

MARAM

Practice Guides

Responsibility 7:
Comprehensive
Risk Assessment

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

The Victorian Government proudly acknowledges Victorian Aboriginal people as the first peoples and Traditional Owners and custodians of the land and water on which we rely. We acknowledge and respect that Aboriginal communities are steeped in traditions and customs built on an incredibly disciplined social and cultural order. The social and cultural order has sustained up to 50,000 years of existence. We acknowledge the ongoing leadership role of the Aboriginal community in addressing, and preventing family violence and join with our First Peoples to eliminate family violence from all communities.

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Note:

Guidance and learning objectives for working with perpetrators is in development and will be available late 2019/early 2020. Finalised guidance will make clear that only key/selected professionals and services will be trained/required to provide a service response to perpetrators related to their use of violence.

The learning objective for this **Responsibility 7** will include:

Comprehensively assess the risk and needs of the perpetrator to determine seriousness of risk posed by the perpetrator. This includes providing tailored intervention and support options and to contribute to keeping them accountable for their actions and behaviours. This includes an understanding of their own role and responsibilities in the broader system to enable mutually reinforcing interventions.

Responsibility 7: Comprehensive Risk Assessment

7.1 Overview

This chapter should be used to guide comprehensive risk assessment of family violence. This may be following a referral of a victim survivor who has been identified and assessed by another service, receipt of a referral from Victoria Police (known as an L17) or following direct contact and disclosure from a victim survivor.

Key Capabilities

Professionals required to have knowledge of **Responsibility 7**, should be able to:

- **Understand and apply all guidance on each of the previous responsibilities**
- Comprehensively assess the family violence risks, needs and protective factors for victim survivors (adults, children and young people).

This chapter uses all elements of the process of Structured Professional Judgement and applies an intersectional analysis to inform the assessment, building on the guidance in the *Foundation Knowledge Guide* and **Responsibilities 1–3**. A comprehensive risk assessment builds on questions about evidence-based risk factors in the intermediate risk assessment, with additional questions relating to:

- Presentation of risk factors for people who are Aboriginal or identify as belonging to a diverse community or at-risk age group (for example, older people)
- Experience of risk for children and young people.

See the Table 5, [Section 7.5](#) for information on the structure of the tools.

This guide will enable you to:

- Form a professional judgement on the level or ‘seriousness’ of risk
- Provide you with a comprehensive understanding of the experience and presentation of risk for the victim survivor, as well as an understanding of the protective factors
- Understand the circumstances of both the victim survivor and perpetrator that can cause change or escalation of risk from the perpetrator.

Guidance on undertaking comprehensive assessment to determine risk for children and young is in [Section 7.7](#) of this chapter.

Remember

Guidance which refers to a perpetrator in this guide is relevant if an adolescent is using family violence **for the purposes of risk assessment with a victim survivor about their experience and the impact of violence**. Risk assessment and management for adolescents should always consider their age, developmental stage and individual circumstances, and include therapeutic responses, as required.

This guide also includes practice approaches where misidentification of the victim survivor and perpetrator may have occurred. This is further discussed in [Section 7.15](#).

7.1.1 Who should undertake comprehensive risk assessment?

Comprehensive risk assessment is undertaken only by professionals with a specialist level of skill, knowledge and expertise in family violence practice. Specialist family violence practitioners provide services for family violence intervention with all or the majority of their work directly focused on family violence risk assessment and management practice.

For further information please refer to your organisation's family violence policies and procedures and the MARAM *Organisation Embedding Guide*.

Remember

Generally comprehensive risk assessment and management by specialist family violence practitioners will be undertaken as part of a case management framework that includes engagement, risk and needs assessment, safety and action planning, intervention/implementation of plans, monitoring and coordination and review/case closure.

7.2 Structured Professional Judgement in Comprehensive Risk Assessment

Structured Professional Judgement is the practice approach model that underpins the comprehensive risk assessment to support you to determine the current level of risk, history and pattern of violence, and inform risk management and intervention (see **Responsibility 8**).

Comprehensive assessment is the direct asking of questions about evidence-based family violence risk factors that may be experienced by an adult, child or young person. The comprehensive assessment builds on guidance in **Responsibilities 1–3** and supports a person-centred approach to assessment.

Structured Professional Judgement comprises:

- A victim survivor's self-assessment of their level of risk, fear and safety, and
- The evidence-based risk factors identified as present

With further information to inform the assessment that you can gather from a variety of sources, including:

- Interviewing or assessing the victim survivor directly, and/or
- Requesting or sharing, as authorised under applicable legislative schemes, with other organisations and services about the risk factors present or other relevant information about a victim or perpetrator's circumstances.

Throughout this process and in the analysis of information to determine the level of risk, you should apply an intersectional analysis lens.

Figure 1: Model of Structured Professional Judgement



An adult victim survivor’s self-assessment of risk, fear and safety is central to the assessment process. Where limited information is available, a victim survivor’s self-assessment of fear, risk and safety may be relied upon to guide professional judgement about the level of risk. In the context of information known or gained through assessment and/or information sharing, you should be aware and consider if a victim survivor is minimising their self-assessment.

Assessment of evidence-based risk factors may also be informed by information sharing. Specialist family violence practitioners should be proactive in seeking and sharing relevant information to inform risk assessment and management. Information sharing and identifying risk-relevant information is more fully described in **Responsibilities 5 and 6**.

Intersectional analysis is a key element of comprehensive assessment. Information must be considered in relation to the victim survivor’s identity, experience and impact of family violence risk. You should explore the context of barriers to accessing service responses, structural inequality and discrimination.

Using a person-centred approach is consistent with also using an intersectional lens and trauma-informed approach and helps to maintain a focus on the victim survivor and their experience. Understanding the individual’s experience and impact of family violence, as well as past service engagement and responses, will inform your professional judgement on the seriousness of risk. This understanding is also key to developing effective risk management and intervention responses.

7.3 Purpose of Comprehensive Risk Assessment

Comprehensive risk assessment includes considering the risk, safety and needs of each individual separately, then collectively as a family unit and on the parent/carer-child bond and parenting, for example:

- Each child and young person
- The parent (who is not a perpetrator)
- The parent (who is not a perpetrator) and child/ren together
- Perpetrator behaviour.

The purpose of a comprehensive assessment is to:

- Determine the level or seriousness of risk and safety for each victim survivor
- Understand a perpetrator’s pattern of abusive behaviour and circumstances to inform an assessment of whether the victim survivor is at an increased risk of being killed or almost

killed (seriousness of risk), the likelihood and severity of future violence, as well as identifying imminent risk

- Understand the full spectrum/presentation and impact of risk, for each family member that is affected by the violence
- Understand the level of risk at a point in time and changes in risk over time (where ongoing assessment is being undertaken)
- Explore the impact of family violence on a victim survivor (particularly children or young people) to inform short and long-term risk management options
- Determine the most appropriate comprehensive risk management activities and to safety plan for each victim survivor.

Conducting a comprehensive assessment includes applying professional judgement to the following actions:

- Asking directly about the identity and experience of each victim survivor, other family members or people in their care and the perpetrator
- Asking the adult victim survivor to describe their level of fear, risk and safety relating to the perpetrator's behaviour towards them and any children. You may revisit this over the course of an assessment if you are also providing information about family violence risk which may support an adult victim survivor in determining their level of risk
- Asking young people who are closer to adulthood about their self-assessed level of fear, risk and safety, if you believe it is appropriate for their age and developmental stage
- Identifying the range of family violence risk-related behaviours a perpetrator is using by asking questions about known evidence-based risk factors
- Assess a child or young person's risk independently and determine the most appropriate method (see **Responsibility 3**) by either asking questions:
 - To a parent/carer who is not a perpetrator about the child's risk, if direct communication with a child or young person is **not safe, appropriate or reasonable** at that time
 - Directly to a child or young person if it is safe, appropriate and reasonable using the [Child Assessment Tool](#) in **Responsibility 3, Appendix 7**. Note that young people who are closer to adulthood may be asked questions in the [Adult Comprehensive Assessment Tool](#) if you believe it is age and developmental stage appropriate.
- Asking questions about additional presentations of risk factors if a victim survivor identifies as Aboriginal or belonging to a diverse community or at-risk age group
- Asking about the most recent violence, and the history of violence, by exploring patterns in previous episodes, changes in behaviour, frequency and escalation of severity. This includes what children experienced or have been exposed to
- Identifying whether a crime has been committed (for example, physical or sexual assault, threats, pet abuse, theft, property damage, stalking and/or breach of an intervention order). See practice guidance on intermediate assessment in **Responsibility 3, Appendix 8**
- Seeking relevant information from other services to assess the risk from the perpetrator in line with relevant information sharing authorisations (see **Responsibility 6**)
- Asking about any barriers or discrimination a victim survivor may have experienced that would impact on their experience of risk and/or ability to access services
- Identifying protective factors that support safety and recovery, and exploring needs or wellbeing issues that might worsen the effects of violence for the victim survivor and affect the likelihood of experiencing continued violence

- Undertaking an assessment to identify the perpetrator/predominant aggressor, if there may have been a misidentification or there is uncertainty about the identity of the parties¹ (see [Section 7.15](#))
- Using your professional judgement to determine the level of risk present and documenting the rationale for this determination.

Specialist family violence services are likely to have contact with victim survivors at points of crisis and need to quickly and effectively analyse available information to assess the level of risk and develop risk management and safety plans.

Remember

Risk assessment is a 'point-in-time' assessment. For specialist family violence practitioners, monitoring dynamic risk is a key part of ongoing risk assessment. This will support you to develop risk management activities and safety plans that are responsive to any changes in level of risk (such as escalation) or changed circumstances. These are discussed further in **Responsibility 8**.

7.4 Using Genograms in Comprehensive Assessment



Basic and intersectional genogram symbols and guidance on how to develop a genogram are in **Appendix 12**.

The genogram is a graphic representation of a relationship, similar to a family tree, that details further information about relationships, hereditary patterns, identity and other family dynamics that may be important. Other details that may be included are how victim survivor/s see their relationship with the individuals listed in the genogram, remembering to also include positive aspects of relationships.

You may wish to use a genogram to better understand the victim survivor's (adults, children and young people) circumstances and family. Developing genograms can also assist in building trust and rapport. Some victim survivors may find a visual picture confronting so use a genogram sensitively and in cases where you think it may be useful.

The genogram is an exercise also used to identify protective factors for the victim survivor when establishing a safety plan. The genogram tool helps the practitioner understand the victim survivor's family structure and identify if there are key people that may strengthen the management of risk and implementing a safety plan. A genogram is useful during a risk assessment to identify who else may be affected by the perpetrator or if there are any additional perpetrators.

In developing a genogram, start with the family structure, and then broaden this by asking details about each person. Use the relevant symbols to visually determine any patterns arising in the family structure. Include a comment box next to the family names for additional notes relevant to that person such as:

- *"Who are you closest to? Who are you not close to?"*
- *"How often do you see them?"*
- *"Where do they live?"*

The victim survivor may want to think of any characteristics or habits their family members have that may be relevant to their safety needs. Consider the intersectionality of the victim

¹ See the MARAM Framework, definition of predominant aggressor.

survivor and family, such as cultural identities and values. Identify the experience of each family member, including where there has been experience of barriers to leaving the relationship. This process can also identify any access requirements such as a child with a disability who may require regular support or medical intervention. Protective factors that are assessed would then be useful to incorporate into an ecomap.

7.5 The Comprehensive Assessment Tool

Standalone templates for the:

- **Comprehensive (Adult) Assessment Tool is in Appendix 11**
- **Child Assessment Tool is in Appendix 7.**

The **Comprehensive Assessment Tool** is made up of questions related to the evidence-based risk factors and is supplemented with guidance on the related risk factors outlined in **Appendices 8 and 13**.

Comprehensive risk assessment often follows or builds on screening or intermediate assessment. You may have received a copy of a completed intermediate assessment in a referral from another organisation or professional. If so, you can review and use this information to inform your comprehensive assessment.

The **Comprehensive Assessment Tool** has additional questions, if applicable, relating to key risk factors for Aboriginal people or people who identify as belonging to a diverse community or at-risk age group (for example, older people).

Figure 2



When undertaking comprehensive risk assessment:

- **Assess an adult** by asking them questions about their risk. Questions in the **Comprehensive Assessment Tool** are grouped according to:
 - Risk-related behaviour being used by a perpetrator against an adult, child or young person
 - Self-assessment of level of risk (adult victim survivor)
 - Questions about imminence (change and escalation), and
 - Additional questions about presentation of risk for Aboriginal people and people from diverse communities.
- **Assess a child or young person** by asking questions directly about their experience of risk or through a parent/carer who may also be a victim survivor. Questions in the **Child Assessment Tool** include:
 - A section about risk factors present from an adult victim survivor assessment. This enables you to carry over information about a parent/carer’s risk and identify factors that are also relevant to the child’s assessment

- Additional questions that can be asked to an older child/young person (if safe, appropriate and reasonable). These can be tailored in the language used to ensure they are also age and developmentally appropriate.

Note: A [Child Comprehensive Assessment Tool](#) and guidance will be developed for release in early 2020. This will cover further risk factors outlined in the *Foundation Knowledge Guide*.

Remember



Children and young people should be heard throughout each part of the process, from screening, assessment, safety planning, needs assessment and risk management. Their voice can be heard by:

- Engaging with the adult parent/carer victim survivor about the child's experience of risk, or
- Asking direct questions to the child or young person if it is safe, appropriate and reasonable to do so, that are appropriate to their age and developmental stage and the individual circumstances.

Supporting and strengthening the non-offending parent/carer-child bond and parenting capability is a key focus of specialist family violence practice, particularly where this has been undermined by the perpetrator's use of family violence. For this reason, you may consider introducing questions relating to a child or young person's experience of violence only as you develop rapport and trust with the parent/carer victim survivor, particularly if there are concerns about involvement with statutory services.

7.5.1 Responses to questions

The questions in the [Comprehensive Assessment Tool](#) are about the presence of family violence risk factors. The responses to questions are 'yes', 'no', and 'not known'.

A 'yes' may be indicated if:

- The person **discloses that the risk factor is present**, or
- You have **noticed observable signs or indicators** (see **Responsibility 3**), or
- You have **received the information** from another source.

The context and circumstances of risk factors that are identified should be noted in comments (for example, if information is received from another source).

If you cannot ascertain the answer to a question, then use "not known". This may be if you don't have the opportunity to ask the question or if you don't get a clear response. You should make a comment if you haven't been able to ask the question.

You should let the person know that they can choose not to answer a question, if they do not want to. For example, *"I am going to ask you a series of questions. All are important for assessing risk, however, you may choose not to answer any question I ask if you do not want to"*. This is particularly important when communicating that information may be shared with others, particularly if there is a serious risk/threat (see **Responsibility 6**).

When you have a comprehensive understanding of risk, you can also explore the impact of risk to inform risk management and safety planning. This includes understanding protective factors which support safety and assist in addressing needs and wellbeing.

A comprehensive assessment should be reviewed and updated at each engagement with the victim survivor, to understand if there have been any changes and to identify escalation in risk over time. Focus on asking about changes in the perpetrator’s behaviour, including frequency and escalation, to assess whether the risk level has shifted.

7.6 Assessing Risk

Risk factors outlined in the *Foundation Knowledge Guide* are reflected in the risk assessment questions contained in the [Adult Comprehensive and Child Assessment Tools](#). Individual responses to each question will guide your assessment of the level of risk and corresponding approach to risk management (see ‘Risk Management’ in **Responsibility 8**).

Strong evidence shows that a number of risk factors are crucial indicators that the victim survivor (adults, children and young people) are at an increased risk of serious injury or death. These are high-risk factors. Children and young people’s risk should be independently assessed and informed by the risk level for an adult victim survivor, including potential risk of serious injury or death. Further guidance on assessing risk to children is in [Section 7.7](#) of this chapter.

Remember

The level or seriousness of family violence risk is dynamic and may change over time due to changes in the perpetrator’s behaviour. It is important to regularly revisit and revise risk assessment with a victim survivor at each service engagement.

7.6.1 Levels of risk

There are three recognised levels of risk, ‘at risk’, ‘elevated risk’ and ‘serious risk’. **Table 1** is replicated from **Responsibility 3** for easy reference.

Table 1: Levels of family violence risk

At risk	<p>High-risk factors are not present.</p> <p>Some other recognised family violence risk factors are present. However, protective factors and risk management strategies, such as advocacy, information and victim survivor support and referral, are in place to lessen or remove (manage) the risk from the perpetrator.</p> <p>Victim survivor’s self-assessed level of fear and risk is low and safety is high.</p>
Elevated risk	<p>A number of risk factors are present, including some high-risk factors. Risk is likely to continue if risk management is not initiated/increased.</p> <p>The likelihood of a serious outcome is not high. However, the impact of risk from the perpetrator is affecting the victim survivor’s day-to-day functioning.</p> <p>Victim survivor’s self-assessed level of fear and risk is elevated and safety is medium.</p>
Serious risk	<p>A number of high-risk factors are present.</p> <p>Frequency or severity of risk factors may have changed/escalated.</p>

Serious outcomes may have occurred from current violence and it is indicated **further serious** outcomes from the use of violence by the perpetrator is **likely** and **may be imminent**.

Immediate risk management is required to lessen the level of risk or prevent a serious outcome from the identified threat posed by the perpetrator. Statutory and non-statutory service responses are required, and coordinated and collaborative risk management and action planning may be required.

Victim survivor's self-assessed level of fear and risk is high to extremely high and safety is low.

Most serious risk cases can be managed by standard responses (including by providing crisis or emergency responses by statutory and non-statutory (e.g. specialist family violence) services). There are some cases where serious risk cases cannot be managed by standard responses and require formally convened crisis responses.

Serious risk and requires immediate protection:

In addition to serious risk, as outlined above,

Previous strategies for risk management have been unsuccessful.

Escalation of severity of violence has occurred/likely to occur.

Formally structured coordination and collaboration of service and agency responses is required. Involvement from statutory and non-statutory crisis response services is required (including possible referral for a RAMP response) for risk assessment and management planning and intervention to lessen or remove serious risk that is likely to result in lethality or serious physical or sexual violence.

Victim survivor self-assessed level of fear and risk is high to extremely high and safety is extremely low.

7.6.2 Victim survivor's self-assessment risk



This section builds on guidance in **Responsibility 3, Section 3.7.5**.

The questions in the section 'Self-Assessment' in the [Comprehensive Assessment Tool](#) explore the survivor's view about their level of risk.

You should revisit the self-assessment at the end of the risk assessment process. The victim survivor can further assess their level of risk, based on your discussion regarding risk factors present, the information you provide about them and your concerns.

Evidence is clear that an adult victim survivor's self-assessment of risk should be a crucial input to your assessment. Where self-assessment questions indicate that the adult victim survivor considers themselves (or any child victim survivor) to be at 'high' risk, they will be determined to be at serious risk, even if other risk factors have not been identified as present.

Self-assessment may cover questions relating to an adult victim survivor's feeling about level of risk. This may include asking them to describe how they feel fear, such as:

- "How scared or afraid do you feel given what happened in the last incidence?" (such as 'not afraid', 'afraid' 'very afraid' or 'extremely afraid')
- "Do you think the violence will continue?"

- *“How do you know when you’re not safe? How does your body respond to danger? Is the situation getting worse?”*

A young person who is closer to adulthood may be asked to self-assess their risk.

If age and developmentally appropriate, an older child may also be asked about their level of fear, and the impact or anxiety they may feel relating to their experience of risk may inform your assessment. It might be useful to provide a scale, such as:

- *“Are there times that you feel unsafe or scared?”*
- *“How unsafe do you feel? Can you answer this as a number out of ten, if 1 is a little bit scared, and 10 is very, very scared?”*
- *“Are there people in your family that you feel nervous or scared around? Who?”*
- *“Do you feel that way all the time or just sometimes? When?”*
- *“What is usually happening when you feel frightened? What do you feel frightened about?”*
(prompt for fears for self, mother, siblings or other family members, possessions, pets)

There is **no current evidence base** that a younger child’s self-assessment of risk is reliable in determining their level of risk. However, asking the child or young person about their experience of fear may support validation of their experience by supporting them to feel heard, and for you to consider in your risk management responses.

When children are too young to be interviewed or talked to about their experience of family violence, behavioural observation from other sources such as school and day care can assist in the assessment process, particularly observation about changes in behaviour.

You can ask an adult about their child’s experience of risk or fear, such as:

- *“What do you notice about your children’s behaviour when violence is occurring?”*
- *“Have you noticed a change in their behaviour?”*

Information from a parent/carer about how a child may be experiencing fear or risk may inform your assessment. However, each child’s risk should be assessed independently. An adult’s self-assessment of fear, risk and safety is **also relevant** to assessing the risk to a child.

There may be times when their self-assessment of their level of risk or fear may not align to your assessment of risk factors present and the level of risk to themselves or their children. This might be because they fear the consequences of disclosure or have become desensitised to high levels of risk and violence due to their experiences.

You must use all the information obtained from the assessment process (including information shared from other sources such as police) to determine how much emphasis to give to the victim survivor’s assessment of their situation.

Some victim survivors may be acclimatised to a level of risk or fear, often as a coping mechanism. They may indicate a low level of risk or fear if you have not yet established a level of trust or they are concerned about the involvement of Child Protection or other services. If the presence of risk factors indicates a level of risk which is inconsistent with a victim survivor’s own views about risk, fear or safety, you should sensitively enquire into their reasoning for the self-assessment. This may include providing information about the evidence base for risk factors, and your concerns about the level of risk from your assessment.

Remember



Many victim survivors fear having their child/ren taken from them by Child Protection. This fear might be particularly strong for Aboriginal women, women with a disability or serious mental illness, women from a multicultural, faith or

linguistically diverse community, including women who are not permanent residents, and women who were either removed themselves or have had children removed previously. It is not uncommon for perpetrators to use threats to have children removed.

Directly acknowledge a victim survivor's fears and be clear about your agency's processes regarding duty of care. It is helpful to use a strengths-based approach, in which you affirm the victim survivor's attachment to their child, and work towards establishing your shared commitment to the child's wellbeing.

Victim survivors with a disability might benefit from additional specialist support or advocacy in this context. Secondary consultation with or direct involvement (with the victim survivor's permission) of an Aboriginal or bi-cultural worker could help you to understand and respond sensitively to the depth of child-removal concerns held by Aboriginal victim survivors, or victim survivors from multicultural, faith and linguistically diverse communities. This is an important aspect of cultural safety.

7.6.3 Severity

This section builds on guidance in **Responsibility 3, Section 3.7.5**.

Severity can be explored by asking questions about current risk factors and history of violence. The presence of high-risk factors, the recency/currency of these behaviours being used, together with the likelihood and timing of future violence occurring, can assist in understanding seriousness of risk.

7.6.3.1 Static and dynamic risk factors:

Risk factors are recognised as static or dynamic. That is, how much they change (present/not present, frequency, escalation). Some risk factors are 'highly static', such as history of violence. Some are 'highly dynamic', such as alcohol/substance abuse/misuse or access to weapons. **The key to understanding seriousness of risk is to understand how risk changes or escalates over time.**

To understand and analyse changes in risk or escalation over time, you should regularly re-visit these questions with a victim survivor (ongoing assessment). Some victim survivors will also moderate how much information they provide, particularly if you are in the early stages of building trust and rapport. Further detail on ongoing assessment is in **Responsibility 10**.

Further information:

Relating '*serious risk*' to '*serious threat*'

The determination of '*serious risk*' correlates to the test of '*serious threat*' set out in the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*. The test for these Acts relates to broader serious threat to life, health, safety or welfare of any individual which may occur within or outside the context of family violence. If a serious risk has been identified through assessment under the MARAM Practice Guides, this is considered akin to a determination of '*serious threat*' for the purposes of sharing information without consent to lessen or prevent a serious threat under these Acts.

When high-risk factors indicating severity are identified as present, particularly if they are assessed as changing or escalating this may indicate that the risk of likelihood is also increasing or becoming *imminent*.

7.6.4 Likelihood and timing

Likelihood and timing are understood through an analysis of history and patterns of violence and changes to frequency and escalation.

Likelihood and timing should be explored by identifying risk factors that are 'likely' to happen 'soon' or at a known time, such as release of a perpetrator from correctional services. Likelihood and timing can be difficult to assess without a current/known threat. An analysis of the current risk factors, changes to frequency and escalation, and a history of violence can provide strong evidence. Each identified risk factor should be responded to through risk management and action planning (including information sharing), appropriate to the identified severity and likelihood/timing.

Timing is broader than the concept of imminence², which is the proximity of threat or a known risk factor and evidence of likely immediacy that the risk will occur. Imminence may indicate how quickly and also what crisis or urgent risk management or perpetrator intervention responses should happen.

Table 2 (below) outlines the [Comprehensive Assessment Tool](#) questions, as well as guidance on the context and importance of the questions and suggested level of risk based on the individual's response to these questions.

7.6.5 Frequency

Likelihood and timing can be further analysed by understanding frequency. You should explore if frequency has changed or escalated, particularly for identified high-risk factors.

If the answer to a question is no, no further exploration is required for that factor, and you can state that if this occurs in future, to keep you informed and seek further assistance.

If the answer to a question is yes, you can explore frequency by providing examples of time periods and asking, "*How frequently?*" to establish a baseline.

Frequency by itself is not always a significant indicator of the level of risk — you should further explore questions to understand if frequency has **changed or escalated**. This is particularly important for some high-risk factors. You can ask, "*Has this changed in frequency or escalated recently? Over time?*".

Table 2 (below) is a guide for exploring frequency as a baseline to support identifying escalation or changes in risk factors being used. If a victim survivor provides an alternative way of describing frequency or change, you can be guided by their approach.

Table 2: An example of responses that may assist you to explore frequency include:

Frequency description	Example of frequency (to support a shared understanding)	Action
Once only <u>or</u> Rarely	A few times per year	Provide information and resources, including to seek assistance if change or escalation in frequency or severity such as behaviour causing fear, occurs.

² 'Imminence' has been removed from the PDPA and HRA, which now requires that a threat be only 'serious' before information can be shared to 'lessen or prevent a threat to an individual's life, health, safety or welfare'. Ibid, page 2.

Sometimes	Monthly / at least once a month / every few weeks Has the frequency or severity changed/escalated?	This may indicate elevated risk. You should continue with the assessment to understand if urgent risk management action is required, and/or consultation/referral for comprehensive assessment should be undertaken.
Often <u>or</u>	Weekly / at least once a week	This may indicate serious risk . If this relates to high-risk factors, consider if urgent action is required, undertake risk management and safety planning, and/or seek secondary consultation/referral for comprehensive assessment and management.
Always/all the time	Daily Has the frequency or severity changed/escalated?	

It is also critical to understand the frequency of feeling afraid, in order to guide you on whether any immediate management responses are required.

7.6.6 Change or escalation in frequency or severity

After you have explored frequency, you can ask related questions about change in use of behaviours that might indicate escalation.

If risk has changed in frequency or by the nature of behaviours being used by a perpetrator, this would indicate escalation of risk. It is a strong indicator of seriousness of risk if the perpetrator is using more specific threats or increases the use and severity of violence.

After you have explored frequency, you can also **ask related questions about change in behaviours/risk factors that might indicate escalation in either severity.**

- If risk factors have changed in terms of frequency or in the nature of the perpetrator behaviours (for example, increased severity) this would indicate escalation of risk. It is a strong indicator of seriousness of risk if the perpetrator is using more specific threats or increases the use and severity of violence
- You should also consider the **scale of the escalation and the impact** on the victim survivor.

Change or escalation in frequency or severity may also relate to the history of violence used and threats that the violence will occur again. For example, the frequency of the use of violence may be low, however, the threat is current/ongoing and severity level is high. This is particularly important for physical harm and sexual assault of victim survivors, which may have occurred in the past and there are current threats from the perpetrator that this violence will reoccur as a tactic of coercive and controlling behaviours.

7.6.7 Information sharing

As outlined in **Responsibility 6, you should actively seek** relevant information from other sources to inform your risk assessment. This information can be included in your assessment, and supplement information that is received from the victim survivor. You can include information received about risk factors as 'yes', 'no' and 'not known' in the comprehensive assessment and note the source in comments.

7.6.8 Determining seriousness of risk

Use the model of Structured Professional Judgement to determine seriousness of risk by considering the range of information available to you, as well as your analysis of how these elements interact. This process should be applied to both adult and child victim survivors.

Where considering risk for children, refer to additional guidance at [Section 7.7](#) in this chapter.

Apply an intersectional lens to this model by ensuring each victim survivor's identity and experience of structural inequality and discrimination is considered in relation to how this interacts with their experience of risk. Practice guidance on some of the common presentations for people who identify as Aboriginal or belonging to a diverse community are explored in **Appendix 13**.

Risk assessment relies on the elements of:

- A victim survivor's self-assessment of their level of risk, fear and safety, and
- The evidence-based risk factors identified as present

With further information to inform the assessment that you can gather from a variety of sources, including:

- Interviewing or 'assessing' the victim survivor directly, and/or
- Requesting or sharing, as authorised under applicable legislative schemes, with other organisations and services about the risk factors present or other relevant information about a victim or perpetrator's circumstances.

These elements, and your analysis of their interaction with protective and circumstantial factors, support you to form a judgement on the level of risk.

The victim survivor's **self-assessment** of risk is a key component of the risk assessment and should be considered at each assessment. Self-assessment of risk, safety and fear is often an **accurate source of information** on the seriousness of risk, even if other risk factors have not been identified as present during assessment.

When a victim survivor indicates that:

- Some of the risk factors are not present or are rarely present and/or
- That the high-risk indicators are not occurring

Then their risk level is determined to be at a lower level and a corresponding lower level response is recommended.

Each risk factor that is threatened or identified as present, should be considered in the context of their severity, timing and likelihood of actually happening, particularly high-risk factors.

These are described above³ as:

- **Severity:** the risk will result in significant consequences. That is, it is likely to result in a victim survivor being killed or almost killed (such as serious injury), and may be indicated by the presence of **high-risk factors**. When high-risk factors are identified as present, particularly if there has been a change in frequency or escalation, this would indicate a **serious level of risk**
- **Likelihood and timing**⁴: the chances that the risk will actually happen, or it is likely the risk of harm will occur, as well as how soon the threat is likely to occur or if the threat is ongoing.

³ Adapted from Office of the Victorian Information Commissioner, Removal of 'imminent' from the IPPs and HPPs, page 4

⁴ 'Imminence' is no longer a consideration for sharing information under the *Privacy and Data Protection Act 2014* and *Health Records Act 2001*.

Likelihood may be assessed with an understanding of the **history and pattern** of violence used and exploring change in **frequency or escalation** over time.

You can consider risk factors in the context of protective factors. These **are not used to understand risk mitigation** but should inform seriousness of risk and its impacts, and risk management planning.

You should apply an intersectional analysis lens to risk factors identified, and whether the presentation, impact or responses to any risk factors should be specifically responded to through your risk management response.

Together this information — **reflecting on the description of each risk level** on the actions required of you or other services to mitigate the identified risk (at **Table 1**, above) — will support your decision-making on the level of risk present, and your risk management planning.

Risk assess — children and young people using violence



7.7 Assessing the Use of Violence by Children and Young People

You may work with children and young people directly or indirectly and this will vary on a case-by-case basis. Several factors may influence direct interaction with children and young people including, the age and developmental stage of each child or young person, their circumstances, and whether direct service access is available (for example, an adult victim survivor may be accessing services while the child/young person is in school).

Working with children and young people can include:

- Risk and needs assessment for each child or young person via the parent (who is not a perpetrator)
- Risk and needs assessment directly with the child or young person
- Addressing children and young people's needs individually, and in conjunction with the parent (who is not a perpetrator), including increasing protective factors.

Remember

Children and young people can be affected by family violence even if they do not directly witness it. You should always ask the parent/carer victim survivor about what any children or young people who live with them (or who have contact with the perpetrator) are experiencing.

The impact of direct and indirect experiences of family violence is commonly called 'child abuse'. However, you should be aware that this is often **an outcome of family violence** behaviours being used by the perpetrator against the child (directly) or they are witnessing or being exposed to the impacts on a parent/carer and their relationship.

Where family violence risk factors are being used by a perpetrator each adult and child family member should be assessed for their experience of family violence risk.

The purpose of a family violence risk assessment for children and young people is to identify and manage risks that the family violence poses to their safety and wellbeing. Risks can present and impact on children and young people differently, depending on their age and developmental stage, as well as particular circumstances.

These risks may include:

- If an adult has been identified as a victim survivor, children and young people are also likely to be victim survivors in their own right, either directly or indirectly experiencing violence
- The possibility that a sibling, grandparent or extended family member is perpetrating family violence against them
- Children witnessing or overhearing the violence causes fear and other harm
- Children and young people are not usually passive bystanders. The perpetrator may draw them into the abuse, using coercive tactics such as criticism and undermining. Alternatively, the child or young person may intervene to protect the other parent or find other ways to try and manage the violence
- Family violence impacts the health, mental health and emotional wellbeing of children and young people. Tactics of abuse may also include undermining parenting, negatively impacting the relationship of the child or young person with their parent/carer who is also experiencing family violence
- A number of factors can influence the impact the family violence has on the child or young person's welfare such as individual characteristics, attachment to parent and protective factors such as a supportive school, friendships and extended family members
- The perpetrator may not return children from shared care arrangements, or in some circumstances may abduct children
- The possibility of destructive behaviour between siblings
- The capacity of the perpetrator for change to stop the family violence and to support a healthy relationship that meets the emotional and developmental needs of the child.

The risk and needs of children and young people can be different to those of the adult person experiencing family violence. Each child in the family may also be affected differently and react differently to dynamics of family violence. You should understand a child or young person's experience in the context of their development, daily life, sibling, parental and peer relationships, and connection to culture and community. Also consider the impact of family violence on the family functioning, such as financial abuse, the disabling of the child's mother through violence, the need to constantly re-locate etc.

Establish if Child Protection or child and family services have been, or are, involved. If the adult victim survivor tells you that their child has been hurt or injured or are showing signs of significant trauma, follow your obligations to report to child and family services or Child Protection if there is significant concern such as physical or sexual abuse of children.

7.7.1 Approaches to assessing children or young people

Your assessment must focus on the risk and needs of the children or young people.

The [Child Assessment Tool](#) in **Appendix 7** includes questions that can be asked:

- Of a parent/carer about a child/young person
- Directly to an older child or young person if age and developmental stage appropriate.

It also includes questions that may be asked of younger children if age and developmental stage appropriate.

You should also consider if there are multiple family violence perpetrators and who might be a supportive adult if both of the children's parents/carers are using family violence behaviours.

Remember that it is ideal if an older child or young person can be directly asked about how safe they feel and what they need in order to feel safe. A trauma-informed approach should be

used which understands the child's behaviour in terms of their experiences of abuse and fear. Considerations for children must be appropriate to their developmental stage and include:

- Their own views of their needs, safety and wellbeing
- Their current functioning at home and school and in other relevant environments
- Their relationships with family members and peers
- Their relationship with the perpetrator
- Their relationship with other people experiencing family violence in the household, particularly if it is their mother
- Their sense of cultural safety, where relevant
- The level of support available if they are a child with a disability
- Their developmental history, including experiences of family violence or other types of abuse or neglect.

Consider if the child or young person is at risk from people outside the family, such as in the community, in clubs or other social engagements. This may indicate there is an environment of polyvictimisation (that is, multiple sources of harm, including outside of the family) that may connect to a child's family violence risk. The *Foundation Knowledge Guide* outlines risk factors of a child's circumstances which may support you to identify external risk.

If external risk factors relating to a child's circumstances are present, this may also indicate the presence of family violence. If a child or young person is experiencing risk in the community, consider how this is cumulatively impacting them, and also how you might manage both causes of risk.

Rapport is particularly important as a child or young person will need to have some confidence in you before answering the risk assessment questions. Use child friendly activities and age and developmental stage appropriate supports for talking with young children (refer to **Responsibility 1**).

Work to create a place of emotional and physical safety for the child before asking assessment questions. Start by asking prompting questions such as:

- "What are the things that make you feel happy or that you like to do?"
- "Who supports you?"
- "What are the things that make you feel safe?"

7.7.2 Other considerations in assessing risk to children and young people

To understand the impact of violence on children and young people, you should maintain a lens on the parent/carer-child bond (usually a mother who is also a victim survivor) and parenting. You should:

- Ensure you do not blame the child or young person or parent/carer (who is not a perpetrator) for family violence or its impacts
- Strengthen parenting and the parent/carer-child bond, which may have been undermined by the perpetrator
- Hold perpetrators accountable, by placing responsibility for the use of violence with the perpetrator, not the child/young person or parent/carer (who is not a perpetrator)
- Advocating to services and systems, in partnership with the parent/carer who is protective, so that they are not held responsible for the perpetrator's actions and behaviour or its impact on children and young people

- Recognise and respond to the direct and indirect impact on children and young people including emotional, social, educational challenges, and attachment or bond with the parent/carer (who is not a perpetrator).

There may be some barriers to parent/carers engaging and disclosing risk to children and young people. These may include parental shame, fear of statutory intervention and child removal, seeing questions as intrusive and undermining, particularly if a perpetrator has used violence to attack the parent/carer-child bond.

Remember

Your assessment will be more accurate and complete if children and young people have direct input. For example, you might note there are a range of potentially supportive adults in a child's life. However, the child themselves is best placed to tell you if they see these adults as supportive, and the degree to which they feel safe or trust them.

7.7.3 Parental guilt and shame

A parent's sense of guilt and shame about their own and their child's experience of family violence might have a significant impact on their ability to engage with you and the assessment process. You need to be able to draw on a parent's knowledge of their child for the assessment and should do so in ways that do not reinforce guilt and shame or reduce their engagement. Parents/carers can minimise the impact of violence on a child, due to fear or concern about child removal.

You should outline the purpose of the assessment questions so that the parent/carer can understand the importance and scope of the questions and what you will do with the information. Explain to the parent/carer the importance of understanding the risk of each family member individually, as well as risk for the family unit. Also, explain that this will support your risk management and safety planning responses.

Your role is to assist them to take an objective look at the child's experience, feelings and needs. It can help to:

- Acknowledge any shame or guilt that the parent/carer might be feeling
- Reinforce the perpetrator's responsibility for the violence and its impact of violence
- Outline the shared responsibility of all adults in a child or young person's life to contribute to their safety and that they cannot individually be held responsible for keeping the child or young person safe
- Emphasise the need for the child to be safe and supported, and briefly outline what might be needed for this to happen with assessment being a key step in this process.

A parent's feeling of shame can arise at any time while you are talking. As the discussion progresses, the enormity of the impact of family violence on a child might become more apparent to the parent/carer. Take care to maintain engagement by recognising and responding to signs of shame.

For Aboriginal people, colonisation, dispossession, and current and past policies and practices have created a deep mistrust of people who offer services based on concepts of 'protection' or best interest. By acknowledging these thoughts and feelings you can support and advocate for Aboriginal parents/carers to maintain and strengthen parenting and bond with their children, when you are also required to report the behaviours of the perpetrator to statutory services.

Be aware of victim-blaming beliefs and perceptions such as misconstruing actions which are protective with *responsibility* for the child or young person's experience of risk and its impacts,

including for adult victim survivors who are living with or share parenting responsibilities with the perpetrator.

7.7.4 Communicating risk for children or young people to their parents

It is imperative for you and the adult victim survivor to understand the impact the family violence is having on any children in the family. A good place to start is by asking adult victim survivors whether they believe the children are safe in the family home. Adult victim survivors may need support to understand this.

Sometimes a parent/carer can be guided to a greater understanding with questions, 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 (perpetrator’s name) has been violent to you?”

A parent/carer may seem unaware of the impact on, or level of risk for the child or young person or may have a view of the level of risk that differs from your observation or judgement. If this occurs, you could:

- Ask what behaviours they have noticed in their child/ren — is there anything worrying them about those behaviours?
- Discuss the different behaviours that children are showing and whether any of them are of concern (e.g. inability to sleep, problems fighting with other children, bed-wetting etc.)
- Provide resources on the impact of family violence on children and young people
- Ask them about the ways in which they have worked to protect their children. Make sure that these protective actions are clearly documented. Explore further whether protective actions that have previously worked are now no longer working
- Encourage them to discuss the issue further with a worker who works closely with children.

Your role is to validate and understand the experience of victim survivors and support the adult victim survivor (who may be a parent/carer) to validate and understand their children’s experience of the family violence. Exploring this together is an important aspect of ongoing intervention with a parent/carer and child victim survivors and must be considered in planning for risk management.

7.8 Assessing Violence by a Child or Young Person Against a Family Member



7.8.1 Overview

Violence can be used by a child or young person against any family member, including a parent, sibling, or other family member. A young person may use violence toward their intimate partner. This is often referred to as adolescent family violence.

Remember

Under the *Family Violence Protection Act 2008* ‘child’ is defined up to age 18 years.

‘Young person’ is not defined in legislation and may be up to age 25 years.

Violence used by young people is sometimes described as ‘adolescent family violence’.

However, the age group of children and young people can extend outside of the ‘adolescent’ age period of 12 to 18 years.

The behaviours used by a child or young person may reflect the full range of recognised family violence risk factors. Children and young people that use violence may themselves have also experienced or are continuing to experience family violence.

The terminology 'child or young person who uses violence in the home' should be used instead of perpetrator. Family violence by children or young person has different characteristics and unique responses are conceptualised and practiced for this vulnerable cohort. Use this terminology in practice to support engagement of families and parents/carers who may not want to talk about their children as abusive or violent. Using the term 'perpetrator' may create a barrier if there is a degree of parent/carer shame, self-blame, denial or fear of criminal, service or statutory involvement. It also does not adequately respond to situations where a young person has also experienced family violence.

Children and young people who use violence often experience complex behavioural, mental, physical and emotional issues, such as:

- Neurobiological harm caused by developmental trauma (exposure to family violence or neglect)
- Emotional harm caused by recent exposure to family violence, abuse, abandonment or chronic neglect, substance abuse, family breakdown, unresolved grief and loss
- Undiagnosed mental health issues.

Children and young peoples' use of violence may co-occur with substance use, health issues or education/social disengagement, which increase existing emotional dysregulation.

Children and young peoples' use of violence towards family members has both similarities and differences with adult-perpetrated family violence. Adolescent family violence is gendered with the majority of violence being used by male children and young people. However, female children and young people also use violence, and fathers and other adult and child family relatives may be victims. The drivers of this form of violence is also from a sense of entitlement to gain power and control. Similarities lie in the fact that the majority of victims are female (mainly mothers and often single mothers).

More male than female children and young people are involved in using violence towards a family member, but the pattern is not as marked as in adult violence. The general pattern is for girls to begin at an earlier age and grow out of the use of violence and abuse, while boys may begin later but the violence may increase with age and may also begin to present in their intimate relationships. Where there are other children in the family, there is a high probability that they will be experiencing violence, as well as their parent/s. Research suggests that abuse of parents/carers tends to begin with verbal abuse before escalating to other forms and can increase in both frequency and intensity without intervention.

While violence by an adolescent is clearly a form of family violence, the risk assessment practice should reflect both their use and experience of violence, and risk management responses need to be clearly differentiated from the response to adult perpetrators.

Remember that children and young people are still developmentally young, and you should consider their protection, safety and developmental needs, as well as how to address their offending behaviour. A therapeutic and holistic response which addresses risks and needs as well as the sources of violence and abuse are recommended over a criminal justice response.

A key focus of effective interventions should be family connection, as well as the child or young person's wellbeing and safety within the context of the violence they are using. Similar to adult perpetrators, responses should focus on responsibility and accountability and you should be aware of the behaviours that may minimise, justify, deny or seek collusion from you or others for their behaviour, or impute blame on others for their behaviour.

Challenges arise for all workers (including police) in finding an appropriate balance between safety for family members and responding to the needs of the child or young person involved in abusive and violent behaviours. The focus on maintaining family connection should prioritise the safety of all family members, and restorative processes may be used to support sustainable change.

7.8.2 Underlying factors and context to adolescent family violence

Assessment and management of risk requires an understanding of the underlying factors and context for the violence. Adolescent violence is very diverse and can be made up of a range of patterns. For children and young people this may include:

- Also being victims of violence from an adult family member (usually their fathers or father figure). Young people may actively use violence against an adult perpetrator of violence as a form of protection for themselves or another family member
- Having grown up experiencing violence which has become normalised
- Modelling and learning that violence is a way of resolving conflict and exerting power and control over others. For example, becoming a 'proxy' abuser towards their mother with encouragement from their father or step-father
- General and developmentally low capacity for emotional and behavioural self-regulation
- A strong sense of entitlement, particularly as young people move from childhood, which is characterised by parents responding to needs and desires, to adulthood. Young people may use violence and abuse when their inappropriate behaviour and demands are challenged as they become teenagers
- Escalation of violence is associated with problematic substance use, as well behavioural issues related to school/social disengagement (refusal or removal)
- Having a disability, such as autism, intellectual disability and acquired brain injury, *can exacerbate* use of family violence behaviours. There is a resulting over-representation of young people with these issues in this cohort. **Where family violence is a pattern of coercion and control, behaviours due to cognitive, emotional regulation or other related cognitive impairments should also have a disability and medical needs response**
- Young boys in particular may become unsafe in their behaviours with family members (particularly their mothers) as they grow and become physically stronger
- Use of sexually harmful behaviours, including toward mothers and vulnerable younger siblings, including where a young person has experienced family violence or sexual abuse themselves.

Responses to adolescents' use of violence should cover a range of areas, including attachment, communication, discipline practices, parenting confidence and relational frustration, such as:

- Support for adolescents to improve their communication, problem-solving skills and emotional regulation skills. This could include teaching adolescents to separate emotions from behaviours, and providing space for self-soothing and conflict resolution
- Being aware and providing support for any health and wellbeing needs, such as social/education engagement, learning issues, drug or alcohol misuse/abuse, mental health issues, or therapeutic responses to their experience of violence or abuse
- Supporting parenting confidence to work with adolescents to reduce their violent behaviours such as:
 - Better recognizing unhealthy patterns
 - Moving from destructive to constructive forms of communication
 - Reducing engagement with conflict or 'walking away' to prevent escalation

- And use of positive disciplinary strategies, such as boundary setting and consequences for abusive behaviours.
- Supporting engagement with criminal justice processes where, as much as possible, responsibility and accountability are promoted
- Offering appropriate supported accommodation options when the family is not safe if the adolescent remains in the family home. This should be alongside continued support to respond to their behaviours and needs and if possible, to maintain family connection.

7.8.3 Working with other family members affected by a child or young person's use of violence

The assessment of the child or young person's risk to family members is essential to set the engagement context. Comprehensive assessment can be undertaken with adult and child family members who are not using violence to understand the risk factors present and the unique family circumstances. Siblings and other children in the home will need to have their risk independently assessed, either directly, if age and developmentally appropriate, or through a parent/carer who is not using violence (usually their mother).

Family members experiencing violence, particularly parents/carers, may be reluctant to report violence from a child or young person towards themselves. There may be deep feelings of shame or fear of the consequences, both for themselves and the young person, if authorities and organisations are involved. Your approach needs to be sensitive and non-judgemental. You will need to be well informed about the range of services that may be available to all family members, including the child or young person using family violence.

A further consideration is exploring whether there are issues of adult family violence. The child or young person may be both a victim survivor and using violence, and the adult family violence will need to be responded to as outlined in other parts of this guidance.

7.8.4 Working with the child or young person using violence

As with children and young people who are victim survivors, children and young people using violence should be directly asked about their behaviour and its impact on other family members. This should maintain a trauma-informed, age and development stage appropriate lens, as well awareness of the needs and circumstances.

The engagement with the child or young person will be dependent on their context and lived experience. For example, if they have a disability, cognitive impairment or developmental delay, problematic drug or alcohol use, or experiences of being a victim survivor of family violence. Preferably, more than one person should be present when interviewing the young person. This could be via collaborating through secondary consultation or a co-case management arrangement. The appropriate 'team' should be tailored to the age and developmental stage of the child or young person and should include any relevant service supporting them in other presenting issues.

Note:

In 2019–2020, practice guidance for working with adolescents who use violence and perpetrators will be developed. Prior to completion of this work, risk assessment of an adolescent using violence will be through assessment with the victim survivor/s using the victim-centred assessment tools (intermediate or comprehensive).

This will be done by asking questions about experience of risk of other adult and child family members who are not using violence.

7.9 Inclusive Practice and Applying an Intersectional Lens when Assessing Risk



Applying an intersectional analysis lens when assessing risk means understanding that a person may have experienced a range of structural inequalities, barriers and discrimination throughout their life. These experiences will impact on their experience of family violence, how they manage their risk and safety, and their access to risk management services and responses. A person's identity and experiences of structural inequality and discrimination will influence how they might:

- Talk about and understand their experience of family violence, or presentations of risk
- Experience trauma or relate family violence to their experience of barriers, structural inequality, and discrimination
- Understand their options for service responses or who they may seek services from
- Explain impacts of the violence they experience.

Remember

Each common question and section of practice advice outlined in the [Comprehensive Assessment Tool \(Appendix 13\)](#) responds to one aspect of identity or experience. However, **people are multi-faceted and may identify with a range of identities or experiences**. You should consider each aspect and look at the person's whole identity and experience. Think about how these inform your assessment of the level or 'seriousness' of risk, and your response.

Where an individual has identified as Aboriginal or belonging to a diverse community or is an older person, there are **additional questions** in the [Comprehensive Assessment Tool \(Appendix 13\)](#) which can be asked about their experiences of risk.

While an in-depth understanding of another person's identity may not be possible, be open to the ways that victim survivors might present and ask about and engage with them in ways that are responsive to their lived experiences. You should explore how experiencing structural inequality or discrimination (outlined in the *Foundation Knowledge Guide*) creates barriers and impacts access to services. You should acknowledge this and work with the victim survivor and other services to actively address these.

This guidance addresses the most common presentations of key risk factors, but does not cover all presentations. If you encounter issues not addressed or the victim survivor indicates a number of areas of diversity, consider secondary consultations with appropriate support agencies to assist you to provide supportive and culturally respectful service responses.

You should also note that there may be multiple perpetrators. This additional consideration should inform how you ask questions about behaviour being used and by whom.

You could lead in to these additional questions with a statement such as:

"You have let me know you identify as [name community or group]. We ask additional questions as risk can present in a number of ways and this will assist me to understand if that is occurring for you."

"This information supports me to determine your level of risk and how we will respond."

7.10 Assessing for Traumatic or Acquired Brain Injury as a Result of Family Violence



Risk assessment questions and risk management strategies relevant to traumatic brain injury (TBI) or acquired brain injury (ABI) and family violence is an emerging area of practice. The [Intermediate and Comprehensive Assessment Tools](#) have follow-up questions related to risk factors that are more likely to be associated with TBI from **physical harm** and loss of consciousness (for example, from **strangulation or choking**).

This includes the demographic questions on disability (adults, children and young people) which may result in the victim survivor informing you that they have an ABI diagnosis. This may prompt you to consider seeking assessment for potential diagnosed or un-diagnosed traumatic brain injury. You should also consider this in assessment of seriousness of risk and risk management planning.

If an undiagnosed brain injury is a possible issue arising from the risk assessment, practitioners should be careful not to jump to conclusions. Support victim survivors to access specialist neuropsychology care via a referral from their GP as an important part of the risk management plan. This will ensure that they are appropriately assessed for an accurate diagnosis and provided with specialised treatment and resources to support their recovery.

7.11 What Should you Keep in Mind when Asking Risk Assessment Questions?

Remember:

- Although the risk assessment tool has 'yes', 'no' or 'not known' answers, context of the risk being experienced should be documented in comments. When asking questions, it is preferable to use a **conversational manner** to ensure the victim survivor feels understood and supported to tell you about their experiences
- It is appropriate for you to refer to people using family violence and children by name when asking questions about them, and to ask the questions in a natural manner, rather than interrogation
- Throughout the assessment and management process you may explore ambivalence about the relationship with the perpetrator. This could include decisions about remaining in or leaving the relationship, as well as any barriers, fears or issues that may be worrying the victim survivor
- When speaking to children about risk, ensure that appropriate child-friendly resources are available to help children communicate. It is also important to be mindful of your tone of voice, and to speak gently and reassuringly. Consider starting your conversation with an acknowledgement that they might feel scared and 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 circumstances and age and stage of development. Primary school-aged children can be asked the simple, direct questions suggested in **Appendix 7**. For young people who are nearing adulthood, and where it is developmentally appropriate, a mix of the questions for adults and children might be suitable
- Information about disclosures of abuse, such as physical/sexual abuse may require you to make a notification to Child Protection. This may be in partnership with parent/carer victim survivor, where safe to do so.

7.11.1 Level of risk: an ongoing discussion

You must communicate to the victim survivor that the nature of risk is dynamic and can change over a short period of time. For example, a person may be at lower risk if the perpetrator is incarcerated, but if they are released then the risk may escalate.

Every time you conduct a risk assessment, consider how and when the risk assessment will be reviewed. For example, review dates and follow up can be documented as part of the safety plan. Communication and information sharing are key to effectiveness in risk management. The victim survivor needs to communicate any issues of concern or likely scenarios where risk might escalate, and you must share information about the possibility of risk escalating.

Reviewing risk assessments proactively and reactively is a critical element of risk assessment and risk management.

7.12 Identifying Protective Factors



Reflect on protective factors from Responsibility 3.

Explore with the victim survivor what ‘protective factors’ there are for them, and any children. It is possible that such factors may mitigate the risks the person is exposed to.

While the presence of protective factors should be taken into account in making the risk assessment, it is important to plan risk management for risks which cannot be negated by a victim survivor’s actions.

7.13 Using an Ecomap in Comprehensive Assessment

A template for completing an ecomap is in Appendix 15.

An ecomap is a useful tool to identify protective factors for victim survivors. The ecomap can act as a visual tool for both you and a victim survivor to identify social and personal relationships that may enhance safety and lessen the risk of further harm.

The **ecomap can also identify services or social connections that the perpetrator may be linked in with**, also see [Section 7.14](#). This allows you to access information from these services using the Family Violence Information Sharing Scheme to strengthen risk management and safety planning for the victim survivor.

When using the ecomap with a victim survivor you can also identify services that may be missing and that can be used as a protective factor to increase a collaborative response to risk and safety.

Guidance on using an ecomap is further outlined in **Responsibility 8**.

7.14 Identifying Relevant Information about a Perpetrator’s Circumstances

A perpetrator’s circumstances can be relevant to inform your determination of the level of risk, as well as your risk management and safety planning actions. Areas covered under protective factors can be considered as relevant to understanding the circumstances of a perpetrator.

A useful exercise may be to use the ecomap template in **Appendix 15**, to provide a visual diagram of the connections for a perpetrator to support your decision-making on risk management and information sharing.

7.14.1 Table 3: Identifying information relevant to a perpetrator’s circumstances

Identifying information relevant to a perpetrator’s circumstances	
Systems intervention	<p>Is the perpetrator:</p> <ul style="list-style-type: none"> • Incarcerated or prevented from contact with the victim survivor or other family members? • A respondent or an applicant to an intervention order that is in place, and if so, is it being adhered to? • Actively linked to a behaviour change, intervention, corrections or support program? <p>Does the perpetrator:</p> <ul style="list-style-type: none"> • Have upcoming court dates related to family law, family violence or other matters? • Have a professional engaged pending or post release from incarceration, such as Community Corrections, engagement with bailiff or other justice officers who may explain conditions of orders? • Have engagement with court respondent workers or registrars?
Practical/ Environmental	<p>Does the perpetrator:</p> <ul style="list-style-type: none"> • Have stable housing? Where are they living? What is the proximity of their housing to the victim survivor? • Have financial security (access to money or employment)? If employed, is the perpetrator able to use employee resources to further perpetrate violence, such as through accessing information about a victim survivor from databases or other technologies? • Have access to transport, including a range of vehicles? • Use telephone/mobile, social media or other methods of contact with the victim or other people? • Engage with the community through social events or clubs? • Connect with any professional or therapeutic services (in addition to any support program identified above): <ul style="list-style-type: none"> – Counselling services for alcohol and other drug, gambling, problematic sexual behaviours – Financial counselling – Legal services – Migration services – Housing or homelessness, tenancy or private rental services – Centrelink or employment services – Medical or mental health services — consider any medications that may be relevant – Peer support services

	<ul style="list-style-type: none"> – Services related to needs or wellbeing of any children? Such as school, hospital or other therapeutic child services — considering also whether these services are aware of family violence and what information is safe to release to a perpetrator about an adult or child victim survivor?
Identity / Relationships / Community	<p>Does the perpetrator:</p> <ul style="list-style-type: none"> • Have a social network (family, friends, informal social networks)? • Have one or more former intimate or family relationships that are relevant to consider for establishing patterns of behaviours over time? • Have connection/sense of belonging to community? • Have connection with culture and identity? • Have affiliations with criminal gangs or associations? If yes, where is the club house? How do they communicate and what kind of activities are they involved with? • Have other affiliations or associations with organisations or groups which have been or could be used to further perpetrate violence, such as to monitor movements of the victim survivor, including any children in the family who may be victim survivors?

Consider if a perpetrator’s circumstances are relevant on a case-by-case basis. This depends on the presenting risk, the pattern of risk over time identified through assessment with a victim survivor or information identified through another source.

Considerations for identifying information relevant to a perpetrator’s circumstances may be relevant to be requested and shared for an assessment or protection purpose if authorised under the Family Violence Information Sharing Scheme. For further detail, see guidance in **Responsibilities 5 and 6**.

7.15 Determining the Perpetrator/Predominant Aggressor and Misidentification

Perpetrators and victim survivors of family violence are sometimes misidentified. Correctly identifying perpetrators of family violence is a critical component of risk assessment and risk management. Incorrect identification has serious implications for the safety and wellbeing of victim survivors in multiple and compounding ways and can affect their journey through the service system as well as the support and resources they can access. Properly assessing family violence risk in the specific context of the relationship helps ensure that perpetrators are visible, able to be challenged about the violence and are ultimately held accountable.

This guidance provides information and practice tips to ensure that perpetrators and victim survivors of family violence are correctly identified, and that any misidentification is corrected in a timely fashion. This guide builds on the information provided in the *Foundation Knowledge Guide* and the MARAM [Framework](#), as well as correction of information under relevant information sharing guidance in **Responsibility 6**.

7.15.1 Responding to perpetrators who report or are assessed to be experiencing family violence

The research and evidence demonstrate that relatively few men⁵ in heterosexual relationships are solely experiencing family violence (including intimate partner violence). Men are much more likely than a female partner to use a number of repeated, patterned forms of violence to dominate and control over time. This pattern is a common and known problem in heterosexual intimate partner violence but can also be present in any other form of family violence.

A perpetrator/predominant aggressor can present as a victim survivor. This presentation is often persuasive because:

- Victim survivors may use force in response to violence, as a protective behaviour. This may later be interpreted as 'evidence' of a pattern of violence on their part
- Perpetrators/predominant aggressors may claim injuries that are likely to have been received from the victim (often an intimate partner) in self-defence (for example, scratches or bite marks) as evidence of experiencing family violence
- When unable to portray the victim as the 'sole aggressor' and themselves as the sole person experiencing family violence, perpetrators can describe their partner's actions (of self-defence / response to violence) as 'tit-for-tat fighting', perhaps by saying that 'they give as good as they get'
- A victim survivor experiencing fear or terror will sometimes make decisions (including the use of force), which might add to the perpetrator's portrayal of them being hysterical or out of control
- Descriptions of women's behaviour, particularly, are built on the broader social history and context which is often biased, where women have often been portrayed as less credible than men. This can have particular resonance if men present as calm, charming, eloquent and 'in control'.

The extent to which perpetrators in these situations believe that they are partly or solely the victim survivor, versus the extent to which they know they are not a person experiencing family violence, can vary.

Perpetrators 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 overly-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 person experiencing family violence in the context of a heterosexual intimate partner 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 they are thought to be the victim survivor or the perpetrator.

Keep in mind that heteronormative beliefs and incorrect assumptions can lead someone to misidentify the perpetrator or otherwise mis-characterise family violence in same-sex and/or gender diverse relationships. You should always take into account the issues outlined in

⁵ This guidance refers to the known evidence-base relating to the experience of cis-gendered men and women in heterosexual relationships or other family relationships.

assessing whether a person is using or in need of protection from family violence in the following section.

7.15.2 Assessing for the correct identification of the perpetrator (predominant aggressor)

In some circumstances, it can be difficult to establish whether a person is using violence or is in need of protection from family violence. For example, each adult in a relationship might claim to be experiencing violence from the other.

Keep in mind perpetrators construct themselves as victim survivors and report the victim survivor as either the perpetrator or equally involved in the perpetration of violence as a technique to manipulate the criminal justice system and other processes. This behaviour makes it difficult for law enforcement attending a family violence incident, and subsequently the courts and other services responding to family violence, to correctly identify who the predominant aggressor is.

It is extremely important to ensure the perpetrator/predominant aggressor is correctly identified for risk management, as a victim survivor wrongly designated as the perpetrator may not have access to needed services. Under information sharing legislation, once a person is identified as a perpetrator of family violence, relevant information about them can be shared widely without their consent.

The assessment for the person who is the perpetrator/predominant aggressor may be complex. Therefore, it is important that when risk assessment is undertaken in the context of family violence, practitioners must look beyond an individual incident to understand the history and the context of abuse.

There are a number of factors that practitioners should keep in mind when attempting to understand who is the perpetrator/predominant aggressor, including considering:

- The history of family violence between the people involved, a history of violence to other family members or previous partners and whether either party might be acting in self-defence
- The collection of evidence from others outside the relationship (such as children and other family members)
- The language being used by the individuals (perpetrators tend to minimise or deny their involvement and are unable to sympathise with the victim survivor's emotions, whereas victim survivors will often excuse or take responsibility for the violence)
- The nature and severity of injuries (including whether injuries may be self-inflicted)
- The power dynamic in the relationship and any vulnerabilities
- The context in which power and control may be being established (e.g. through social, cultural or geographic isolation)
- Evidence in relation to parenting and attempts to protect (or harm) children
- The extent of fear, who is most fearful and what tactics of control, threats and stalking have occurred
- The presence of alcohol use by perpetrators and victim survivors, as victim survivors are more likely to be arrested when they have been using alcohol even if they are not the predominant aggressor
- Evidence of other forms of violence such as financial abuse and evidence of intimidation (text messages, online messaging and social media).

It is critical to remember that family violence involves a pattern of power and control. It is different to relationship conflict.

7.16 What's Next?

Comprehensive Assessment of the level or seriousness of risk, and types of risk factors present will inform your decision-making on what to do next. Guidance on undertaking comprehensive risk management is outlined in **Responsibility 8**.

For example, next steps could include:

- Immediate action (calling police on 000 or making a report to Child Protection or Child FIRST/child and family services)
- Secondary consultation or information sharing (seeking or sharing) to further inform your assessment (**Responsibilities 5 and 6**)
- Safety planning and comprehensive risk management

You may also seek to coordinate risk assessment and management responses with other relevant services, including ongoing risk assessment and management, covered in the chapter on **Responsibilities 9 and 10**.

7.16.1 Document in your organisation's record management system

- Consent and confidentiality conversation outcome
- Each risk assessment you undertake, the level of risk for each victim survivor and reasoning
- Adult victim survivor's own assessment of fear, risk and safety
- Children's details and if present — also if children's own assessment has been completed
- Where and when assessment took place (telephone, meeting at office or police station etc)
- If interpreter or any other communication aid used
- If a support person was present and their relationship to the victim survivor
- Contact details for the victim survivor, including method of contact (such as text before call) and time it may be safe to make contact
- Protective factors present for adult or child, and any relevant circumstances that are current or anticipated to change
- Genogram if used to understand family structure and relationships
- Ecomap if used to identify services involved or gaps
- Perpetrator details and any relevant information around their circumstances that are current or anticipated to change.