), Department of Justice, Melbourne.

Victorian Indigenous Family Violence Task Force, 2003, *Victorian Indigenous Family Violence Task Force final report 2003*, Department for Victorian Communities, Melbourne.

Victoria Police, 2010, *Code of practice for the investigation of family violence*, edn 2, Victoria Police, Melbourne.

Walsh, D, 2008, 'The hidden experience of violence during pregnancy: a study of 400 pregnant Australian women,' *Australian Journal of Primary Health*, vol. 14, no.1.

Wealer, E, 2005, Men's Behaviour Change Group Work resource for quality practice, No To Violence, Melbourne.

Women's Domestic Violence Crisis Service (interim accommodation) and inTouch Multicultural Centre Against Family Violence internal data shows that 25 per cent – 36 per cent of women supported or accommodated did not have permanent residency.

Abbreviations

ABS	Australian Bureau of Statistics
AFVPLS	Aboriginal Family Violence and Prevention Legal Service
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and Linguistically Diverse
CATT	Crisis Assessment and Treatment Team
ChildFIRST	Child (Family Information Referral and Support Team)
CRAF	Common Risk Assessment Framework (the commonly used title for the Family Violence Risk Assessment and Risk Management Framework)
DAP	Disability Action Plan
DHS	Department of Human Services
GLBTI	Gay, Lesbian, Bisexual, Transgender and Intersex
GP	General Practitioner
HACC	Home and Community Care
IFVS	Integrated Family Violence System
IO	Intervention Order
L17	Victoria Police form for recording family violence incidents
NTV	No To Violence
PR	Permanent Residency
PTSD	Post Traumatic Stress Syndrome
SRV	Seniors Rights Victoria
TSI	Torres Strait Islander
TTY	Telephone Typewriter or teletypewriter (text telephone for the hearing impairing)
VACCA	Victorian Aboriginal Child Care Agency
VACP	Victims Assistance and Counselling Program
VALS	Victorian Aboriginal Legal Service
VCAT	Victorian Civil and Administrative Tribunal
VLA	Victoria Legal Aid
WLSV	Women's Legal Service Victoria

