



Royal Commission
into Family Violence

WITNESS STATEMENT OF CATHERINE PLUNKETT

I, Catherine Mary Plunkett, RAMP Development Officer, of Domestic Violence Victoria (**DV Vic**), Melbourne, in the State of Victoria, say as follows:

1. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Current role

2. I am the RAMP Development Officer at DV Vic, the peak body for women's and children's family violence services. My role is to support the implementation of the Strengthening Risk Management program, including Risk Assessment and Management Panels (**RAMPs**), throughout Victoria.
3. I am responsible for providing support and advice to RAMP Chairpersons, Co-ordinators and core members to build capacity and to establish high quality and consistent processes in relation to the operation of RAMPs.

Background and qualifications

4. I have 25 years of experience of working with family violence issues. I have provided services directly to women and their children who experience family violence, managed services and staff, established new programs and partnerships, and worked for reform of the service system through representative duties on Government-led committees and panels.
5. As the Manager of the Domestic Violence Centre in Auckland, New Zealand in the 1990s, I established a multi-agency intervention program (**SAFTINET**) based on the Duluth Abuse Intervention Program in the USA. With the support of agency partners such as Police, the District Court and Men's Stopping Violence groups, I negotiated interagency agreements, information gathering and exchange systems, outcome monitoring tools and new services for women and children who experience family violence. A key function of SAFTINET was to monitor the justice system response

to family violence in an effort to identify opportunities to decrease the level of risk to survivors/victims.

6. Since that time I have participated in the establishment of multi-agency responses to family violence in Victoria. From 2001 until 2004, I represented DV Vic on committees of Government and non-Government representatives tasked with reforming the family violence service system. I was a member of the State-wide Steering Committee to Reduce Family Violence which, in 2005, released a report, *Reforming the Family Violence System in Victoria*. This report outlined a plan for a coordinated and integrated service system and a whole-of-Government approach to support its implementation.
7. I managed Women's Services at the Salvation Army in the inner south of Melbourne, which provided domestic violence outreach services and a homelessness service for young women. My role at the Salvation Army provided me with an introduction to the homelessness response system. Importantly, it gave me an understanding of the work undertaken by organisations whose core business is not family violence but which assist large numbers of women and children experiencing family violence who often present in crisis and with multiple and complex issues. These organisations are a part of the integrated family violence service system.
8. I have also worked for the Federation of Community Legal Centres, developing a guide for community legal centre lawyers to assist and support women to obtain or vary intervention orders.
9. From 2009 until 2015, I was employed on a contract basis by the Domestic Violence Resource Centre Victoria (**DVRCV**) to deliver training in family violence issues, and to develop and design training packages and tools to support professional responses to family violence.
10. The bulk of the training sessions that I have delivered since 2009 have been part of a comprehensive program of training in using the Family Violence Common Risk Assessment Framework, also known as the Family Violence Risk Assessment and Risk Management Framework (**CRAF**).
11. To date I have delivered over 120 sessions of CRAF training in regional and metropolitan areas across the state. These sessions were attended by approximately 2,600 individuals from a wide variety of professional groups,

including specialist family violence services, sexual assault services, maternal and child health nurses, Child First and Child Protection, Corrections Victoria, Magistrates' Court, Victoria Police, legal services and lawyers, Primary Care Partnerships and allied health professionals, housing and homelessness services, disability services, counselling and mediation services, Victims of Crime Assistance programs, Men's Behaviour Change Programs, Aboriginal support services, services for culturally and linguistically diverse communities, mental health services, alcohol and other drug services, and education services.

12. In 2010, I participated in an evaluation of the CRAF training program commissioned by the Department of Human Services.
13. In 2012, I contextualised the CRAF training material for delivery to the staff of Corrections Victoria, and developed policy directions and practice tools to support the integration of CRAF at an operations level. I developed procedural advice and practice tools to enable the screening of female offenders for family violence, to conduct risk assessments and reviews, and to manage risk. The materials I developed were informed by CRAF and fully integrated into Corrections' existing assessment and case management model.

The CRAF

14. The CRAF is a framework that includes an approach to risk assessment, and to risk management; or responding to that risk once it is identified. The risk assessment process outlined in the Framework is based on interviewing the woman (victim/survivor). Within the approach to risk assessment, the CRAF outlines three elements which must be considered when determining the level of risk: the victim's assessment of the level of risk (i.e. her expressed level of fear); the evidence-based risk factors (i.e. the 'aide-memoire'); and the practitioner's professional judgment. Attached to my statement and marked "CP-1" is a copy of 'the Framework': "Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3."
15. The CRAF was conceived as a fundamental driver of service integration in Victoria by providing for a consistent response to those who experience family violence regardless of where an individual first accesses the service system. The CRAF is intended to promote integration through information sharing between agencies (i.e.

sharing risk assessment information), and by establishing a common language and shared understanding of family violence across the service system.

16. The CRAF is designed to be applied by all of the services comprising the integrated family violence system, with their approach guided by one of three Practice Guides, each of which includes a risk assessment template. The CRAF Practice Guides are tailored to meet the different requirements of practitioners in a range of services, providing guidance in identifying family violence, preliminary risk assessment and comprehensive risk assessment.
17. Some organisations, including Victoria Police and the Magistrates' Court Applicant Support Worker program, have created tailored tools to guide risk assessment by integrating the CRAF into their internal processes and procedures. In the case of Victoria Police, a risk assessment based on CRAF is documented in the Family Violence Risk Assessment and Risk Management Report (L17) which must be completed by Police following attendance at a family violence incident.

Integrated family violence system

18. In 2005, the Victorian Government committed to building an integrated family violence system, by establishing a collaborative approach to service delivery across the system's organisations. The family violence system comprises three categories of services:
 - 18.1. Specialist family violence services;
 - 18.2. Justice and statutory bodies, including Victoria Police, the courts and Child Protection; and
 - 18.3. Mainstream services, including family services and support services that do not specialise in responding to family violence issues but who come into contact with those experiencing family violence.
19. The integrated system was designed to be 'a whole-of-system approach that places women and children at the centre of the response.'¹

¹ *Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3*; Department of Human Services, 2012, page 3.

20. The fundamentals of multi-agency approaches to family violence are that actions are guided by the paramount principle of the safety of survivors/victims, information sharing between agencies is supported by interagency agreements, and that system change or continuous improvement is achieved by ongoing monitoring of service responses based on the experiences of survivors/victims.²
21. While Victoria has established local, regional and state-wide advisory bodies to guide integration, there is no mechanism for integration at the point where services are delivered. Use of the CRAF goes some way to establishing a shared language and practices, but in itself is insufficient to achieve integration.
22. Integration at the service level requires that the system has capacity to provide case coordination and assertive advocacy for survivors/victims in order to achieve a coordinated approach from disparate individuals and organisations. Advocacy and case coordination also act as mechanisms for ongoing monitoring of the system response to victims. The provision of advocacy allows for problems to be identified and usually rectified quickly. There must also be opportunities for the reporting of systemic issues when the evidence supports this.
23. Specialist women's family violence services have traditionally provided advocacy services, however a lack of capacity to meet demand for their services and a workforce that lacks access to professional development opportunities in individual and systemic advocacy skills has prevented them from consistently and comprehensively performing this function.
24. There is also a lack of authorisation from Government for this coordination and advocacy role and, in particular, its link to system monitoring and systemic advocacy. There are no structural supports for regular analysis of case data by family violence services and for reporting of systemic issues.

CRAF training

25. The participants at most CRAF training sessions are from a variety of professional groups, both statutory and community. Because effective professional development involves an exchange of information between the trainer and the participants, and between the participants themselves, CRAF training sessions produce a lot of

² *Developing Community Coordinated Responses*; United Nations Entity for Gender Equality and the Empowerment of Women; 2014.

commentary from participants about how the family violence service system operates at a practice level, including the use of the CRAF. These discussions tend to concern current practice, inter-agency relationships, and supports and barriers to adopting new tools and practices.

26. It is clear from these discussions that there is considerable variation amongst service providers in the way the CRAF is understood and applied. This undermines its effectiveness as a tool for system integration and, in some cases, as a method of assessing and managing risk.
27. I am concerned that we are providing training in the absence of any clear direction to organisations about how and when screening, risk assessment and risk management processes should be applied. While the CRAF training program has proved to be remarkably effective in raising awareness of family violence and risk assessment across a broad range of professional groups, a training program alone cannot achieve comprehensive and consistent application of the CRAF in Victoria. Many of the individuals we train then return to organisations which lack any operational and supervisory framework within which the CRAF can sit.
28. The provision of training to frontline staff has overlooked the critical role that individuals in management positions play in developing systems, policies and procedures to ensure consistency of practice and sustainability despite staff turnover.
29. Conducting a risk assessment involves far more than just remembering the 'red flags' or even the evidence-based risk indicators. My experience as a trainer is that many people consider that the CRAF risk assessment is essentially an exercise in identifying the evidence-based risk factors. This is due, in part, to the inadequacy of the risk assessment templates in the CRAF practice guides which do not reflect the complexity of the risk assessment process as it is outlined in the Framework.
30. CRAF training is widely perceived as generalist family violence training, because it has been the only free of charge and broadly accessible professional development in family violence issues that is available in Victoria. Many organisations send staff who have had no previous training in family violence issues to CRAF training to provide them with a basic understanding of family violence and how to respond to it. These organisations utilise CRAF training without ever having an intention of embedding family violence screening, risk assessment or risk management into

their operations. However, CRAF training is inadequate as an introduction to family violence and includes very little information about its dynamics and characteristics and its impact on survivors/victims and how this may manifest in their presentation.

Application of the CRAF

31. From my observations, much of the variation in the application of the CRAF is due to a lack of:
 - 31.1. operational advice in the CRAF about how to integrate risk assessment and risk management into the systems of each workplace; and
 - 31.2. oversight to ensure that such systems exist in organisations that are part of the family violence integrated service system.
32. I address the lack of operational advice in the CRAF regarding risk assessment and risk management in my statement further below.
33. I know from conducting CRAF training that it is not being used universally, and where it is being used, it is not applied consistently. Within non-specialist services, the feedback from training is that few have integrated risk assessment processes into their operations and its application is patchy at best.
34. The reality of the community services sector, including family violence services and services for the homeless, is that all services are stretched, and that the majority of clients present with very complex issues. Unless practitioners have clear directions and tools (i.e. forms to guide and document interventions and, in some cases, practice notes), then they are unlikely to conduct risk assessment or other processes. Practitioners depend on such tools.
35. A consistent and comprehensive approach to risk assessment is fundamental to the operation of RAMPs. Cases must meet an assessed threshold of 'serious and imminent' risk to be considered by RAMPs. A more comprehensive risk assessment is then conducted by panel members providing additional information about a case at a RAMP meeting, and the risk assessment is reviewed each time new information regarding a case is presented to RAMP. If we do not have a rigorous and disciplined approach to risk assessment, we are vulnerable to error, and to potentially tragic outcomes for women and children.

Authorising environment

36. The responsibility for ensuring that organisations are using the CRAF lies with the Government. I would like to see a far stronger authorising environment: for Government to stand up and say "this is what we expect you to do, this is when we expect you to do it, we will ensure you have adequate support to do it, and we will check that it is done".
37. However, apart from Victoria Police, whose *Code of Practice for the Investigation of Family Violence (Code of Practice)* mandates risk assessment of the Affected Family Member, there is no explicit direction from Government about which services should undertake risk assessment, in what circumstances it should be conducted or reviewed, and when risk information should be shared with other organisations.
38. We need to build some accountability into the system. The only way to ensure that CRAF is used by organisations that are under resourced and oversubscribed, many of which are consequently resistant to adopting an additional process, is to make the use of CRAF a requirement of their funding.
39. My impression of the CRAF is that when it was developed there was a concern to ensure that it was not too prescriptive, because there are certain dangers associated with that, and because it was designed to apply to a very diverse range of professional settings. Accordingly the CRAF was authored to provide little explicit direction about its application, for example it provides no advice about who should conduct a risk assessment and when that assessment should be conducted.

Risk assessment

40. The CRAF's guide to undertaking a risk assessment is comprised of three elements:
 - 40.1. A woman's assessment of her own level of risk;
 - 40.2. Evidence based risk factors; and
 - 40.3. The exercise of professional judgement.
41. Recording templates for the risk assessment process are provided in Practice Guides 2 and 3. These templates begin with a list of evidence-based risk factors

which is known as the 'Aide Memoire'. Attached to this statement and marked "CP-2" is a copy of the template for risk assessment from Practice Guide 3.

42. In my opinion, this template is insufficient and misleading because it does not step a practitioner through a full risk assessment process as one would expect such a template to do. As a result of the design of this template, many professionals perceive the Aide Memoire alone as representative of the CRAF risk assessment process. The 'Aide Memoire' is commonly referred to as 'the CRAF' when professionals are discussing risk assessment.
43. The CRAF does not present risk assessment information in a usable format that can be applied easily by a practitioner (e.g. a risk assessment template) or can be adapted for integration into an organisation's procedures and processes. Both are essential for sustainable take-up of the CRAF, along with training in its use.
44. If I were a practitioner who must respond to family violence, I would want to know when to do a risk assessment; how often to do it; how to document the assessment and when and with whom to share the information? I would want this advice to be relevant to my particular role and to be supported operationally in my workplace. The CRAF in its current iteration does not provide this.

The Risk Assessment Process

45. My understanding of risk assessment in international literature is that if there is a disclosure of violence, the assessment should be done immediately. Women at a high level of risk will not necessarily wait for someone else to arrive, or follow up a referral at a later time. That first disclosure might represent a woman's only opportunity to understand her level of risk and to devise a safety plan. The time that it takes to perform a risk assessment should not be viewed as a barrier: it does not necessarily need to be a half an hour process, and it is always better to do an assessment in some form than not at all. If nothing else, practitioners should take the time to ask questions like, "What is the scariest thing that he has ever done?" "How frightened are you right now?" "What do you think he's capable of?"
46. Given the dynamic nature of risk, a risk assessment requires regular review. Each time a service provider makes contact with a woman, they should be doing a risk assessment. Service providers can ask "last time we spoke, I asked you how scared you were on a scale of one to five and you said three. How are you feeling now?" If she responds with "four", a service provider will want to know what has

happened in the interim. And when the level of risk is reviewed or revised, there is also a need to revisit the woman's safety plan.

47. In my experience, each time you do a risk assessment with a woman she shifts her thinking around the abuse. Women often start by viewing their situation as an interpersonal issue, to be dealt with in the same way that you deal with any other interpersonal issues: women may think, 'I can manage him'; 'I won't be so short tempered'; 'I will be more organised and run the house better'; 'If only his job wasn't so stressful' etc. By describing the abuser's behaviour during a risk assessment, a woman can obtain some clarity about the abuse she is experiencing and shrug off some of the blame the abuser has levelled at her. It may be the first time that a woman has had an opportunity to think about her situation objectively, in terms of the risk the abuser poses to her, and her children. Because she is fearful of the abuser, the notion of 'risk' makes sense to her, however it is often the first time she has heard that kind of objective terminology. In this way, risk assessment can also serve as a therapeutic exercise for women.
48. When risk assessment is conducted by interview with the woman, it should be a collaborative process done *with* the woman, not *on* the woman. This requires a relatively high level of skill and is an approach you would expect to find in specialist women's family violence services. However, if risk assessment is conducted with a perfunctory, question and answer approach, a woman who is at high risk and has adopted a strategy of minimising the abuse in order to cope emotionally and psychologically, will often maintain that minimisation and either not disclose the most harmful abuse or decline offers of assistance. This potentially makes any intervention or risk management ineffective.
49. On the other hand, where a risk assessment is conducted in a collaborative way, and the woman is exploring risk with the practitioner, who then says, "look, I'm very concerned about your safety and your children's safety because of ...", and the practitioner then provides a summary of the risk factors that were disclosed by the woman, the woman will normally agree with the practitioner. She is then ready, psychologically, to consider options to decrease that level of risk. Every time a practitioner has this kind of discussion with a woman about her level of risk and how this may impact on her safety plan, the woman has the opportunity to mentally step outside of the relationship a little, obtain some objectivity and, over time, this experience can change the way she views her relationship.

50. Therefore, in specialist women's family violence services, ongoing risk assessment can perform several functions; it determines risk management strategies, it can be an educative tool and it can empower a woman to make changes and seek assistance.

Derivations of CRAF tools for risk assessment

51. The Aide Memoire has *become* "the CRAF" risk assessment in the minds of many people, rather than one element of the risk assessment process. I question whether there is a consistent understanding amongst service providers that the CRAF risk assessment process involves each of those three elements set out in the CRAF Framework.
52. A number of organisations have developed their own tools for risk assessment in order to overcome perceived shortfalls with the CRAF. This has come to my attention recently because of my role with RAMPs and is a matter of concern since a shared risk assessment tool is fundamental to the operation of the RAMPs, as it is to the integrated service system. I have seen examples of 'alternative' risk assessment tools developed by agencies in Victoria that are not an alternative to the CRAF at all, but are essentially the Aide Memoire and all of the other elements of the CRAF articulated in a format that guides practitioners through the risk assessment in a step by step process. This work of developing practice tools from the CRAF is important, however it requires centralised advice and monitoring to prevent the kind of common misapprehensions about the CRAF risk assessment that are undermining its consistent and comprehensive application across the integrated service system.
53. I find the misapprehensions about CRAF and its inconsistent application very frustrating, however it is not the service providers that are to blame; it is a reflection of how poorly articulated risk assessment and its operational application is in the Framework, and a lack of advice and direction from Government about how to operationalise CRAF in various professional settings.

Risk management

54. Risk management is the service response provided to each family member once a level of risk has been established by way of assessment. Risk management involves the development of a case plan that seeks to mitigate the level of risk to

the survivors/victims. This includes coordinated actions undertaken by multiple agencies. A lead agency has the responsibility of ensuring the plan is enacted.

55. The CRAF similarly gives very little guidance in relation to risk management. To the extent that guidance is provided, it is on a system wide platform, with little detail about how this multi-agency work will occur. There is no guidance available to specialist women's family violence services about how to undertake risk management, when these services are responsible for the bulk of this work.

Reviewing the CRAF

56. DVRCV and DV Vic have written submissions to the Royal Commission advocating in favour of a review of the CRAF and I fully endorse their position. Attached to this statement and marked "CP-3" is a copy of DV Vic's submission to the Royal Commission.
57. I am of the view that service providers require clear direction about who is to conduct risk assessment, and when risk assessment should be conducted and reviewed, when risk assessment information should be shared, as well as advice about risk management. Key organisations in the integrated service system should be mandated to undertake risk assessment, and support should be provided to organisations to develop an operational framework for risk assessment and risk management (e.g. templates, practice notes, policy and procedure).
58. I think if you were to revise the CRAF risk assessment templates to create a generic document that more accurately reflected the content of the Framework, you would include the collection of information about:
- 58.1. evidence based risk factors (the 'Aide Memoire');
 - 58.2. the woman's level of risk (i.e. asking the woman about her level of fear and making an assessment based on her presentation);
 - 58.3. protective factors; and
 - 58.4. the impact of social factors and identities on vulnerability to further violence.
59. The template would also provide brief practice notes about applying professional judgment to the assessment, including a prompt to reflect on how much weight to

give to any particular factor. Professional judgment involves a weighing of various factors and individual circumstances rather than simply adding up the number of risk factors or 'red flags' that have been identified.

Extending training

60. I believe that the Department of Health and Human Services (DHHS) needs to consider making training widely available to people in non-specialist services that allows them to gain an understanding of the dynamics and characteristics of family violence. Training of this kind is critical to ensuring that practitioners are able to accurately interpret information they receive when conducting a risk assessment and it is also critical for building early intervention capacity. If this training is to be packaged up with CRAF training, then an extra half-day is required to allow for the additional content.
61. Training in risk assessment and risk management should also be tailored for key professional groups to make it specific to their role in the family violence integrated service system and to their operational context. For example, training in risk assessment and management should be designed specifically for Victoria Police as well as for Child Protection. Practice or operational tools (e.g. policies, guidelines and forms) that are specific to that organisation should be utilised in the training to ensure that is relevant and practical.
62. There should also be opportunities and resourcing to contextualise generic risk assessment and risk management training when this is required on a one-off basis for a particular professional group. I have delivered the same generic CRAF training to a group of sheriffs and to Maternal and Child Health nurses because there is no funding available to contextualise the training modules for any particular group.

Actuarial tools

63. An actuarial approach integrates statistical evidence into assessment. In an actuarial tool, evidence-based risk factors are presented in scales or matrices with attributed values to produce an overall risk score.
64. I am aware of discussions in Victoria about the relative strengths and weaknesses of an actuarial tool. I have previously used actuarial tools in New Zealand and I understand that they can assist in triaging cases, however they can also lead to over-simplification and over-confidence in their accuracy. Just as a structured

professional judgment tool is problematic when used by practitioners who lack adequate knowledge and skills, the complexity and subtleties of individual cases often cannot be reflected when using an actuarial tool.

65. I would have particular concerns about Victoria Police using an actuarial tool, without a significant boost to the quality and quantity of their training in family violence in risk assessment and risk management. From what I have observed in CRAF training sessions, police officers would require a significant amount of training in understanding the dynamics of family violence and in conducting risk assessment to make this a feasible option.

Addressing risk to children

66. The CRAF provides guidelines and assessment templates for risk assessment and risk management of adult victims. The risk to an accompanying child is addressed as an adjunct to their carer's risk assessment. While there are instructions in the CRAF to consider the risk to any children who accompany the adult,³ the risk assessment of children is not the focus of the CRAF or the training program that was established to assist practitioners to implement it. Importantly, the CRAF does not detail specific risk factors to consider in relation to children or provide a template with which to guide and record an assessment.
67. Establishing the level and nature of the risk to the mother in a case of family violence is crucial to understanding the potential risk to any children in their care. It is well documented that perpetrators of family violence may harm or threaten to harm children, and that this may be a form of abuse towards the children's mothers.⁴
68. Advice about conducting risk assessments of children experiencing family violence was provided by the Department of Human Services in 2013 through the publication of a dedicated practice guide⁵ and the provision of training to family violence, child protection and integrated family services practitioners.

³ *Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3*; Department of Human Services, 2012, page 82 '...include assessment of risk to children.' On page 83, advice is provided about questioning children about the violence.

⁴ *Just Say Goodbye: Parents who Kill their Children in the Context of Separation*; D. Kirkwood. 2012. Page 30-31. *Domestic Violence in the Context of Child Abuse and Neglect*; L. Laing, Australian Domestic and Family Violence Clearing House.

⁵ *Assessing Children and Young People Experiencing Family Violence: A Practice Guide for Family Violence Practitioners*; Department of Human Services, 2013.

69. Notwithstanding the above, I think that there is much more work to be done in developing tools and practice advice about identifying risk to children. The CRAF is completely inadequate for children and this should form a major component of any review of the CRAF.

Child Protection

70. There is still very much a cultural problem within Child Protection in relation to working with women who experience family violence. In my experience as a trainer, most Child Protection workers find it difficult to understand that assessing the risk to a woman is essential to understanding the risk to her children. Yet, we know that because children are dependent upon their mother, that if she is being harmed, then they are being harmed as well.
71. I would like to see some specific training around family violence risk assessment and risk management (CRAF) developed by the family violence sector for Child Protection, as they have such a particular point of view towards family violence and risk assessment. Currently, Child Protection workers view the CRAF risk assessment as an optional process that is focused on identifying the risk factors in the Aide Memoire.
72. From my training experience, I think Child Protection workers require a rationale to use CRAF. I would like to see CRAF material developed for Child Protection workers that advises them that when they are working with a mother who is not a risk to her children, and the children are at risk due to family violence, then their best efforts at assisting those children will be through that mother. If a Child Protection worker undertakes a risk assessment collaboratively, with the mother, who consequently comes to understand what level of risk she is at, this will promote a more productive relationship between the child protection worker and the mother. It will enable the child protection worker to identify opportunities to decrease the level of risk to the children once they understand and can help address the barriers the woman faces to accessing support and taking various actions.

Victoria Police

Risk assessment

73. I have provided CRAF training to hundreds of police officers. In my experience, police view risk assessment very differently to how it is understood in the other

sectors. When they talk about risk, police are most often talking about risk to themselves.

74. The DVRCV is not involved with the development or delivery of internal training for Victoria Police. Police officers often attend CRAF training sessions which are offered in regional and metropolitan locations, however since the training is generic and the content was written primarily for family violence services, the training does not adequately meet the needs of Victoria Police.
75. Based on the discussions that have taken place during training sessions in which police officers are present, there persists a general lack of understanding of the purpose and importance of risk assessment in family violence cases. Police report that they generally do not collect risk assessment information at the scene, but complete the L17 retrospectively after returning to the station. Consequently, they do not have a victim's historical information available to them, and their assessment is necessarily limited to the particular incident that required police attendance. One cannot adequately conduct a risk assessment without that historical information.
76. Police who attend CRAF training tend to view risk assessment as a form-filling exercise rather than an ongoing process when working with family violence. Just as risk levels are dynamic and constantly changing, risk assessment is a dynamic process and all information received about a family should be analysed in terms of its relevancy to the level of risk to family members. Victoria Police lack an operational structure that allows for new risk-relevant information about any family member to trigger a review of a risk assessment attached to a previous incident.
77. I am concerned that the internal training and advice provided by Victoria Police to its members, even after many years of police undertaking risk assessment and documenting this on their L17 form, has not created a sound understanding of the fundamentals of family violence risk assessment. At the very least, Victoria Police should be trained to do a risk assessment at the scene and to review the level of risk when new information comes to hand. Police officers who attend an incident are already collecting information at the scene, they might need only ask a handful of additional questions about the history of the violence in order to do a risk assessment. I do not believe that this is a question of a lack of time to dedicate to individual cases, rather I believe that it is a matter of Victoria Police having not invested sufficiently in family violence risk assessment and risk management processes and training.

Discretion to report

78. I understand there to be a suggestion that police should be given more control over the actions that they take when they arrive at an incident, particularly in relation to reporting abuse. I believe that allowing this kind of discretion could be a retrogressive step, and I would be very concerned about it. We fought very hard for prescriptive rules for the police practice at the State-wide Steering Committee in 2005.
79. Returning to a situation where police have a discretion on whether or not to report abuse would create a situation where a victim can be held responsible for police action or inaction.
80. In my experience, many women who oppose police action at the time of an incident are often very grateful for it later. The manner in which people present to the police is often about protecting themselves in that moment. If the perpetrator is present, the woman may appear to be resistant to the action taken in order to avoid retribution. Even in cases where women persist with that reluctance for some time, they will often remark later that the police action eventually assisted them to become safer.
81. The additional problem with police discretion is that the inherent biases in our community are often reflected in police practice, and the inherent biases in relation to family violence are that 'this is not that serious'; 'I really feel for him, he is just stressed'; or 'she is complete harridan, she's a pain'. Women are most often on the wrong end of those biases. We know that police sometimes fail to act in certain instances, but at least as things stand presently, they can potentially be held to account for that.
82. The corresponding reduction in a woman's agency that this lack of police discretion creates is not, in my opinion, so significant to justify its removal. We are not impinging on women's lifestyle in any meaningful way. We aren't saying that a woman cannot live with the perpetrator: if there is an order made, that order can be made with conditions that allow the couple to live together, and that still prohibit him from abusing her. Though there has been a significant increase in rates of criminal charges laid as a result of family violence incidents, due to the fact that most of these incidents occur in private, there is not usually enough evidence to reach the threshold for a criminal level of proof. So I do not think that prescriptions in the

Code of Practice sufficiently curtail a woman's freedom to justify changing that Code.

Reported victim inaction

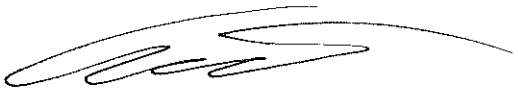
83. I am informed that some submissions to the Royal Commission provide examples of officers being frustrated or disheartened where a woman will not swear up to a statement that they have assisted her with, or where they are rebuked by magistrates for being too heavy-handed with victims.
84. I am sure that this is demoralising for police. It is similarly demoralising in specialist family violence services when you work really hard to assist a woman, only to have her come in and yell at you. This kind of thing happens regularly, because these women are frightened and powerless and often justifiably angry at a system that fails to protect them. They often take it out on those who are trying to help them.
85. Again, I do not consider this sense of demoralisation as being sufficient reason to change police practices. If we are looking at family violence more generally, and our focus on getting good outcomes for family violence survivors/victims, we need to say, "OK, that is tough for the police, and we accept that", but it is not cause to depart from requiring assistance and protection to be given to women and their children.
86. If we, as a community, say that this violent behaviour is unacceptable, then we should support police action around combatting it.

Multi-agency approaches to risk assessment and risk management

87. I believe that multi-agency or multi-disciplinary approaches to risk assessment and risk management, as seen with RAMPs, can work for all cases of family violence.
88. Resource wise it is not possible to conference on every case, however some sort of multi-disciplinary input would be very beneficial. This necessitates having some kind of mechanism for drawing out information from each point in the family violence system: with Police; at court; in interactions with mental health services, and so on. Consistent with the Duluth model, I believe that women's advocates is the best mechanism to draw that information out, because they track women all the way through the system, and can advocate for them and their children at every point of interaction with the system. Additionally, agencies possessing risk-relevant

information about men who use violence should be mandated to share it as a means to strengthen perpetrator accountability across the system.⁶

89. In addition to a centralised source of information, there needs to be leadership. I think that leadership should be a partnership, as we see at RAMPs, between women's family violence services and police. I would be concerned if the leadership only came from the police, for instance, because in order to reduce rates of violence, we need to work to overcome the persistent bias in the community against women, particularly women who experience family violence. A specialist women's service brings a gendered lens and a robust evidence-base to the information that is gathered. Without that lens or feminist perspective, I think that there is a danger you will reinforce the biases that are present in society.
90. Some of the most telling information that can be brought to the table from a multi-agency perspective is information regarding what happened to an individual downstream. This is the sort of information that our fragmented system often lacks. The outcome of an intervention delivered by one organisation is often known to another organisation but the information is generally not shared. Sharing that information can lead other individuals and organisations to reflection and to change.



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Catherine Mary Plunkett

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⁶ See 'Integrated Family Violence System' (paras 22-24) for more detail about the role of women's advocates in an integrated service system.)