

PRACTICE GUIDES

RESPONSIBILITY 3: INTERMEDIATE RISK ASSESSMENT

RESPONSIBILITY 3

Intermediate Risk Assessment

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NOTE:

Guidance and learning objectives for working with perpetrators is in development and will be available late 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 3** will include:

Where appropriate to the role and mandate of the organisation or service, and when safe to do so, ensure staff can competently and confidently contribute to behaviour assessment through engagement with a perpetrator, including through use of the Perpetrator Behaviour Assessment, and contribute to keeping them in view and accountable for their actions and behaviours.



3

INTERMEDIATE RISK ASSESSMENT

3.1 OVERVIEW

Professionals should refer to the *Foundation Knowledge Guide and Responsibilities 1 and 2* before commencing intermediate risk assessment.

This chapter should be used to guide intermediate risk assessment of the level or 'seriousness' of family violence risk — **for either an adult or a child**.¹ This assessment may be done directly after disclosure or identification and screening (see **Responsibility 2**), or to assess changes in family violence risk over time.

KEY CAPABILITIES

This guide supports professionals to have knowledge of **Responsibility 3**, which includes:

- ... Asking questions about risk factors
- ... Understanding the evidence-base of how questions link to the level of risk
- ... Using the process of Structured Professional Judgement in practice
- ... Using intersectional analysis and inclusive practice
- ... Using the **Brief or Intermediate Assessment Tools**
- ... Forming a professional judgement to determine seriousness of risk, including levels 'at risk' 'elevated risk' or 'serious risk'.

¹ Intermediate assessment can be undertaken directly following disclosure from a victim survivor, without a screening assessment being first undertaken.

An 'intermediate' level risk assessment may be undertaken using either:

- ... The **Brief Assessment Tool** reflecting high-risk factors only. The Brief Assessment Tool is for professionals providing **time-critical interventions only**. This assessment can be used to inform a full intermediate assessment at a later point when time or the situation allows
- ... The **Intermediate Assessment Tool** includes questions about a broader range of evidence-based risk factors experienced by adults and questions about risk to children
- ... The **Child Assessment Tool** contains a summary of adult risk factors, questions for an adult about a child's risk and a separate set of questions for direct assessment of an older child or young person.

Guidance on undertaking an intermediate assessment to determine risk for children and young people is at Section 3.8 of this guide.

Practice considerations to assist your decision-making on how to assess risk for a child or young person include:

- ... Creating opportunity for a child's personal agency and voice to be heard
- ... Individually assess their experience of risk
- ... Wherever possible, collaborate with a parent/carer who is not a perpetrator
- ... Reinforcing responsibility is with the perpetrator.

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.

After an intermediate risk assessment, a professional may escalate the risk assessment (through secondary consultation or referral) to a comprehensive assessment to be undertaken by a specialist family violence worker.

3.1.1 Who should undertake intermediate risk assessment?

This guide should be used by professionals whose role is linked to, but not directly focused on, family violence. As part of, or connected to your core work, you will be engaging with people:

- ... At risk of experiencing family violence
- ... In crisis situations from family violence
- ... Who are perpetrating family violence.

Do not engage directly with perpetrators about their violence if you are not trained to do so.

For further information please refer to your organisation's family violence policies and procedures or the *Responsibilities Decision Guide for Organisational Leaders* (Figure 2) in the *Foundation Knowledge Guide*.

3.2 STRUCTURED PROFESSIONAL JUDGEMENT IN INTERMEDIATE ASSESSMENT

.....
Reflect on the model of Structured Professional Judgement outlined in Section 9.1 of the *Foundation Knowledge Guide*.
.....

Structured Professional Judgement is the practice model that underpins risk assessment to support you to determine the level of risk and inform risk management responses. The **Brief and Intermediate Tool** questions are designed to support victim survivors to tell you about their experience of family violence, to inform you about the current level of risk and history of violence.

Risk assessment relies on you or another professional ascertaining:

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

You can gather information to inform this approach 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.

Secondary consultation and information sharing are more fully described in **Responsibilities 5 and 6**, and in the Family Violence Information Sharing Guidelines.

An intersectional analysis lens must be applied as part of Structured Professional Judgement. This means bringing an understanding that a person may have experienced or be experiencing 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.

Professionals should consider any additional barriers for the person and make efforts to address these.

Your analysis of these elements and application of your professional experience, skills and knowledge are the process by which you determine the level of risk.

Figure 1: Model of Structured Professional Judgement



3.2.1 Information sharing to inform your assessment

Information sharing can inform your risk assessment.

See **Responsibility 6** for further guidance on understanding what is 'risk-relevant' information when sharing and, if authorised, the Family Violence Information Sharing Scheme Guidelines and Child Information Sharing Scheme Guidelines on how to make requests and share information.

You can request information from other professionals or services concurrently with undertaking risk assessment with a victim survivor. There are some circumstances where you may request information before assessing risk with a victim survivor. Examples may include:

- ... Where you cannot engage with a victim survivor to undertake an assessment with them due to their fear of discovery by a perpetrator or third party

- ... Where high-risk factors are identified as present by a professional or service and it is not safe, appropriate or reasonable for a victim survivor to engage in an assessment at that time and risk management responses are required to intervene to reduce or remove (manage) an identified threat.

3.3 INTERSECTIONAL ANALYSIS AND INCLUSIVE PRACTICE IN INTERMEDIATE ASSESSMENT



Experiences related to a person's identity, including experiences of barriers and discrimination, can influence how a victim survivor might:

- ... Talk about and understand their experience of family violence or recognise that what they have experienced is a form of family violence
- ... Understand their options or decisions on what services to access based on actual or perceived barriers. This may be due to past discrimination or inadequate service responses from the service system, including from institutional or statutory services
- ... Perceive and talk about the impact of their experiences of family violence.

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. This may include:

- ... Asking about and recording concerns the victim survivor has and consider these in how you undertake risk assessment and the risk management responses you develop with them
- ... Seeking secondary consultation and possible co-case management with a service that specialises in responding to diverse communities in the context of family violence (see **Responsibility 5, 6 and 9**)
- ... Engaging in a culturally appropriate manner, including offering to contact or engage with other agencies and/or the services of a bi-cultural worker
- ... Discussing any protective concerns you hold for children with the victim survivor

- ... Where an adolescent is using violence discussing with an adult victim survivor the:
 - ... Safety, risk and needs of the adolescent's siblings and other family members
 - ... Any immediate risks to the safety, security and development needs of the adolescent using violence
 - ... The victim survivor's capacity to take action to protect themselves, other children and family members.

It is critical for you to understand and explore:

- ... A victim survivor's individual circumstances, including how the impact of family violence might be expressed
- ... The underlying reasons for any reluctance the victim survivor has to use a service or engage with the service system
- ... The relationship between the victim survivor/s (including each child and/or family members) residing in the household to ascertain other risks of family violence for each person e.g. sibling abuse.

REMEMBER

Secondary consultations with appropriate support professionals and services can assist you to provide appropriate, accessible, and culturally responsive services to the victim survivor.

Remember to challenge your biases. This can minimise the chance that any concerns you may hold arise from cultural or other misunderstandings.

See **Responsibility 1** and the *Foundation Knowledge Guide* for more information on intersectional analysis, inclusive practice and providing a safe and accessible environment.

3.4 HOW TO USE THE INTERMEDIATE OR CHILD ASSESSMENT TOOL

Standalone templates for the:

- ... **Intermediate Assessment Tool** is in Appendix 6
- ... **Child Assessment Tool** is in Appendix 7.

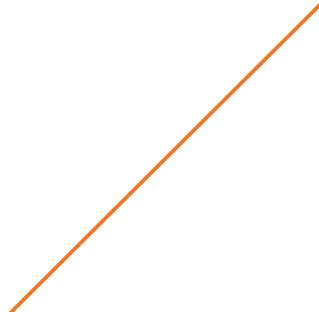
A table of practice guidance on each question in the **Intermediate Assessment Tool** is in Appendix 8.

The purpose of the **Intermediate Assessment Tool** is to:

- ... Identify the range of family violence behaviours being experienced by asking questions based on risk factors (this includes questions about risk to any children in the family/household)
- ... Consider the information gained through the assessment and apply Structured Professional Judgement to determine the level of risk — this will support you to understand a perpetrator's individual behaviours and characteristics to assess whether the (adult or child) victim survivor is at an increased risk of being killed or almost killed
- ... Understand the level of risk at a point in time or changes in risk over time.

Questions in the **Intermediate 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), and
- ... Questions about imminence (change and escalation).



There are two templates for an intermediate risk assessment:

- ... **Assessing an adult** by asking them questions about their risk (**Intermediate Assessment Tool**)
 - ... Questions in the **Intermediate 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), and
 - ... Questions about imminence (change and escalation).
- ... **Assessing a child or young person (Child Assessment Tool)**:
 - ... Has a section about risk factors present from an adult victim survivor assessment. This also enables you to carry over information about a parent/ carers risk and identify factors that are relevant to the child's assessment
 - ... Provides additional questions that can be asked to a child/young person (if age and developmentally appropriate, safe and reasonable). These can be tailored in the language used to ensure they are age and developmentally appropriate.

An intermediate risk assessment may be guided by the victim survivor's narrative and what they are ready to talk about. That is, the **questions do not need to be asked in a strict order** of the template.

Some assessments can be explored over a number of service engagements as you build rapport and enhance a professional relationship with the victim survivor. The questions are direct and explicit, because research indicates that victim survivors are more likely to accurately answer direct questions.

3.5 WHEN TO USE THE BRIEF ASSESSMENT TOOL

The **Brief Assessment Tool** as a standalone template is in Appendix 5.

The decision to use either the **Brief** or full **Intermediate Risk Assessment Tool** depends on whether a time-critical intervention is required, or there are other constraints to using the full **Intermediate Assessment Tool**. The **Brief Assessment Tool** is appropriate to use with adults and young people nearing adulthood only.

Brief assessment will be undertaken by frontline staff and critical responders, such as paramedics, in time-critical interventions. A brief assessment will be used when:

- ... There is limited time to engage with an individual
- ... It is not safe to seek further detail about the family violence beyond high-risk factors
- ... It immediately follows an incident
- ... It is during a crisis intervention.

The **Brief Assessment Tool** covers all the high-risk factors and is a sub-set of the full **Intermediate Assessment Tool**. High-risk factors are linked to an increased likelihood of the victim survivor being killed or nearly killed.

A brief assessment can be used by yourself or another professional to later inform a full intermediate assessment, or comprehensive assessment by a specialist family violence practitioner.

All guidance following this section will refer to the **Intermediate Assessment Tool and is applicable if the **Brief Assessment Tool** is being used.**

3.6 USING PROMPTING QUESTIONS

"The question is not what is important. It is the answer. We need to be careful that our focus is on the answer rather than preparing for the next question."

Family Violence Intake Worker

You can start an intermediate assessment conversation by providing context to why you are asking the questions, your role and the role of your organisation.

You can then use prompting and open-ended questions to support the victim survivor to tell their story in their own words, before moving on to ask specific questions in an assessment to draw out important information about risk factors.

REMEMBER

Using prompting questions is also explored in **Responsibility 2**.

Prompting questions for children and young people are outlined in **Section 3.8**.

Your objective is to encourage the victim survivor to tell their story in their own way. This will assist in making the risk assessment feel less like a checklist of questions. Prompting questions can also be used during risk assessment to encourage conversation.

If you are working in a universal service that the person is accessing for another purpose, you may seek to use prompting questions to introduce the assessment and its purpose.

You could lead into the questions by describing the assessment structure, with a statement such as:

... *"You have let me know that you are experiencing family violence from [name of person/relationship]. Risk assessment is the next step we take in this organisation"*

... *"It sounds like you are really worried about (adolescent's/perpetrators) behaviour and the impact it is having on you and/or other children/family members. It's important to understand the risks of this behaviour. I'd like to ask you some questions to understand this better"*

... *"I would like to ask you a series of questions that have 'yes', 'no' or 'don't know' answers. The questions are quite direct as it is important for me to understand the risk you may be experiencing from the behaviour of [name of person using violence, if disclosed]"*

... *"This will help me to understand how serious the risk is, and what we will decide together to do next"*

... *"We will start with questions about the [name of person using violence, if disclosed] and then ask about your level of fear and questions about children (if there are any)"*

... *"Usually we undertake the assessment over a short period of time (in a single sitting or over a few sessions). This is important as risk level is understood as a 'point-in-time' assessment. If we continue to work together, letting me know about changes in risk over time can help me to understand if your level of risk has changed and if we need to change how we are responding to keep you safe"*

... *"If you need a break at any point during the assessment, just let me know."*

Key prompting questions to ask prior to introducing the risk assessment tool, that will open the conversation, build rapport and trust, and elicit important information relevant to risk, include:

... *"Could you tell me about the most recent incident?"*

... *"How long has this been going on?"*

... *"In your view, is the situation getting worse?"*

... *"What is the most serious thing that has happened?"*

... *"Do you think the situation will continue? If not, why not? If yes, why?"*

After you have introduced and completed asking direct questions about family violence risk factors in the assessment tool, you should then explore more detail about the risk factors through open-ended questions, such as:

... *"We have talked about the last incident. Can you tell me more about previous incidents? Have you noticed a pattern to their behaviour?"*



- ... *“What do they do that hurts / scares / controls you or your children?”*
- ... *“What do they do that gets in the way of your relationship with your children / the way you parent them?”*
- ... *“What do they do that makes you afraid for yourself, (if an adolescent) your other children, or themselves (in the case of self-directed violence, for example, including self-harm or threats to suicide)?”*
- ... *“Have they ever hurt or threatened to hurt your pets?”*
- ... *“Is there something I should be asking you that I have not asked?”*

REMEMBER

Women may be reluctant to disclose violence for a range of common reasons, such as: fear of the consequences (including of the perpetrator carrying out threats of violence or escalation, or involvement of statutory services or justice interventions); concerns they won't be believed; shame; or thinking that they are to blame for the abuse. A further range of reasons are outlined in **Responsibility 2**.

Throughout the assessment process, you should explore if some of these reasons are present so you can respond appropriately and support the person to feel safe to disclose.

3.7 UNDERSTANDING THE ASSESSMENT PROCESS AND RISK LEVELS

In a full intermediate assessment you will seek answers to all questions, or as many as possible. This can be done through conversation or direct questioning, as appropriate.

Your analysis of the elements of Structured Professional Judgement and application of your professional experience, skills and knowledge are the process by which you determine the level of risk.

Remember, you can seek secondary consultation from a specialist family violence service if, for example, some high-risk factors are present that may require a specialist response, or there is a perceived difference between what a person has told you and what you have observed.

3.7.1 Responses to questions

The questions in the **Intermediate Assessment Tool** are seeking to elicit answers about the presence of family violence risk factors. It is key that you believe a person if they are disclosing that family violence is occurring.² The responses to questions are 'yes', 'no', and 'not known'. If the answer is 'yes' there are some follow-up questions in **Appendix 8** that can further inform your assessment.

If you cannot ascertain the answers to a question, then select '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, especially if the question relates to a high-risk factor.

A risk factor may be indicated if the person discloses that the risk factor is present. It may also be indicated if you have noticed observable signs, or you have received the information from another professional or service, or a third party. The context and circumstances of risk factors that are identified should be noted in comments.

² If you are uncertain about the identity of the victim survivor or perpetrator, such as where you think a perpetrator may be misrepresenting themselves as a victim survivor, refer to **Section 10.2** of *Foundation Knowledge Guide* on how to respond.

3.7.2 Risk levels or 'seriousness'

Before undertaking risk assessment, it is important that you understand the levels of risk which denote 'seriousness', outlined below.

Table 1: Levels of family violence risk

There are three recognised levels of risk, 'at risk', 'elevated risk' and 'serious risk'.

'Serious risk' can also 'require immediate protection', or not. This can change and escalate over time.

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> <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.</p> <p>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.</p> <p>Victim survivor's self-assessed level of fear and risk is high to extremely high and safety is low.</p> <p><i>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.</i></p> <p>Serious risk and requires immediate protection:</p> <p><i>In addition to serious risk, as outlined above:</i></p> <p>Previous strategies for risk management have been unsuccessful.</p> <p>Escalation of severity of violence has occurred/is likely to occur.</p> <p>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.</p> <p>Victim survivor self-assessed level of fear and risk is high to extremely high and safety is extremely low.</p>

3.7.3 Determining seriousness or level of risk

The process of applying the Structured Professional Judgement model includes identifying and analysing the presence of risk factors to help you determine the level of risk. This includes high-risk factors and how, based on the perpetrator's behaviour and circumstances, they have **changed or escalated in frequency or severity**.

Children and young people's risk **should be independently assessed**, and your assessment of them will be informed by the risk level for an adult victim survivor, *and vice versa*. Further guidance on assessing risk to children and young people (both directly and indirectly) is in **Section 3.8** of this chapter.

Every question contained in the **Intermediate Assessment Tool** is connected to the family violence risk factors outlined in the *Foundation Knowledge Guide*. Some risk factors are described as 'high risk factors' that **strong evidence shows are crucial indicators that the victim survivor is at an increased risk of serious injury or death**.

REMEMBER

In considering the level or seriousness of risk:

- ... A lower level of risk is determined if an assessment indicates:
 - ... Risk factors are not present or are rarely present
 - ... The high-risk factors are not present.
- ... A higher level of risk is determined if an assessment indicates:
 - ... Self-assessment of risk is high
 - ... Risk factors are present, particularly high-risk factors
 - ... Risk factors, particularly high-risk factors, have changed/escalated in severity, likelihood (has continued and past behaviour indicates it will occur in future) and timing (change in frequency or escalation), and the degree of change indicates a more serious level of risk.

3.7.4 Reviewing risk assessment over time

The level or seriousness of family violence risk is dynamic and may change or escalate over time due to:

- ... Changes or escalation in frequency or severity of the perpetrator's behaviour to a victim survivor
- ... A change in each individuals' circumstances (that can reflect the domains of protective factors, as well as specific risk factors relating to circumstances for adults and children)
- ... Changes in perpetrator behaviour toward a child or young person in response to their developmental stage.

REMEMBER

You may determine the risk level based on a single assessment.

Risk is also dynamic and can rapidly change, resulting in changes to the level of risk. Ongoing risk assessment and management is a part of all professionals' responsibilities.

A key to understanding seriousness of risk is to understand how risk escalates or changes in severity or frequency over time.

It is therefore important to regularly revisit risk questions with an individual. Understanding a victim survivor's risk over time involves undertaking risk assessment at a 'point in time' and comparing with previous risk assessments/information (that is, analysing the trend and change of behaviours used by the perpetrator). This process of conducting point-in-time assessment and review of previous assessments is referred to as 'ongoing assessment'. Further detail on ongoing assessment is outlined in **Responsibility 10**.

A person may not disclose all information about their experience of family violence, and professionals can use their judgement when they have concerns that they have not gained a complete understanding of the risks that may be present.

3.7.5 Practice considerations in determining level of risk:

Victim survivor's self-assessment of risk, fear and safety:

Evidence is clear that an adult victim survivor's self-assessment of risk is a crucial input to your assessment. Where self-assessment indicates that the adult victim survivor considers themselves (or any child victim survivor) to be at serious risk, this is **key information about the level of risk**, even if other risk factors have not been identified as present.

An adult's self-assessment of fear, risk and safety is also relevant to assessing the risk to a child. An adolescent/young person who is closer to adulthood may be asked to self-assess their risk.

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.

PRACTICE TIP:

Evidence shows that adult victim survivors are often good predictors of their own level of safety and risk and that this is the most accurate assessment of their level of risk. However, some victims may minimise their level of risk. Therefore, it is critical that you check if the victim survivor's behaviour matches their reported level of fear and ask questions to explore this. A victim survivor-led approach to risk assessment and safety management recognises that clients are the experts in their own safety and have intimate knowledge of their lived experiences of violence.³

3 ANROWs National Risk Assessment Principles, 22.

Self-assessment for adult victim survivors is explored through a set of questions in the **Intermediate Assessment Tool** in **Appendix 8**.

When introducing the self-assessment, you can ask the victim survivor to rate on a scale from 1 (not afraid) to 5 (extremely afraid), for example:

"How afraid of them are you now?"

Such as a 1-5 scale comprising:

- ... 1 not afraid
- ... 2 slightly afraid
- ... 3 moderately afraid
- ... 4 very afraid
- ... 5 extremely afraid.

You can also ask how their current fear compares to the victim survivor's experience at their most afraid:

"What is the greatest level of fear you have experienced in your relationship?"

This can assist you to explore what was happening for the victim survivor at that time to further understand the history of violence. A victim survivor's level of fear should also guide you on whether any immediate management responses are required from current violence or threats of repeated violence that has occurred in the past.

REMEMBER

Serious risk may be indicated from a single incident or experience of a high-risk factor only. However, it is also important to explore whether risk factors have occurred over a period of time, and changes to severity and frequency over time.

Severity:

Severity can be explored by asking about current risk factors and history of violence and *their impact on the victim survivor*. Often risk factors that indicate serious risk based on the severity of violence can be identified, such as sexual assault, physical harm, strangulation or choking, particularly when this violence has resulted in a loss of consciousness.

An example of exploring this question may be:

“Have they ever physically assaulted you?”

(If yes)

“Can you describe the assault/s?”

(Allow them to reply — then ask)

“Were you ever hospitalised due to an injury sustained during an assault?”

“Has the frequency or severity of the assaults changed in any way recently?”

Risk factors may change over time and some may increase in severity. A perpetrator may change their behaviours and their impact may become more severe to the victim survivor. If a risk factor has changed to increase in severity, recently or over time, this should be noted as indicating an escalation in violence and a serious risk.

Frequency:

Frequency by itself is *not always* the indicator of the level of risk — you should explore further to understand if frequency has **changed or escalated**. This is particularly important for some high-risk factors.

If a victim survivor has disclosed a risk factor is present, you can explore changes in frequency and escalation by providing examples of time periods and asking, *“How frequently?”* to establish a baseline — before asking *“has this changed in frequency or escalated recently? Over time?”*.

Change or escalation in frequency or severity:

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

If the types of behaviour the perpetrator is using have changed in terms of frequency or severity, this would indicate escalation of risk. It is a strong indicator of serious risk if the perpetrator is using more specific threats or has increased their use and severity of violence.

You should also consider the **scale of the escalation and the impact** on the victim survivor.

PRACTICE TIP:

Exploring risk factors used by the perpetrator enables you to concentrate on assessing the perpetrator’s behaviour, beliefs and attitudes, personality and situational factors that increase the risk posed by them.

It is important to explore with the victim any (changes in) circumstances that may lead to an escalation in violence from the perpetrator. For example, a recent:

- ... Separation may challenge the perpetrator’s self-belief about their role or position within the family, such as a partner or parent, or
- ... Court order excluding the perpetrator from the family home, or
- ... Family Court order removing or restricting access to children.

3.8 INTERMEDIATE RISK ASSESSMENT FOR CHILDREN AND YOUNG PEOPLE

NOTE:

The prevalence of family violence against women and children, and against women as mothers and carers, is well established and recognised across the service system. Acknowledging this, the following section on risk to children uses gendered language to describe experiences for mothers, including damage to the mother/child bond caused by perpetrator behaviours. However, it should be noted that this guidance also applies to all forms of families and parenting.

Language in this section of ‘mother/carer’ refers to a parent/carer who is **not** using violence (not a perpetrator).



Children and young people affected by family violence are victim survivors in their own right, with unique experiences of family violence and its impacts. Children and young people should have their risk independently assessed. This should then be considered alongside the risk being experienced by mother/carer to collectively inform your determination of the level of risk for each family member.

When assessing risk for children and young people, you should:

- ... Reflect on previous guidance that outlined risk factors specific to a child or young person (*Foundation Knowledge Guide*)
- ... Build on your observation of signs of trauma that may indicate family violence in children and young people (**Responsibility 2**)
- ... Build on any response to screening questions (**Responsibility 2**).

The **Child Assessment Tool** can be completed from information received from a range of sources, including from:

- ... The mother/carer about a child or young person's experience of risk. Noting also that a mother/carers own experience of risk is relevant to the experience of risk for a child
- ... The child or young person directly about their experience
- ... Other professionals and services. You should proactively seek and share information relevant to a child's experience of family violence and, their wellbeing and safety, as authorised by the Family Violence Information Sharing Scheme and Child Information Sharing Scheme, or other legal authorisation, to inform your assessment.

The **Child Assessment Tool** is divided into two sections:

- ... Questions to ask a mother/carer about a child/young person. You can complete the list of risk factors present for a mother/carer from a previous assessment undertaken with them, if applicable
- ... Questions designed to ask a child or young person directly.

The approach you choose to how you assess risk for a child should consider what is appropriate, safe and reasonable in the circumstances and may include asking questions:

- ... To a child/young person directly (appropriate to their age/developmental stage), with or without their mother/carer present



- ... Of a mother/carer to indirectly assess the risk for a child/young person, or
- ... To another appropriate adult family members or professionals who work with the child/young person to indirectly assess the risk for a child/young person.

Some direct questions may be asked of children from around the age of 3+ years, noting that this will need to be appropriate to the age and developmental stage of the child, and where possible with a mother/carer present. Prompting questions for children and young people may be most appropriate to ask directly to this age group (see **Responsibility 2**).

In deciding whether to assess a child or young person directly or indirectly, you should take into account their age, development stage and circumstances. You should also consider whether it is **appropriate, safe and reasonable to do so**.

In some cases, an adolescent using family violence may be experiencing risk themselves. For example, adolescents may be:

- ... Experiencing family violence from another family member
- ... At risk of self-harm or suicide
- ... Using violence, which may or may not also relate to developmental delay or psychosis (whether drug-induced or otherwise).

Responses to an adolescent's experience and/or use of family violence (if applicable) must include therapeutic support and be appropriate for their age and developmental stage.

PRACTICE TIP:

Some professionals use language such as 'protective parent' or similar, which seeks to acknowledge the protective actions a mother (parent/carer) who is not a perpetrator has taken to protect the child in situations of family violence.

This term should not be considered to infer that a non-violent parent/carer is responsible for preventing violence. The responsibility for using violence and its impacts on adult and child victim survivors sits with the perpetrator alone.

3.8.1 Practice considerations for directly or indirectly assessing risk for a child or young person

REMEMBER

The MARAM Framework principles guide professionals to recognise:

... Family violence may have serious impacts on the current and future physical, spiritual, psychological, developmental and emotional safety and wellbeing of children, who are directly or indirectly exposed to its effects, and should be **recognised as victim survivors in their own right**

... Services provided to child victim survivors should **acknowledge their unique experiences, vulnerabilities and needs**, including the effects of trauma and cumulative harm arising from family violence (see *Foundation Knowledge Guide Section 10.3*).

While consent is not needed to share information in order to assess or manage risk to a child under the Family Violence Information Sharing Scheme, or to promote their wellbeing or safety under the Child Information Sharing Scheme, professionals are encouraged to take all reasonable steps to seek and obtain the views of the child and/or the mother/carer who is not a perpetrator before sharing the information.

The practice considerations outlined below aim to assist professionals to put these principles into practice.

Practice considerations to inform your decision-making on how to assess risk for a child or young person reflect the MARAM Framework principles above, as well as a **trauma and developmental lens**, and include the following:

- ... **Create opportunity for a child's personal agency and voice to be heard:** enquire to understand children and young people's own identity and experience
- ... **Individually assess their experience of risk:** directly assess risk with the child or young person where appropriate, safe and reasonable to do so; identify protective factors and develop the required management responses
- ... **Wherever possible, collaborate with a mother/carer:** support strengthening/repairing the relationship and bond between the child and mother/carer
- ... **Reinforce that risk and its impacts are the responsibility of the perpetrator:** in all communication with the mother/carer and the child or young person, make sure they are aware they are not responsible for a perpetrator's use of violence.

REMEMBER

The risk level of a mother/carer who is a victim survivor is highly relevant to the risk level of any child victim survivors, **and vice versa**. Still, it is critically important that, wherever possible, you **create the opportunity in your risk assessment practice to hear from a child or young person directly** to conduct a specific and individual risk assessment for each child or young person in a family.

To determine if assessing risk directly with a child is **appropriate, safe and reasonable for their age, developmental stage or circumstances**, consider:

... Is it currently a crisis situation?

The safety of children, young people and adult victim survivors is paramount, and a child's risk may be indirectly assessed through a mother/carer in crisis situations.

... Who is the primary service engagement with/who is present?

You should start assessment of the client who is present. You should also identify other family members, including children, who may also be at risk of or using family violence (in some families there may be more than one person).

... Is the child present or able to attend the service?

If the child is not present or not your primary client, consider if it is appropriate to ask a mother/carer to bring the relevant child or young person to a subsequent appointment to enable direct assessment.

... Are you suitably trained in working directly with children and young people?

If not, are there staffing and service arrangements that can be made to support you to work directly with a child or young person to assess their risk?

What other services should be engaged to assist in direct assessment of a child or young person?

If assessing risk directly:

... Is there a parent/carer (usually a mother) or appropriate safe adult who can support the child or young person in the assessment?

... Have you determined if there is a 'protective' parent/carer (who is not a perpetrator)? Are they aware of the risk being experienced by the child/young person?

... Is your service or another service engaged with the parent/carer to gauge their understanding of the child's experience of risk?

... What are the views and wishes of an older child or 'mature minor' to a parent/carer being present? — or an alternative support person present?

... Is there an alternative appropriate adult (such as another adult family member or other professional) who works with this child who can support risk assessment with a child or young person?

NOTE:

None of the practice considerations should limit the recognition of children and young people as victim survivors in their own right. Through each approach to assessing risk for children and young people, you should maintain a lens on their individual experiences, vulnerabilities and needs, and respond to the impacts of trauma and harm.

3.8.2 When assessing risk to children you must also consider their wellbeing and needs

Professionals need to use their professional judgement of the individual circumstances for each case as to how they respond to the wellbeing and needs of both the child and adult victim survivor. When undertaking risk assessment and management planning, you and the mother/carer who may also be a victim survivor, need to consider the wellbeing and needs of the child or young person, including the vulnerability of the child, such as the in/ability of children to take action and move away from danger when violence is occurring, and to privilege thinking about the child's wellbeing and needs, especially as the age and developmental stage of the child mean they are not able to do this for themselves.

Further guidance on understanding a child or young person's wellbeing and needs can be undertaken through assessing protective factors in **Section 3.9**.

3.8.3 Challenges to assessing risk to a child or young person, or through a parent/carer or other appropriate third party

To facilitate direct risk assessment with a child or young person, you may need to address barriers to engagement by parent/carers disclosing risk to children and young people. These may include:

- ... Parental shame
- ... Fear of statutory intervention and child removal; and
- ... Seeing questions as intrusive and undermining, particularly if a perpetrator has used violence to attack the child-mother bond.

Undermining the mother-child bond

Perpetrators often undermine an adult victim survivor's (usually mother's) bond with their child. To understand the impact of violence on children and young people you should maintain a lens on the **child-mother/carer bond** and parenting.

This is commonly based in social norms and gender stereotypes about women as primary carers who are responsible for children's health, wellbeing and development. Attacking the mother/carer in this role has direct impacts on both the child and their mother/carer. Additionally, perpetrators may undermine a mother/carers relationship and attachment with other children or stepchildren in the family/household.

Often perpetrators expose children and young people to family violence against their mother/carer as a tactic to attack or undermine the child-mother/carer bond. Exposure to family violence is a direct risk for children and young people that can disrupt their attachment and development, and impact their safety, needs and wellbeing.

You should:

- ... Recognise and respond to the impact family violence has on children and young people including wellbeing and needs, emotional, social, and educational challenges, and attachment or bond with the mother/carer
- ... Not blame the mother/carer or children/young people for the family violence or its impacts
- ... Strengthen the child-mother/carer bond and parenting confidence and capability that may have been undermined by the perpetrator's family violence behaviours
- ... Advocate to services and systems, in partnership with the mother/carer, so that they are not held responsible for managing the perpetrator's actions and behaviour or its impact on children and young people.

More detail on how perpetration of family violence impacts on women (and other caregivers, kin or guardians) as parents is provided in the *Foundation Knowledge Guide* in **Section 10.2**.

Other barriers to engagement

Engagement with children about violence may also be hindered if the mother/carer is concerned about:

- ... Re-traumatising or upsetting children by talking about the violence with them
- ... Mandatory reporting requirements and the repercussions for them and their child
- ... Being judged and having their parenting/caring role undermined instead of responsibility being placed on the perpetrator for the child/young person experiencing family violence (directly or from exposure).

These concerns from mothers/carers may override understanding their child/children's experience of living with family violence. Addressing the fear and stigma related to children's experience of violence with the parent/carer can support building trust to engage with the assessment process.

Building trust and rapport

You can build trust with an adult victim survivor by affirming their role as a mother carer. This can help you to assess children's risk, both directly and indirectly. You can discuss the child or young person's needs and wellbeing with the mother/carer, including any issues relating to the impacts of trauma for the child, such as signs observed through their behaviours (see **Responsibility 2, Appendix 1**).

You can also support a mother/carer to repair the child-parent/carer bond, by modelling safety, help-seeking behaviours and being aware, affirming and responding to the experience of children (fear, risk, safety, needs and wellbeing).

An effective approach to building rapport and trust with a mother/carer can be by having a conversation with both a child/young person and their mother about the risk being experienced by the child/young person. This will involve you asking some questions to:

- ... The mother/carer about the child or young person's experience, as well as
- ... Direct questions to the child or young person.

It is important to give permission, space and time to the child or young person to discuss sensitive matters, including their experiences of risk, safety and wellbeing.

If an adolescent is being assessed as experiencing violence, *and they are also using violence*, do not include the adolescent in a joint conversation with a parent carer, but ask if they would like another appropriate support person present.

NOTE:

Following assessment and depending on the level of risk, you may determine that a report to Child Protection or a referral to a service with expertise in child and infant development, such as Child FIRST, and/or mental health may also be appropriate (for example, child or family services). If so, consider how you may support the parent/carer who is not a perpetrator in this process. (See **Responsibilities 5 and 6** for further information on secondary consultation and referral).

Guidance on approach to assessment of a child or young person (directly or indirectly)

Table 2 outlines approaches to assessment with children based on their age and developmental stage.

Assessment can occur directly with children and young people, if **safe, appropriate and reasonable to do so**, which includes considering their age and developmental stage.



Table 2: Approaches to risk assessment of children

Age	Approach to assessment of a child or young person (direct or indirect)
<p>Infants and younger children (0–5 years)</p>	<p>If infants are suspected of being at risk from family violence, a full intermediate assessment of the adult victim survivor and the child must be done. Assess indirectly by asking questions with the mother/carer who is not a perpetrator, considering your observation of signs of trauma that may indicate impact from family violence in play and communication or other interactions with the mother/carer, or siblings (see Responsibility 2, Appendix 1 for signs of trauma that may indicate family violence).</p> <p>The Intermediate Assessment Tool includes questions about both the child’s experience of risk, and the experience of the adult victim survivor. Remember the experience of the child and their parent/carer who is a victim survivor are strongly related.</p>
<p>Older children and young people (6–18 years)</p>	<p>An older child may be assessed directly, if appropriate, safe and reasonable to do so, which should consider their age, developmental stage and circumstances.</p> <p>The Child Assessment Tool includes questions for assessing older children (see Appendix 7).</p> <p>For young people aged 15–18 years, considering their age and developmental stage and circumstances, it may be appropriate to ask adult-focused questions in the Intermediate Assessment Tool (see Appendix 6). For example, for a young person experiencing violence in an intimate partner relationship, it may be appropriate to ask direct questions that are broader than the questions specific to children and young people.</p> <p>If assessing risk directly:</p> <ul style="list-style-type: none"> ... Ask older child or young people for their views on whether they would like a mother/carer to be present ... It may be appropriate in some circumstances to ask questions and assess risk directly with a child or young person without a mother/carer present ... Consider if there are multiple family violence perpetrators in the family structure and ask who is using violence against whom. For example, in a situation where there is an adult perpetrating violence against another parent and children, there may also be an adolescent using violence against a sibling ... If both parents/carers are using family violence behaviours, consider engaging with an appropriate/supportive adult family member, or a professional engaged with the child or other professional with appropriate expertise or training. <p>If assessing risk indirectly, use the Child Assessment Tool questions directed to a parent/carer about risk experienced by a child or young person (see Appendix 7).</p>

3.8.4 Approach to assessing risk directly with children or young people

Your assessment must focus on the risk and needs of the children or young people. A list of family violence risk factors for children and young people is included in the *Foundation Knowledge Guide*.

Table 3 of the *Foundation Knowledge Guide* also outlines risk factors relating to a child's circumstances to support you to identify external risk to a child's wellbeing or safety. 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.

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) that may connect to a child's family violence 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 **Section 1.5** "Building rapport" in **Responsibility 1**.

Use a trauma-informed approach to understand the child's behaviour in terms of their experiences of abuse and fear. Considerations for children must be appropriate to their developmental stage and circumstances and should include:

- ... Their own views of their needs, safety and wellbeing
- ... Their current functioning at home, 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 family or household, particularly if it is their mother
- ... Their sense of cultural safety, where relevant
- ... The level of support available to them if they are a child with a disability
- ... Their developmental history, including experiences of family violence or other types of abuse or neglect.

When assessing children, it is important to remember that they will have their own unique experiences of family violence and its impacts. This may include either positive or negative feelings towards the relationship they have with the perpetrator. During the assessment you should validate the child's feelings and continue to keep the perpetrator's accountability in focus as well as the child and each family member's safety.

Create a place of emotional and physical safety for the child before you ask the assessment questions. Remember, it is ideal to directly ask an older child or young person about how safe they feel and what they need in order to feel safe.

Start by asking prompting questions such as:

- ... "What are the things that make you feel happy or that you like to do?"
- ... "Is there someone at home that makes you feel safe?"
- ... "Do you think you could talk to them if you were scared or worried?"
- ... "Do you feel unsafe or scared of anyone living in your home?"

Further prompting questions for children are in **Responsibility 2**.



3.9 IDENTIFYING PROTECTIVE FACTORS FOR VICTIM SURVIVORS (ADULTS, CHILDREN AND YOUNG PEOPLE)

Following risk assessment, you should explore with the victim survivor what 'protective factors' are present for them (and if relevant, any children). Protective factors alone do not remove risk. However, if protective factors are present these can help to mitigate or reduce risk and promote stabilisation and recovery from violence.

Where protective factors are identified, they must be confirmed before assessing if they mitigate or reduce the identified risks or their impacts (short or long-term). Accepting what a parent/carer describes as a protective action should be explored to ensure it is an effective protection.

Responsibility for family violence sits with a perpetrator, and often it is their actions which undermine the ability of a mother/carer to establish protective factors for themselves or their children. The 'protectiveness' of any protective factor is only useful to the degree a perpetrator is willing or unwilling to undermine or ignore that factor.

Some protective factors are also values-based judgements that reflect social advantage. Inability to establish protective factors due to circumstances **is not** representative of a deficit on the part of a victim survivor.

REMEMBER

Protective factors may mitigate or lessen risk. They can also build resilience and support recovery where family violence has occurred. Strengthening protective factors is a key element of safety planning, reflected in the Table 4 in **Responsibility 4**. These may already be present and described in a safety plan or may be established through safety planning and other risk management processes.

You should take into account existing protective factors, but do not rely on them too heavily without considering the victim survivor's view of whether the factor can protect them or has previously protected them or a child or young person from the actions of a perpetrator.

Table 3: Protective factors for adults and children

Protective factors for adults and children

Systems intervention	<ul style="list-style-type: none"> ... Perpetrator is incarcerated or prevented from contact ... Victim survivor is on the Victims Register for notification of pending release of perpetrator from incarceration ... Court dates relating to family law, family violence or other matters involving perpetrator or victim survivor ... Intervention order is in place and being adhered to ... Perpetrator is actively linked to a support program.
Practical/ environmental	<ul style="list-style-type: none"> ... Safe housing ... Financial security (access to money or employment) ... Health (including mental health) ... Immigration status ... Food security ... Transport ... Communication safety (including via phone, online etc) ... Ability to access community ... Connection to advocacy/professional/therapeutic services ... Positive and friendly care environment (particularly for children and young people).
Strengths-based (Identity / Relationships / Community)	<ul style="list-style-type: none"> ... Social networks (family, friends, informal social networks) ... Healthy relationships ... Connection/sense of belonging to community ... Culture and identity ... Agency of victim survivor ... An individual's personal skills and emotional resilience.

You should take protective factors into account when considering risk level, but not rely on them to determine the level or seriousness of risk.

Consider an adult victim survivor's view on whether the factor can protect them to inform:

- ... Your understanding of whether they are aware of the seriousness of risk
- ... How to build on recognised protective factors through risk management, including safety planning.

Strengths-based protective factors for children

Adult and child victim survivors can have different perspectives on what protective factors are present for children. For adults, protective factors for children are often centred on resilience to promote stabilisation and recovery through communication, imparting values and modelling safe behaviours and relationships.

For children and young people, protective factors are important to understand the context of how they are impacted by violence and how they can be supported to strengthen their resilience.

Table 4: Strengths-based protective factors that promote children's resilience

Child-based Protective Factors

Consider the age, stage and vulnerability of the child. Age is a significant factor in children's resilience. Older children may be able to engage in activities outside the home and develop supportive relationships.

Consider whether the child has/is:

- ... Older than 5 years
- ... Basic needs being met and feels cared for
- ... Skills and abilities that may provide a degree of self-protection
- ... Access to effective supports and is able to be monitored through these support systems
- ... A strong sense of personal control, sense of hope and belief in self and their future
- ... Positive self-esteem
- ... A strong relationship/secure attachment with their primary carer (non-violent parent)
- ... Positive, healthy and supportive relationships with peers and other children
- ... Access to a network of supportive and safe adults/strong connection to their extended family
- ... Active engagement with school and a sense of belonging in their school
- ... A sense of belonging to culture and community
- ... Received an adequate and appropriate response following family violence.



For Aboriginal children, cultural pride and a strong sense of Aboriginal spirituality and community are important protective factors.



Connection to culture and community are also important for children from culturally, linguistically and faith diverse communities.

Parent/carer actions to promote child's protective factors

The parent/carer:

- ... Acknowledges how the violence has affected the child and is able and willing to work with the child to address these effects
- ... Acknowledges harm to the child, supports them to incorporate the difficulty of change
- ... Engages with professionals and services to support safety interventions
- ... Has secure relationships with others
- ... Support's the child's healthy friendships
- ... Is knowledgeable about the child's interests, relationships and qualities
- ... Can describe their worries for the child or provide rational reasons for not being worried
- ... Responds attentively to the child
- ... Has appropriate supports to fulfil their parenting role.

Family-based Protective Factor

- ... There is a person present who is able and willing to protect the child, including extended family members
 - ... There are clear household boundaries, routines and structure in place.
-

3.10 MISIDENTIFICATION OF VICTIM SURVIVOR AND PERPETRATOR

Refer to further guidance in the *Foundation Knowledge Guide* in **Section 11.3** and **Responsibility 7** on determining a predominant aggressor and misidentification.

In some circumstances, misidentification of the victim survivor and perpetrator occurs. Misidentification is where a victim of family violence is categorised as a perpetrator (respondent in criminal or civil proceedings) — or where a perpetrator has misrepresented themselves as a victim of violence.

Evidence and research demonstrate that relatively few men in heterosexual relationships are solely experiencing family violence or intimate partner violence. In heterosexual relationships, men are much more likely than women to be using a number of repeated, patterned forms of violence to dominate and control over time.

Through the course of your assessment if you are *uncertain* about who is using violence, you should refer the person to a specialist family violence service or seek secondary consultation.

PRACTICE TIP:

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 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.

It is important, however, that professionals recognise that misidentification can occur in any community or relationship type.

3.11 WHAT'S NEXT?

The outcome of the intermediate risk assessment will inform your decision-making on what to do next. If family violence is present, you **must use the guidance in Responsibility 4** on undertaking risk management on how to respond.

For example, next steps for risk management 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
- ... Safety planning and risk management
- ... Referral to a Specialist Family Violence Service, or other services (if required).

Specialist family violence services can provide secondary consultation or receive referrals for comprehensive assessment and specialist risk management. This action:

- ... **Must** occur if the assessed level of risk is 'serious risk' or 'serious risk and requires immediate protection'
- ... May occur if the assessed level of risk is 'elevated risk'.

If a child or young person is experiencing risk that requires you to make a referral to Child Protection or to share information or seek secondary consultation with a service with expertise in child and infant development, refer to guidance in **Responsibilities 5 and 6**.

Refer to guidance on the following responsibilities:

- ... **Responsibility 4:** Intermediate risk management
- ... **Responsibility 5:** Seek consultation for comprehensive risk assessment, risk management and referrals
- ... **Responsibility 6:** Contribute to information sharing with other services (as authorised by legislation).

3.11.1 Document in your organisation's record management system

It is important that you document the following information in your service or 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
- ... Children's details and if present — also if children's own assessment has been completed
- ... Any other relevant information such as relating to protective factors and the circumstances of the victim survivor, perpetrator and other family members
- ... If an interpreter was used in the assessment
- ... 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
- ... Emergency contact details of a safe person if the victim survivor cannot be contacted.

APPENDIX 5: BRIEF RISK ASSESSMENT TOOL

Adult Victim Survivor Brief Risk Assessment Tool

Victim Survivor Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Aboriginal and/or Torres Strait Islander

- Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Older person Yes No Not known

Was an interpreter used during this assessment?

Yes No (If yes, what language):

Country of birth:

Year of arrival in Australia:

Bridging or Temporary Visa?

Yes No (If yes, what type):

Language mainly spoken at home:

Service provider client ID:

Emergency contact:

Name:

Relationship to victim survivor:

Contact Number:

Perpetrator Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Relationship to victim survivor:

Service provider client ID:

Aboriginal and/or Torres Strait Islander

- Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Older person Yes No Not known

Further details

Child 1 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Child 2 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known**LGBTIQ** Yes No Not known**People with disabilities** Yes No Not known**Rural** Yes No Not known

Child 3 Details#**#Separate risk assessment must be completed**

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

Has the adult victim survivor been asked screening questions? Yes No

If yes, please indicate if any of the following risk factors were identified in the screening assessment.

Factors relevant to adult victim survivor

Self-assessed level of risk

Factors relevant to perpetrator

Has ever harmed or threatened to harm victim or family members (including child/ren)

Factors relevant to perpetrator (continued)

Controlling behaviours*

Physical harm

History of family violence

Emotional abuse

If no, please ask the following questions about the perpetrator, in addition to the set of questions below.

Question	Yes	No	Comments (or not known)
Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?*	<input type="checkbox"/>	<input type="checkbox"/>	
Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you)	<input type="checkbox"/>	<input type="checkbox"/>	

Question	Yes	No	Comments (or not known)
Is more than one person making you feel afraid? (Are there multiple perpetrators)	<input type="checkbox"/>	<input type="checkbox"/>	

The following risk related questions refer to the perpetrator:

RECENTLY	Are they currently unemployed?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Have they recently...			
	threatened or attempted suicide or self harm?*	<input type="checkbox"/>	<input type="checkbox"/>	
	misused alcohol, drugs or other substances?* (specify substance)	<input type="checkbox"/>	<input type="checkbox"/>	
	followed you, repeatedly harassed or messaged/emailed you? *	<input type="checkbox"/>	<input type="checkbox"/>	
	been obsessively jealous towards you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	has any violence increased in severity or frequency?* (what and how)	<input type="checkbox"/>	<input type="checkbox"/>	

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

Question	Yes	No	Comments (or not known)	
PERPETRATOR ACTIONS	<i>Have they ever...</i>			
	controlled your access to money, or had a negative impact on your financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	
	seriously harmed you?* (identify type of harm)	<input type="checkbox"/>	<input type="checkbox"/>	
	assaulted you when you were pregnant?*	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened to kill you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened or used a weapon against you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	tried to choke or strangle you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	forced you to have sex or participate in sexual acts when you did not wish to do so?*	<input type="checkbox"/>	<input type="checkbox"/>	
SELF-ASSESSMENT	harmed or threatened to harm a pet or animal?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Do they have access to weapons?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you believe it is possible they could kill or seriously harm you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you believe it is possible they could kill or seriously harm children or other family members?*	<input type="checkbox"/>	<input type="checkbox"/>	
IMMINENCE	Do you feel safe when you leave here today?	<input type="checkbox"/>	<input type="checkbox"/>	
	Would you engage with police if you felt unsafe? (If no, discuss barriers to why not)	<input type="checkbox"/>	<input type="checkbox"/>	
	Have you recently separated from your partner?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Has a crime been committed? (Not to be asked directly of victim survivors. Criminal offences include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching IVOs)	<input type="checkbox"/>	<input type="checkbox"/>	

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

RISK TO CHILDREN

Question	Yes	No	Comments (or not known)
Have they ever threatened to harm the child/children?* (identify which children)	<input type="checkbox"/>	<input type="checkbox"/>	
Have they ever harmed the child/children?*	<input type="checkbox"/>	<input type="checkbox"/>	
Have children ever been present during/exposed to family violence incidents?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there child/children in the family who are aged under 1 year?*	<input type="checkbox"/>	<input type="checkbox"/>	

A separate risk assessment must be completed for each child discussed in this assessment.

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

RISK SUMMARY

Protective factors

Risk level assessment and rationale

- Serious risk (and requires immediate protection)
 - Elevated risk
 - At risk
-

Rationale:

NEEDS AND SAFETY

Needs assessment

Safety plan has been completed? (see separate template)

- Yes
 - No
 - Not known
-

Child 4 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Child 5 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

Child 6 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

APPENDIX 6: ADULT INTERMEDIATE RISK ASSESSMENT TOOL

Adult Victim Survivor Intermediate Risk Assessment Tool

Victim Survivor Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Older person Yes No Not known

Country of birth:

Year of arrival in Australia:

Bridging or Temporary Visa?

Yes No (If yes, what type):

Language mainly spoken at home:

Service provider client ID:

Emergency contact:

Name:

Relationship to victim survivor:

Contact Number:

Perpetrator Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address:

Current Location:

Relationship to victim survivor:

Service provider client ID:

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities Yes No Not known

Rural

- Yes No Not known

Older person

- Yes No Not known

Further details

Child 1 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known**LGBTIQ** Yes No Not known**People with disabilities** Yes No Not known**Rural** Yes No Not known

Child 2 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

Child 3 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

Has the adult victim survivor been asked screening questions? Yes No

If yes, please indicate if any of the following risk factors were identified in the screening assessment.

Factors relevant to adult victim survivor

Self-assessed level of risk

Factors relevant to perpetrator

Has ever harmed or threatened to harm victim or family members (including child/ren)

Factors relevant to perpetrator (continued)

Controlling behaviours*

Physical harm

History of family violence

Emotional abuse

If no, please ask the following questions about the perpetrator, in addition to the set of questions below.

Question	Yes	No	Comments (or not known)
Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?*	<input type="checkbox"/>	<input type="checkbox"/>	
Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you)	<input type="checkbox"/>	<input type="checkbox"/>	

Question	Yes	No	Comments (or not known)
Is more than one person making you feel afraid? (Are there multiple perpetrators)			

The following risk related questions refer to the perpetrator:

RECENTY	Question	Yes	No	Comments (or not known)
	Are they currently unemployed?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Have they recently...			
	shown signs of a mental health condition?	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened or attempted suicide or self harm?*	<input type="checkbox"/>	<input type="checkbox"/>	
	misused alcohol, drugs or other substances?* (specify substance)	<input type="checkbox"/>	<input type="checkbox"/>	
	followed you, repeatedly harassed or messaged/emailed you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	been obsessively jealous towards you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	has any violence increased in severity or frequency?* (what and how)	<input type="checkbox"/>	<input type="checkbox"/>	

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

Question		Yes	No	Comments (or not known)
PERPETRATOR ACTIONS	<i>Have they ever...</i>			
	controlled your access to money, or had a negative impact on your financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	
	seriously harmed you?* (identify type of harm)	<input type="checkbox"/>	<input type="checkbox"/>	
	assaulted you when you were pregnant?*	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened to kill you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened or used a weapon against you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	tried to choke or strangle you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	forced you to have sex or participate in sexual acts when you did not wish to do so?*	<input type="checkbox"/>	<input type="checkbox"/>	
	been reported to police by you or anyone else for family violence?	<input type="checkbox"/>	<input type="checkbox"/>	
	breached or broken the conditions of an intervention order or a court order?	<input type="checkbox"/>	<input type="checkbox"/>	
	had a history of violent behaviour to previous partners, other family members or non-family members? (specify details)	<input type="checkbox"/>	<input type="checkbox"/>	
	harmed or threatened to harm a pet or animal?*	<input type="checkbox"/>	<input type="checkbox"/>	
	been arrested for violent or other related behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	
been to court or been convicted of a violent crime or other related behaviour? (specify details)	<input type="checkbox"/>	<input type="checkbox"/>		
Do they have access to weapons?*	<input type="checkbox"/>	<input type="checkbox"/>		

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

Question		Yes	No	Comments (or not known)
SELF-ASSESSMENT	Do you believe it is possible they could kill or seriously harm you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you believe it is possible they could kill or seriously harm children or other family members?*	<input type="checkbox"/>	<input type="checkbox"/>	
	From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now? (enter number in space provided)			
	Do you have any immediate concerns about the safety of your children or someone else in your family?	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you feel safe when you leave here today?	<input type="checkbox"/>	<input type="checkbox"/>	
	Would you engage with police if you felt unsafe? (If no, discuss barriers to why not)	<input type="checkbox"/>	<input type="checkbox"/>	

Question		Yes	No	Comments (or not known)
IMMINENCE	Have you recently separated from your partner?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you have pending Family Court matters?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are they about to be, or have they recently been, released from jail or another facility? (Specify when)	<input type="checkbox"/>	<input type="checkbox"/>	
	Has a crime been committed? (Not to be asked directly of victim survivors. Criminal offences include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching IVOs)	<input type="checkbox"/>	<input type="checkbox"/>	

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

RISK TO CHILDREN

Question	Yes	No	Comments (or not known)
Have they ever threatened to harm the child/children?*(identify which children)	<input type="checkbox"/>	<input type="checkbox"/>	
Have they ever harmed the child/children?*	<input type="checkbox"/>	<input type="checkbox"/>	
Have children ever been present during/exposed to family violence incidents?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there child/children in the family who are aged under 1 year?*	<input type="checkbox"/>	<input type="checkbox"/>	

A separate risk assessment must be completed for each child discussed in this assessment.

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

RISK SUMMARY

Protective factors

Risk level assessment and rationale

- Serious risk (and requires immediate protection)
 - Elevated risk
 - At risk
-

Rationale:

NEEDS AND SAFETY

Needs assessment

Safety plan has been completed? (see separate template) Yes No Not known

Child 4 Details#

#Separate risk assessment must be completed

Full Name: _____ Alias: _____

Date of Birth: _____ Also known as: _____

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address: _____ Current Location: _____

Contact number: _____ Comments: _____

Relationship to victim survivor: _____ Relationship to perpetrator: _____

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Child 5 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known**LGBTIQ** Yes No Not known**People with disabilities** Yes No Not known**Rural** Yes No Not known

Child 6 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

Child victim survivor assessment Tool – if assessing with an adult victim survivor

If assessing a child victim survivor through an adult victim survivor, demographic details for a child victim survivor are captured in the adult victim survivor's assessment.

Child 1:

Child 2:

Child 3:

Child 4:

Person answering on behalf of the child/ren:

Was a parent/guardian/adult assessed using the adult victim survivor form prior to this assessment? Yes No

If yes, please indicate which of the following risk factors were identified in the adult victim survivor assessment:

Factors relevant to adult victim survivor

- Physical assault while pregnant/following new birth*
- Isolation
- Self-assessed level of risk

Factors relevant to adult victim survivor and perpetrator's relationship

- Planning to leave or recent separation*
- Escalation – increase in severity and/or frequency of violence*
- Financial difficulties
- Imminence

Factors relevant to perpetrator

- Use of weapon in most recent event*
- Access to weapons*
- Has ever harmed or threatened to harm victim or family members (including child/ren)
- Has ever tried to strangle or choke the victim*
- Has ever threatened to kill victim*
- Has ever harmed or threatened to harm or kill pets or other animals*
- Has ever threatened or tried to self-harm or commit suicide*
- Stalking of victim*
- Sexual assault of victim*
- Previous or current breach of intervention order
- Drug and/or alcohol misuse/abuse*
- Obsession/jealous behaviour toward victim*
- Controlling behaviours*
- Unemployed/Disengaged from education*
- Depression/mental health issue
- History of violent behaviour (not family violence)
- Physical harm
- History of family violence
- Emotional abuse
- Property damage

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors)

REMEMBER

You may use a variety of sources to answer questions and inform this assessment. Possible sources include:

- ... Using information obtained from external sources (external agencies, L17 data, or other relevant sources)
- ... Using information the adult victim shares about the children during their own adult victim assessment by asking the adult victim appropriate questions about the child victim survivor, or
- ... By asking the child victim survivor questions directly, when appropriate.

Questions are divided into two sections (appropriate questions to ask children / appropriate questions to ask an adult). **However**, the decision on what source of information informs this assessment is based on professional judgement.

QUESTIONS ABOUT THE CHILD VICTIM SURVIVOR

The following questions can be asked directly of a child victim survivor where it is assessed as safe, appropriate and reasonable to do so considering: their age and capacity; their level of maturity; and, their ability to understand the question. Please use your professional judgement to decide on how to frame the questions and whether they should be asked directly of the child victim survivor, an adult, or answered through information received from external sources.

Consider your possible legal or policy obligations to report concerns for children's safety and/or wellbeing.

Question	Child 1	Child 2	Child 3	Child 4
Has the child been exposed to or participated in violence in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known)				
Has the child telephoned for emergency assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known)				
Has the child ever been removed from parental care against their will?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known)				
Has the child witnessed either parent being arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known)				
Has the child been asked to monitor you by the other parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known)				
Has the child intervened in any incidents of physical violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known)				
Has the child had contact with the perpetrator post-separation and is it supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known)				
Has Child Protection ever been involved with the family or other children in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known)				
Has the child ever accessed counselling or support services?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known)				
Do you have possession of the family's passports?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known)				

Question	Child 1	Child 2	Child 3	Child 4
Has a crime been committed? (Not to be asked directly of victim survivor. Criminal offenses include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching Intervention Orders)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known)				

QUESTIONS FOR THE CHILD VICTIM SURVIVOR

Questions that may be appropriate to ask younger children that may be unable to complete detailed questions.

Consider your possible legal or policy obligations to report concerns for children's safety and/or wellbeing.

Question	Child 1	Child 2	Child 3	Child 4
Are you scared of either of your parents/ caregivers or anyone else in the home? (From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now?) ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known):				
Have you ever been physically hurt by either of your parents/caregivers or anyone else in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known):				
Have you ever tried to stop your parents/ caregivers from fighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known):				
Has your parent/caregiver said bad things to you about your other parent/caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known):				
Have you ever had to protect or be protected by a sibling or other child in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments (or not known):				

¹ This scale is not used to assess level of risk. It is an indicator of fear and may indicate the impact on the child.

Further details

RISK SUMMARY

Protective factors

Risk level assessment and rationale

- Serious risk (and requires immediate protection)
 - Elevated risk
 - At risk
-

Rationale:

Needs assessment

Safety plan has been completed? (see separate template) Yes No Not known

APPENDIX 7: CHILD VICTIM SURVIVOR RISK ASSESSMENT TOOL

Child Victim Survivor Assessment Tool

Child Victim Survivor Details¹

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Country of birth:

Year of arrival in Australia:

Bridging or Temporary Visa?

Yes No (If yes, what type):

Language mainly spoken at home:

Service provider client ID:

Emergency contact:

Name:

Relationship to victim survivor:

Contact Number:

¹ Demographic information may have already been captured in an adult victim survivor's assessment. If so, this section does not need to be completed.

Perpetrator Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Relationship to victim survivor:

Service provider client ID:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities Yes No Not known

Rural

- Yes No Not known

Further details

Was a parent/guardian/adult assessed using the adult victim survivor form prior to this assessment?

Yes No

If yes, please indicate which of the following risk factors were identified in the adult victim survivor assessment:

Factors relevant to adult victim survivor

- Physical assault while pregnant/following new birth*
- Isolation
- Self-assessed level of risk
- Factors relevant to adult victim survivor and perpetrator's relationship
- Planning to leave or recent separation*
- Escalation – increase in severity and/or frequency of violence*
- Financial difficulties
- Imminence

Factors relevant to perpetrator

- Use of weapon in most recent event*
- Access to weapons*
- Has ever harmed or threatened to harm victim or family members (including child/ren)
- Has ever tried to strangle or choke the victim*
- Has ever threatened to kill victim*
- Has ever harmed or threatened to harm or kill pets or other animals*
- Has ever threatened or tried to self-harm or commit suicide*
- Stalking of victim*
- Sexual assault of victim*
- Previous or current breach of intervention order
- Drug and/or alcohol misuse/abuse*
- Obsession/jealous behaviour toward victim*
- Controlling behaviours*
- Unemployed/Disengaged from education*
- Depression/mental health issue
- History of violent behaviour (not family violence)
- Physical harm
- History of family violence
- Emotional abuse
- Property damage

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors)

REMEMBER

You may use a variety of sources to answer questions and inform this assessment. Possible sources include:

- ... Using information obtained from external sources (external agencies, L17 data, or other relevant sources)
- ... Using information the adult victim shares about the children during their own adult victim assessment by asking the adult victim appropriate questions about the child victim survivor, or
- ... By asking the child victim survivor questions directly, when appropriate.

Questions are divided into two sections (appropriate questions to ask children / appropriate questions to ask an adult). However, the decision on what source of information informs this assessment is based on professional judgement.

QUESTIONS ABOUT THE CHILD VICTIM SURVIVOR

The following questions can be asked **directly of a child victim survivor** where it is assessed as safe, appropriate and reasonable to do so considering: their age and capacity; their level of maturity; and, their ability to understand the question. **Please use your professional judgement** to decide on how to frame the questions and whether they should be asked directly of the child victim survivor, an adult, or answered through information received from external sources.

Consider your possible legal or policy obligations to report concerns for children's safety and/or wellbeing.

Question	Response
Has the child been exposed to or participated in violence in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):	
Has the child telephoned for emergency assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has the child ever been removed from parental care against their will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has the child witnessed either parent being arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has the child been asked to monitor you by the other parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has the child intervened in any incidents of physical violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has the child had contact with the perpetrator post-separation and is it supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has Child Protection ever been involved with the family or other children in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has the child ever accessed counselling or support services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Do you have possession of the family's passports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has a crime been committed? (against child or any family member) (Not to be asked of victim survivor. Criminal offenses include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching Intervention Orders)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	

QUESTIONS FOR THE CHILD VICTIM SURVIVOR

Questions that may be appropriate to ask younger children that may be unable to complete detailed questions.

Consider your possible legal or policy obligations to report concerns for children's safety and/or wellbeing.

Question	Response
Are you scared of either of your parents/caregivers or anyone else in the home? (From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now?) ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):	
Have you ever been physically hurt by either of your parents/caregivers or anyone else in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):	
Have you ever tried to stop your parents/caregivers from fighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):	
Has your parent/caregiver said bad things to you about your other parent/caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):	
Have you ever had to protect or be protected by a sibling or other child in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):	

Further details

¹This scale is not used to assess level of risk. It is an indicator of fear and may indicate the impact on the child.

RISK SUMMARY

Protective factors

Risk level assessment and rationale

- Serious risk (and requires immediate protection) **Rationale:**
 Elevated risk
 At risk
-

Needs assessment

Safety plan has been completed? (see separate template) Yes No Not known

APPENDIX 8: INTERMEDIATE RISK ASSESSMENT AND PRACTICE GUIDANCE FOR ADULT AND CHILD VICTIM SURVIVORS

The table below outlines the Intermediate 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. Questions that are indicators of serious risk are **shaded in orange**. Note that this tool is intended to be used with adult victim survivors for assessing risk to both adults and children.

Further guidance and additional questions to undertake a risk assessment directly with a child or young person is in **Section 3.8 of Responsibility 3, and the Child Assessment Tool template is in Appendix 7.**

Where an individual has let you know they are Aboriginal or identify as belonging to a diverse community, you should explore their particular experiences of family violence within each question about risk, including the impacts of experiences of discrimination and other structural barriers (see **Responsibility 1** and the *Foundation Knowledge Guide*).

Intermediate risk assessment for an adult victim survivor

Question	Practice guidance
About the perpetrator/s	
Is there more than one person making you feel afraid? (Are there multiple perpetrators?)	<p>This can be answered based on a prompting/screening question such as, <i>"Is there anyone in the family making you feel unsafe or afraid"</i>. If the victim survivor identifies multiple perpetrators, this question can be answered as 'yes'.</p> <p>Risk assessment should be undertaken with the victim survivor about each individual perpetrator, as presentations of risk, behaviours and characteristics of each perpetrator will need to be understood both individually, and then considered as a whole.</p> <p>In some situations, a victim survivor may experience abuse and violence from multiple sources including a current or ex-partner and an adolescent child. This may also be an opportunity to explore if third parties are using violence as 'proxy' for the perpetrator.</p>
The following risk-related questions refer to the perpetrator.	
Are they currently unemployed?	<p>Risk factor:</p> <p>This question is asking about:</p> <p>Unemployed / Disengaged from education</p> <p>Why is it important to ask this question?</p> <p>Perpetrator unemployment is associated with an increased risk of lethal assault, and a sudden change in employment status — such as employment being terminated and/or the perpetrator being retrenched — may be associated with increased or escalation of risk.</p> <p>Disengagement from education has similar associated risks to unemployment.</p> <p>What should you keep in mind when asking this question?</p> <p>If a perpetrator is currently unemployed, there are heightened opportunities for controlling behaviour. The financial pressures created by unemployment and the perpetrator's possible increased time in the home on a daily basis can result in opportunity for them to escalate their use and the severity of family violence. Note that previous periods of unemployment may not have been related to elevated risk.</p> <p>There is strong evidence to show adolescents who use family violence are often disengaged from education and learning.</p> <p>Practice considerations:</p> <p>Aboriginal people and people from diverse communities may experience discrimination and barriers to employment opportunities, which may result in lower financial security. This is not in itself an indicator of increased risk for these communities as systemic issues of access to employment increase the prevalence of unemployment for some communities as a whole.</p> <p>It's important to understand the context for the unemployment. This risk factor should be understood in how it creates opportunity for the perpetrator to use and escalate family violence behaviours.</p>

Have they recently:

Shown signs of a mental health condition?

Risk factor:**This question is asking about:**

Mental illness / Depression

Other risk factors to keep in mind when asking this question include:**Obsession/jealous behaviour toward victim survivor**

Drug and/or alcohol misuse/abuse by perpetrator

Why is it important to ask this question?

In family violence, murder-suicide outcomes have been associated with perpetrators who have mental illness, particularly depression.

It is important to know if a perpetrator is currently showing signs of a significant mental illness, such as delusions or psychosis.

Mental illness may be linked with change in escalation and severity of violence, particularly when occurring with drug/alcohol misuse/abuse by the perpetrator.

Murder (patricide) where children murder their parents is often associated with a long history of abuse, including sexual abuse of children by the victim. When adolescents kill parents, a factor is significant mental instability i.e. psychosis, often co-occurring with substance use.

What should you keep in mind when asking this question?

The purpose of this question is to understand the current mental health status of the **perpetrator**. A perpetrator may have an ongoing or undiagnosed mental illness. However, as stated above, this alone is not the factor for increased risk. Risk is increased by **the presence of major mental illness combined with the co-occurrence of other behaviours and/or escalation**. Abusing/misusing alcohol or other drugs, changed or escalating behaviours, or delusions, including those that are focused on a particular adult or child, are a sign of increased risk.

Practice considerations:

This question is not intended to provide a justification or minimisation for violence used by a perpetrator. Violence is a choice, and this is further demonstrated as not all people who experience mental illness are violent. It is important to acknowledge the presence of mental illness and recognise how this impacts on the level of risk.

Understandings of mental illness vary between people and communities, and you may need to educate and build awareness while discussing this. You may need to ask:

"What have you noticed that's different about their behaviour?"; or

"Have they been diagnosed with a mental illness?"

Mental illness, including from responses to trauma, may be experienced throughout a whole community group (for example, in asylum seeker communities and following natural disasters). Increased occurrence of mental illness within a community is not itself the indicator of increased risk, but it may be considered more likely due to prevalence.

Recent signs of mental illness may not be unusual or represent change. In these cases, ask whether the mental illness symptoms have recently changed or escalated.

It's important to understand if the signs of mental illness are co-occurring with alcohol or drug abuse/misuse, or there is an increased focus on a particular adult or child that may indicate escalation of risk.

Threatened or attempted suicide or self-harm?

Risk factor:

This question is asking about:

Self-harm / suicide

Other risk factors to keep in mind when asking this question include:

Controlling behaviours

Emotional abuse

Mental illness

Why is it important to ask this question?

Asking this question provides insight into the perpetrator's state of mind. Threats or attempts to self-harm or commit suicide are a risk factor for family violence murder-suicide. This factor is an extreme extension of controlling behaviours. A perpetrator threatening to self-harm or suicide as a means of controlling a victim survivor is not always linked to the presence of mental health issues. However, in some instances they may be co-occurring. A significant number of men who commit suicide each year have a history of family violence perpetration.

Findings indicate that where a woman has concealed a pregnancy from a violent partner, they are at higher risk of murder-suicide particularly if the pregnancy has resulted from sexual assault.

What should you keep in mind when asking this question?

There is evidence linking perpetration of family violence and suicide, but it is important to be mindful that threatening suicide or self-harm is often used by perpetrators as a form of coercive control, e.g. to prevent partners leaving them.

This threat should be taken seriously both in terms of the genuine intent to suicide or self-harm, as well as the use of the threat or attempt in how it is being used to control the victim survivor.

The nature of this threat and its impacts can be very personal. While this threat can be used as a form of control, be mindful that many victim survivors believe the threat is genuine and this can result in feelings of shame, guilt and/or fear for the perpetrator.

Practice considerations:

The use of threats or attempts to suicide or self-harm to control another person is the key aspect of this risk factor, not the genuine threat or attempt in isolation. Understanding the context of this risk factor is important.

Escalation in threats or attempts, or greater specificity in nature of threats, should be taken seriously.

The combination of threats to suicide or self-harm with other controlling behaviours and threats to kill or harm adults, children or pets, should be considered to indicate serious risk.

Whilst the threat or attempt may be based in controlling behaviours, the threat should also inform appropriate risk management responses that include responding to the experience of the victim survivor, as well as interventions to support/intervene for the perpetrator.

Mental health issues are more common in some communities (for example, LGBTIQ people) than in the general population. Mental health linked to threats or attempts to self-harm and suicide may be more prevalent due to systemic barriers or discrimination experienced by some communities. Suicide is also more common in LGBTIQ communities. However, there is no current evidence about whether this is related to use of threats or attempts to suicide and self-harm in relation to perpetrator controlling behaviours in these communities.

It is important to understand how often and how recently threats or attempts to suicide or self-harm are occurring to provide guidance on the immediacy of risk.

Misused alcohol, drugs or other substances? (Specify substances)

Risk factor:

This question is asking about:

Drug and/or alcohol misuse/abuse by perpetrator

Other risk factors to keep in mind when asking this question include:

Mental illness

Financial abuse

Why is it important to ask this question?

This information provides insight into the current state of mind and stability of the perpetrator. Family violence incidents that are alcohol or drug-related correlate to an increased likelihood of physical or psychological harm, particularly incidents of intimate partner family violence. It's important to understand alcohol or drug abuse/misuse by a perpetrator in the context of other forms of violence. This risk factor is not a cause, but it is a **contributing factor to increased/escalation** in family violence risk, including physical abuse.

Perpetrators with illicit drugs, alcohol, prescription drugs or inhalants issues can have impaired social functioning or reduced capacity for self-regulation which can lead to escalation of violence and creates an increase in the level of risk. This includes temporary drug-induced psychosis.

There is an increased occurrence of family violence in rural Victoria, including of adolescents using family violence, which is correlated to a high use of methamphetamines.

What should you keep in mind when asking this question?

Alcohol and drug use/abuse by a perpetrator is correlated to incidents of family violence, including greater likelihood of repeated use of family violence risk-related behaviour of both perpetrators and adolescents who use family violence.

It is an indicator of increased risk of violence if a perpetrator is engaged in drug and/or alcohol misuse/abuse and are also experiencing mental illness (see guidance on mental illness above).

It is vital to discuss the perpetrator's choices that led to substance or alcohol use, despite their knowledge of how they change their behaviour when using substances or alcohol. Importantly, remember that many people use alcohol and other substances but are not violent.

This question may lead to the identification of other risk factors, such as financial abuse related to their funding source for substances or alcohol. Ensure you do not engage in discussions that minimise the perpetrator's behaviours, or use of substances or alcohol as a form of justification. Perpetrators may increase the severity of family violence they use as some perpetrators of violence think they are in an 'accountability-free zone' when they use alcohol and other drugs. Specific drugs, such as ice, may actively contribute to distorted thinking and violence for some people using these drugs.

Adolescents who use substances may do so as a means to self-soothe or 'zone out', particularly if they have experienced trauma such as family violence. This does not mean it is acceptable but an understanding of their history and life experience and the reason for substance use is important in order to assess and manage risk.

Practice considerations:

Victim survivors may also use drugs and alcohol and minimise the perpetrator's use due to shame or stigma. Some perpetrators introduce drugs and alcohol as a means of control and actively support/entrench drug and alcohol dependence for a victim survivor. You can explore substance use by the victim survivor in a non-judgemental way by asking questions such as what substances they enjoy and whether using helps them to cope with the perpetrator's behaviour.

Followed you, repeatedly harassed or messaged/ emailed you?

Risk factor:

This question is asking about:

Stalking of victim survivor

Other risk factors to keep in mind when asking this question include:

Controlling behaviour

Obsessive/Jealous behaviour toward victim

Isolation

Emotional abuse

Threats to kill

Why is it important to ask this question?

Stalking is a manifestation of a perpetrator wanting to control the victim survivor.

Stalkers that have had an intimate relationship with the victim survivor are more likely to be violent. This includes during and following separation and when the victim survivor has commenced a new relationship.

Stalking, when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking, controlling, obsessive and jealous behaviour are highly related risk factors.

Stalking also occurs by adolescents using family violence and frequently co-occurs with intense, pathological jealousy in relation to a mother having other relationships. However, there is no evidence that stalking by adolescents is strongly connected to murder or attempted murder. It does, however, indicate severe and highly abusive control.

Technology-facilitated abuse is recognised as a presentation of stalking, including through social media, surveillance technologies and phone-based apps, which have increased in prevalence due to the substantial increase in the use of smartphones.

What should you keep in mind when asking this question?

This risk factor is a highly prevalent form of abuse, particularly post-separation. Stalking behaviour is linked to other high-risk factors including sexual and emotional abuse and controlling behaviours.

Often violence continues after separation, through stalking and harassment, surveillance and monitoring. In recent years, increased access to technology has assisted perpetrator's ability to monitor a victim survivor's whereabouts, including remotely. It is important to explore with victim survivors the range of ways in which perpetrators may be monitoring their movements, including through monitoring the movements of children and young people.

Whilst stalking by adolescents who use family violence is far less common than with adult perpetrators, it is important to ask the victim survivor if they feel their child is monitoring them in any way, including at home or in the community.

Stalking also creates isolation from community, as it may prevent the victim survivor from accessing public places, services or going to community events that the perpetrator also uses.

The perpetrator's extended family or extended community may also participate in stalking, alerting the perpetrator to the victim survivor's whereabouts or movements. This also contributes to isolation if the victim survivor has no support outside of their community.

Practice considerations:

Technology-facilitated abuse has particular implications for specific communities where exploitation of social isolation, language barriers and deliberate cultural isolation occurs.

This is particularly an issue in small communities, such as for Aboriginal people, people from rural, LGBTIQ and some culturally linguistically and faith diverse communities. For example, use of websites and apps for dating/hook-ups can lead to anonymous stalking, which can be particularly prevalent in LGBTIQ communities.

Followed you,
repeatedly harassed or
messed/ emailed you?
(continued)

It's important to understand that stalking can take the forms of:

- ... Repetitive, threatening or abusive phone calls, text messages and emails
- ... Checking or hacking email accounts
- ... Monitoring internet use and phone conversations
- ... Image-based abuse, through distribution or posting false, humiliating, intimate or sexualised videos or photos without the other person's consent
- ... 'Home-stalking' by adolescents, which can include refusing to allow a parent or sibling to have any privacy and following them around the home
- ... Spreading online rumours about the person or impersonating them online
- ... Harassing or threatening the victim survivor, their friends or family on social networking sites, dating, chat and game sites
- ... Tracking location through apps and 'find my phone' services
- ... Geotagging of photographs taken through smart phones
- ... Smartphone software including GPS tracking devices
- ... Loitering around known locations the victim survivor frequents, such as their home, workplace or school.

Technology-facilitated abuse is also linked to isolation through restricting access to community. For further information see: [eSafetyWomen <https://esafety.gov.au/women>](https://esafety.gov.au/women) or [Technology Safety Australia <https://techsafety.org.au/>](https://techsafety.org.au/).

Been obsessively jealous towards you?

Risk factor:

This question is asking about:

Obsession/jealous behaviour toward victim survivor

Other risk factors to keep in mind when asking this question include:

Physical harm

Controlling behaviours

Isolation

Verbal abuse

Emotional abuse

Why is it important to ask this question?

This is an indicator of serious risk. Obsessive jealousy is a form of controlling behaviour.

Obsessive jealousy is one of the behaviours that is often (though not exclusively) used by perpetrators who are in an intimate relationship with the victim survivor. It can also be used by adolescents who use family violence as a means of gaining power and control or because of significant attachment issues.

Perpetrator's obsessive and/or excessively jealous behaviour is often related to controlling behaviours based on rigid beliefs about gender roles and ownership of victim survivors. It has been linked to violent physical attacks.

Controlling behaviours are also related to child homicide or homicide of another person the perpetrator has extended their jealousy to, including new partners, friends or family members of the victim survivor.

What should you keep in mind when asking this question?

Examples of the types of behaviours that perpetrators may engage in might include accusing a victim survivor who is their intimate partner of being unfaithful or flirting with others, or being jealous of a victim survivor's time spent or communication with other friends or family members. It may also include the perpetrator restricting the victim survivor's access to services and public areas, such as restricting use of the car or public transport.

Perpetrators may cover up for their own behaviour, such as by telling people that the victim survivor has cheated or left them for another person, when they really left because of family violence. A new partner, or person a perpetrator believes is a new partner, may also be subject to a perpetrator's jealous or obsessive behaviours as a perpetrator seeks to maintain control over the victim survivor related to child homicide. In these situation, the risk to the family member or third party who is the subject of jealousy from the perpetrator should also be assessed and risk management put into place to respond to any identified risk.

Perpetrators (and adolescents who use family violence) may be jealous of their family member forming new friendships or attachments and seek to prevent this. Perpetrators may excessively monitor their victim's behaviour and social contact. They may embarrass them in public as a means of control. They may exhibit jealousy about their relationship with children/other family members and use violence against them out of jealousy.

Jealous behaviour may present as anxiety. For example, the perpetrator may appear desperate and afraid when the victim survivor is absent or spending time with other people, rather than angry.

In adolescents, jealousy is frequently underpinned by extreme anxiety and attachment issues. It may not be purposefully controlling, but can be, and needs further investigation due to highly negative impacts on both the adolescent and the victim survivors.

In Aboriginal communities, adolescents who use family violence, including against intimate partners, refer to jealousy and obsessive control as being 'jealoused up'.

Practice considerations:

Obsessive jealousy is a form of controlling behaviour. Controlling behaviour is often not visible; it is minimised or not acted upon. Emotional abuse often forms part of a pattern of controlling behaviours and can prevent a victim survivor from making or keeping connections with family, friends, community, culture or identity.

It can also restrict the ability for safety planning, as the victim survivor has reduced agency to prepare to leave the relationship in a safe way.

Has any violence increased in severity or frequency? (what and how)

Risk factors:

This question is asking about:

Escalation — increase in severity and/or frequency of violence

Other risk factors to keep in mind when asking this question include:

Physical harm

Controlling behaviours

Emotional abuse

Threats

Stalking

Why is it important to ask this question?

Change in a perpetrator's violence occurring more often or becoming worse, is associated with increased risk of serious injury or death including where a victim survivor reports that physical violence has increased in severity or frequency. Any change or escalation in frequency or severity is an indicator of increased level of risk — more significant scale of change or increase would indicate greater seriousness.

What should you keep in mind when asking this question?

An increase in severity may not be just about physical violence. The victim survivor may report they have recently felt more fearful of the perpetrator due to an escalation in threats, property damage, stalking, or any other family violence risk factor that is becoming regular or more serious than in the past. An example may include if the perpetrator has previously made threats to kill and has recently escalated to threats involving specific actions of how they will kill the victim survivor.

Practice considerations:

Change or escalation in severity or frequency may relate to any family violence risk behaviour. Some risk factors are strongly linked to increased risk of lethality, including sexual assault, physical harm, threats and stalking.

The specific behaviour that is increasing should be drawn out through further questions to the victim survivor. You can ask specific questions about increase in severity, e.g. *"Have you sought medical treatment or been hospitalised in the past 12 months because of what you have experienced?"*

Understanding change or escalation to frequency and severity is important in identifying risk of lethality and may indicate if risk is imminent.

Have they ever:

Controlled your access to money, or had a negative impact on your financial situation?

Risk factor:**This question is asking about:**

Financial abuse/difficulties

Other risk factors to keep in mind when asking this question include:

Property damage

Why is it important to ask this question?

Financial abuse, financial stress and gambling or gaming addiction, particularly by the perpetrator, are risk factors for family violence. Financial abuse is a relevant determinant of a victim survivor staying or leaving a relationship. Withholding child support payments is a form of financial abuse that may continue after separation. Adolescents who use family violence may use financial abuse to further control their parent/carer. Other forms of abuse include interfering with a victim survivor/parent/carer's capacity to work, stealing money and using violence to demand money.

Property damage is consistently used by adult perpetrators and adolescents who use family violence. Property damage is used as a method of controlling the victim survivor through fear and intimidation. It can also contribute to financial abuse when property damage results in a need to fund repairs or a rental tenancy is put at risk.

What should you keep in mind when asking this question?

Explore financial decisions with the victim survivor. Do not limit questioning around day-to-day finances, but be sure to also discuss assets and debts and whose name they are in. Ensure the victim survivor understands you are not judging their financial situation but instead trying to gain a picture of their financial independence and the degree to which financial control is occurring.

Ask questions relating to access or barriers to money such as a perpetrator giving an allowance or limiting access to shared bank accounts. Money may be in joint bank accounts, the perpetrator may have access to the PIN number or passwords for online banking, or the victim survivor may not be named on bank accounts.

Explore limitations to financial security caused by the perpetrator's behaviour. For example, does the perpetrator sabotage/reduce the victim survivor's reliability or capacity to work by:

... Contacting them frequently during working hours?

... Presenting at their workplace?

... Keeping them up late?

... Encouraging drug use?

Some perpetrators (and adolescents using family violence) use threats or violence to extort money or material goods which may be used to procure drugs or alcohol or finance other addictions. Some people may also be forced to hand over their income to the perpetrator.

Practice considerations:

Financial abuse can take a range of forms. For example, limiting access to money, impacting financial situation/stability such as causing property damage or accrual of fines that are wrongly attributed to the victim survivor, as well as behaviours that impact on financial security or employment of the victim survivor.

Financial abuse can be exacerbated by other inequalities — some people are less financially secure to begin with due to structural inequality, which increases opportunity to use financial abuse as a method of coercion or control. For example:

... Financial abuse against Aboriginal people may take other forms where there is shared finances and resources among some Aboriginal families and communities

... Transgender and non-binary people may be structurally less likely to be economically secure and this can be a common source of control

Controlled your access to money, or had a negative impact on your financial situation? (continued)

- ... Some people, often women, are employed in family-owned businesses for no pay, limiting access to funds to leave
- ... Financial abuse can be particularly complex for older people and people from culturally, linguistically and faith diverse communities. People who are not permanent residents may not have Centrelink access or working rights, or understanding of Australian banking systems, limiting their ability to gain financial independence
- ... Dowries can be a source of financial abuse — in some circumstances, property can be a part of dowry and damage to this property can be a part of financial abuse or control. Further, demands for ongoing payments or gifts from family members can also occur. This is a complex issue that means different things in different cultures and may require secondary consultation with other organisations
- ... Immigration issues can also intersect with financial abuse. For example, older people/grandparents who are brought to Australia to care for grandchildren but can't access residency and financial support and are vulnerable to abuse by children that may result in financial abuse, particularly if they have limited English proficiency.

There are also some situations where family members may manage money on behalf of others (for example, older people and people with disabilities). This alone does not mean that their financial control is or is not abusive. You should explore with the victim survivor if these actions are done with their consent and if they are able to lead/contribute to decision making, or if the actions are used to control or limit their choices or otherwise impact negatively on them.

Seriously harmed you?
(Identify type of harm)

Risk factor:

This question is asking about:

Physical harm

Other risk factors to keep in mind when asking this question include:

Controlling behaviour

Sexual assault of victim

Why is it important to ask this question?

Physical assault is a highly prevalent form of family violence, particularly from an intimate partner.

Violent physical assault is an extreme form of controlling behaviour.

Physical harm may also take the form of sexual assault of a victim survivor through forced sexual activity, including rape.

Physical harm is an act of family violence and is an indicator of increased risk of continued severity or escalation of violence. Change of escalation in frequency or severity of physical harm, and the nature of the physical harm, informs an understanding of the level of risk the victim survivor is facing.

Physical harm causing head trauma is linked to increased risk of lethality and hospitalisations, and of acquired brain injury. Acquired brain injury (ABI) describes multiple disabilities arising from damage to the brain after birth. It can result in deterioration in cognitive, physical, emotional or independent functioning. There are a range of causes of ABI, including lack of oxygen (hypoxic-anoxic brain injury) and traumatic brain injury (such as from blows or strikes to the head). See **Responsibility 7** and *Foundation Knowledge Guide Section 10.9* for further information about ABI and family violence.

Traumatic or oxygen-deprivation related brain injuries are both serious, whether from a single and severe incident, or from 'mild' and multiple incidents resulting in cumulative harm.

Physical harm resulting in traumatic brain injury, such as 'shaken baby syndrome', is a leading cause of death or disability in children who have experienced this form of harm.

What should you keep in mind when asking this question?

When discussing this question with the victim survivor, you should ask about whether they have had to seek medical assistance or been hospitalised to treat their injuries.

Physical harm to the head and neck of a (adult or child) victim survivor, including direct force applied to the head, shaking (e.g. infant or child) or otherwise striking the head with a hard object or surface can cause traumatic brain injury. If the identified harm type relates to an adult or child victim survivor's head or neck, ask follow-up questions:

... *"Have you ever been hit in the head or neck, or shoved/pushed causing injury to your head or neck? (such as banging your head against a hard object or surface?)"*

... *"Have you ever lost consciousness or been knocked out as a result of being hit or striking your head on a hard surface or object?"*

If the answer to this question is:

... "I don't know" or "I can't remember"

this may itself indicate that the victim survivor has experienced loss of consciousness as memory loss is one symptom of this.

If the victim survivor answers "yes" or 'I don't know/can't remember', **ask follow-up questions relating to loss of consciousness below.**

Seriously harmed you?
(Identify type of harm)
(continued)

Practice considerations:

Serious harm is broadly defined and often takes the form of physical harm. This may include being pushed, grabbed, punched, shoved, slapped, kicked, bitten, choked, dragged, stabbed, shot, or struck with a vehicle. It may include driving dangerously, or interfering with the victim survivor's driving, in a manner that is so unsafe the victim survivor may risk being killed.

Physical assault includes use of physical force intended to harm or frighten. This may vary depending on the physical ability of the victim survivor. For example, older people may be more vulnerable to less obvious forms of physical harm that are related to frailness or the ability to move independently. This could include causing someone to fall by moving past them and physically pushing them, whilst ensuring deniability for their actions.

Showing preparedness to threaten or use a weapon is an indicator of serious risk and relates to opportunity and likelihood to cause serious harm or kill a victim survivor.

See guidance below relating to loss of consciousness or how to respond to traumatic brain injury from physical harm to the head or neck.

Assaulted you when you were pregnant?

Risk factor:

This question is asking about:

Physical assault whilst pregnant/following new birth

Why is it important to ask this question?

Family violence often commences or intensifies before and after the arrival of a new child. This includes adoption, fostering, non-biological parenting and surrogacy. During pregnancy, it is associated with exacerbation of intimate partner violence, and is linked to increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death. Violence during this period is regarded as a significant indicator of future harm to the adult and child victim survivors.

What should you keep in mind when asking this question?

Pregnancy and the early post-natal period (up to 12 months) is a period of increased risk, particularly if the pregnancy is unplanned or unwanted by the perpetrator. The evidence is clear that pregnancy is a time when family violence can escalate or commence and that this is a danger to both the safety of the mother and unborn child. Risk of child homicide is particularly high for children aged 0-12 months.

Family violence perpetration is linked to the perpetrator viewing their primacy in the relationship being undermined. In addition to physical assault, increased risk of sexual and emotional abuse can also increase. If this risk factor is present, you should ask if assault continued following birth.

You may also need to ask about non-physical abuse through questions such as *"How do you/other family members feel about the arrival of this child?"*

Abuse while pregnant can include denying the victim survivor food or other needs related to the pregnancy.

The risk of assault resulting in increased risk for an adult or child victim survivor being killed or nearly killed particularly increases if other risk factors are present. These factors include history of family violence, recent separation, history of child abuse (of perpetrator), alcohol or substance abuse/misuse, mental illness and history of criminal behaviour (not family violence).

Practice considerations:

When working with LGBTIQ parents, use inclusive language such as 'physical assault when expecting a child into the family', to reflect that some transgender and non-binary people do not identify with pregnancy. Other parenting arrangements, such as adoption, fostering, non-biological parenting and surrogacy may be in place.

LGBTIQ parents may have complex feelings and power dynamics around the arrival of new children, particularly when one parent has a genetic relationship to the child and the other does not.

Care arrangements should be recognised, such as where a young Aboriginal person may give birth to a child and are supported in caring/parenting by a grandmother who becomes a parent. Aboriginal people have higher rates of low birth weight and infant mortality from systemic issues that are not family violence related.

Threatened to kill you?

Risk factor:

This question is asking about:

Has ever threatened to kill the victim survivor

Other risk factors to keep in mind when asking this question include:

Emotional abuse

Threats or use of weapon

Choking or strangulation

Why is it important to ask this question?

Evidence shows that a perpetrator's threat to kill an adult or child victim survivor is often genuine and should be taken seriously. This is particularly so when the perpetrator has been specific or detailed, or used other forms of violence in conjunction with the threat that indicate an increased risk of carrying out the threat, such as strangulation and physical violence. This includes where there are multiple victims, including threats to kill or harm another family member or child/ren.

Some adolescents who use family violence may make threats to kill and do this mainly to gain power or control. Evidence suggests they are less likely to act on this than adult perpetrators.

What should you keep in mind when asking this question?

Many perpetrators who make threats to kill do not end up killing, but a lot of perpetrators who do kill have threatened to kill before. Such threats need to be taken seriously.

Note that threats to kill other family members, including children, are asked about in the 'risks to children' section below.

Practice considerations:

In some CALD communities, women may face threats to kill from their extended families, or their partner's extended families, as well as from the partner themselves. Consider and ask whether a victim survivor will face threats to kill from other family members if they decide to leave a relationship.

Women's increasing independence, large dowries being paid, and fear of returning to their home country are all indicators of this risk. Ask the victim survivor what kind of pressures and expectations they have at home and from their families or in-laws.

Threatened or used a weapon against you?

Risk factor:

This question is asking about:

Use of weapon in the most recent event

Other risk factors to keep in mind when asking this question include:

Access to weapons

Emotional abuse

Property damage

Threats to kill

Physical harm

Why is it important to ask this question?

Use of weapon in the most recent event is an indicator of serious risk.

Use of a weapon indicates a high level of risk because previous behaviour is a likely predictor of future behaviour.

A weapon is defined as any tool or object used by a perpetrator to threaten or intimidate, harm or kill a victim survivor, or pets, or to destroy property. Weapons can include a range of items which may include prohibited weapons, such as firearms, or any object that can be used as a weapon, such as household or utility items (i.e. vehicles, kitchen knives, furniture, sporting equipment, gardening implements).

What should you keep in mind when asking this question?

Ensure you explore any experience of harm with the use of an object, being mindful that this can include occasions where a victim survivor has had objects thrown at them. It is the use of objects in the violence that indicates a serious risk, and, in these situations, the object should be classified as a weapon.

Practice considerations:

Showing preparedness to threaten or use a weapon is an indicator of serious risk and relates to opportunity and likelihood to cause serious harm or kill a victim survivor.

Tried to choke or strangle you?

Risk factor:

This question is asking about:

Has ever tried to choke or strangle the victim

Why is it important to ask these questions?

Strangulation or choking is a common method used by perpetrators to abuse and possibly kill victim survivors, particularly by male perpetrators of their female intimate partners. It is also linked to a general increased lethality risk to a current or former partner.

Strangulation or choking can cause traumatic brain injury through oxygen deprivation (anoxia) to the brain, resulting in damage to brain cells. Often there are no visible injuries as a result of lethal and non-lethal choking or strangulation, so your response should be guided by the victim survivor's response to this question.

A victim survivor may require either acute (emergency responses) or longer-term responses to traumatic brain injury. These should be explored in risk management responses (see **Responsibilities 4 and 8**).

What should you keep in mind when asking these questions?

Many victim survivors may minimise the consequences of choking and strangulation as a coping strategy, particularly if they have experienced this form of violence more than once from the perpetrator. It is important to remember the serious risks associated with choking and strangulation, regardless of whether it has been perpetrated once, regularly or on a few occasions.

Some victim survivors may not be aware of the consequences of this form of violence, including that it can become lethal and is an indicator of future risk of suicide, even if there are no visible injuries.

Perpetrators may use other methods to restrict a victim survivor from breathing, such as head locks, using a shoe, an arm, leg or other part of their body or foot to put pressure on the victim survivor's throat or neck etc. These types of scenarios should be considered when asking a victim survivor about choking and strangulation as evidence shows that some victim survivors do not identify other force or pressure to the neck or throat as choking or strangulation.

You could also ask the following question if the person doesn't recognise their experience as 'choking' or 'strangulation':

... *"Have they ever applied pressure to your throat or neck?"*

If the identified harm type relates to an adult or child victim survivor's throat or neck, **ask follow-up questions:**

... *"Have you lost consciousness or had gaps in your memory?"*

... *"Was your vision affected or do you recall feeling dizzy?"*

... *"Did you wake up in a different position or location?"*

If the answer to this question is:

... *"I don't know" or "I can't remember"*

this may itself indicate that the victim survivor has experienced loss of consciousness, as memory loss is one symptom of this.

If the victim survivor's answer is "yes" or 'I don't know/can't remember', **ask follow-up questions relating to loss of consciousness below.**

Practice considerations:

Choking and strangulation are extremely dangerous actions which can result in loss of consciousness that can be a high-risk indicator for serious injury including life threatening injury or death that may be immediate or delayed, whether there are visible injuries and death.

If strangulation or choking is suspected or confirmed, you should seek immediate health assessment for the victim survivor to ensure any injuries to the brain or body are responded to.

See guidance below relating to loss of consciousness or how to respond to traumatic brain injury from strangulation or choking.

Follow-up question if the answer to Questions to 'seriously harmed you' or 'Tried to choke or strangle' is Yes

Have you ever lost consciousness?

Loss of consciousness, including from blows or striking of the head against hard surfaces or objects, or forced restriction of airflow/blood flow to the brain, is linked to increased risk of lethality (both at the time of assault and in the period of time following), hospitalisations and acquired brain injury.

Traumatic brain injury can occur whether there is a loss of consciousness or not. Loss of consciousness is one way to identify if traumatic brain injury may have occurred. Traumatic brain injury is caused by penetrating injuries, closed head injuries (such as a blow to the head or shaking, and anoxia from lack of oxygen).

Short and long-term impacts of acquired brain injury resulting from traumatic brain injury can include physical, cognitive and behavioural disability. Of the 16,000 Victorians hospitalised between 2006 and 2016 due to family violence, 2 in every 5 had sustained an ABI. These are also a significant factor likely to cause death of a victim survivor where major trauma has occurred causing brain injury. You may want to consider referring the victim survivor to a medical professional to assess for brain injury. If the incident was recent, consider whether the victim survivor might need to seek immediate medical attention.

A measure for severity can be identifying the length of time between incidents of traumatic or oxygen-deprivation related brain injuries, as an indicator of how long the victim survivor's brain had to recover between incidents is a key predictor of potential disability such as ABI.

When asking further questions about loss of consciousness it is important to explore both recent and severe traumas, as well as micro-traumas over the course of a victim survivor's lifetime:

... *"How often has this kind of harm been experienced?" (that is, what is the frequency or number of times this occurred?):*

... *"over a 12-month period?"*

... *"over the course of the relationship?"*

... *"over the course of your life?" ("Are there other previous incidents resulting in loss of consciousness?")*

... *"Do you remember how long you were unconscious in the most recent incident? In previous incidents?"*

... *"Has the harm to the head or neck **changed or increased/escalated in frequency or severity?**"*

Some symptoms that may follow loss of consciousness or traumatic brain injury and that require immediate medical response include:

... vomiting

... persistent severe headaches

... memory loss affected vision or dizziness

... seizure following traumatic brain injury

... signs of cognitive or behavioural deterioration over time, including onset of 'challenging behaviour' or signs of behavioural disability following traumatic brain injury.

These symptoms can often be mistaken for symptoms from other causes, including mental health or behavioural issues.

See guidance on risk management and safety planning where a victim survivor is affected by acquired brain injury in [Responsibility 4](#).

Forced you to have sex or participate in sexual acts when you did not wish to do so?

Risk factor:

This question is asking about:

Sexual assault of victim survivor

Other risk factors to keep in mind when asking this question include:

Emotional abuse

Physical harm

Physical assault while pregnant/following new birth

Controlling behaviours

Obsession/jealous behaviours toward victim

Has ever tried to strangle or choke the victim

Stalking of victim

Why is it important to ask this question?

Sexual assault is an extreme form of controlling behaviour. It is often co-occurring with other risk factors, and threat of re-assault is a form of control along with other behaviours.

Women in intimate partner relationships who are sexually assaulted are seven times more likely to be killed by their partner than other abused women where sexual assault was not present. Intimate Partner Sexual Violence (IPSV) has been identified as the strongest indicator of escalating frequency and severity of violence, including in comparison to stalking, strangulation and assault during pregnancy⁴.

This is a very high-risk indicator and indicates that the perpetrator may cause the victim survivor serious injury or death.

Perpetrators who sexually assault a victim survivor (adult or child) are also more likely to use other forms of violence against them. Sexual assault is often under-reported and is more prevalent in intimate partner relationships. Sexual abuse is frequently violent and repeated, forming part of a controlling pattern designed to dominate, humiliate and denigrate a victim survivor.

There is no evidence that adolescents who use family violence are likely to sexually assault their parent/carer. However, the use of sexually derogatory language, particularly by a son who has experienced family violence from an adult, can occur. This is designed to dominate, humiliate and denigrate a victim survivor, but there is no evidence that it leads to serious injury or death of a parent/carer.

There is some emerging evidence to suggest that adolescents who use family violence and use sexually derogatory language against parents/carers may be at risk of sexually abusing and assaulting siblings. For these reasons, asking about the use of sexually derogatory language against any family member and any concerns a parent/carer may have about risk of any forms of harm, including sexual abuse to siblings, is important.

What should you keep in mind when asking this question?

This question should be asked in a way that is appropriate to the victim survivor. There is under-reporting of sexual assault in all forms of family and family-like relationships. Sexual assault in family violence includes, intimate partner sexual violence; sexual violence by other family members, intra-familial child sexual abuse; and, sexual abuse of people with disabilities and people in residential care.

Sexual assault as a form of family violence is most often perpetrated by males against their female intimate partners. When it occurs in the context of adolescent family violence it is most often perpetrated by male adolescents against younger female siblings but can also include younger male siblings. A large proportion of women who experience sexual assault also experience physical assault from their male intimate partners.

If the victim survivor discloses that the perpetrator has sexually assaulted a child, you have a statutory obligation to report to the police [see 'failure to disclose' criminal offence]⁵. See **Section 4.6 of Responsibility 4.**

4 ANROWS, National Risk Assessment Principles for domestic and family violence: Companion resource, page 28.
5 <http://providers.dhhs.vic.gov.au/criminal-offences-improve-responses-child-sex-abuse>

Practice considerations:

Sexual assault is broadly defined and can include any acts of a sexual nature carried out against the victim survivor's will through force, intimidation or coercion. It may also include penetration without consent (rape), attempted rape, aggravated sexual assault or indecent assault, and sexual acts against children. Unwanted sexual touching and forcing a victim survivor to watch pornography or witness other sexual acts are examples of sexual assault.

Sexual assault may not always be subjectively experienced as 'violent' by the victim survivor, however, the behaviour from the perpetrator is still assault where it is unwanted.

It is an indicator of very serious risk and must always be asked when completing a family violence risk assessment, as it will not be obvious in every situation whether or not this risk factor is present. It can be introduced sensitively, once rapport is built, and as part of a set of questions. Asking this question appropriately is left to professional judgement but must always be addressed as part of a family violence risk assessment.

This is a sensitive question. You may need to lead into this question carefully, such as by saying *"I do not want to cause embarrassment asking your personal intimate details, but it is such a serious indicator of risk and distress that it is a question that is too important not to ask"*.

The following tips should be used when asking this question:

- ... Listen and believe: *"That sounds like it must have been terrible for you. Would you like to talk more about the effect it has had on you?"* or *"It sounds as if it was a very difficult situation for you to be in"*
- ... Do not blame or pass judgement
- ... Recognise the courage it took to disclose to you: *"Thank you for telling me that. I understand that this can be hard to talk about. I'm sorry to ask such personal questions but it is really helpful for us to understand the experiences you've had so we can see what the risks are for you and your family in the future. Is the conversation still okay for you? Do you need a break or are you okay to keep speaking?"*
- ... Offer referral options. The decision about possible referrals must be made by the victim survivor
- ... Respond to immediate safety concerns such as suicide risk, self-harm, anxiety, nightmares, sleep difficulties, flashbacks
- ... Do not encourage the person to go into detail about the abuse itself. This may make the person vulnerable to overwhelming emotions. Focus on how the person feels about the disclosure and their current difficulties.

It's important not to reinforce feelings of shame. Sex can be a taboo topic in some families and cultures, making victim survivors less likely to disclose sexual assault, or even recognise the behaviour as sexual assault.

Some people are unaware that forced or unwanted sexual contact within marriage is sexual assault and may consider or hold beliefs that this is a part of a duty of a woman to her husband.

LGBTIQ communities may be open about a broader range of sexual practices than other communities, such as non-monogamy/multiple partners, sex on premises and anonymous sex or kink. It is important not to sex-shame, as this is a common barrier to someone reporting assault. Sexual abuse in these contexts are under-reported, especially among queer men.

A person's HIV positive status can be connected to sexual coercion, including by controlling access to HIV medication. You can ask, *"Do you have access to safe sex?"* to explore this.

There is also an association between family violence and reproductive coercive control including forced termination of pregnancy (which can be repetitive) or forced continuation of an unwanted pregnancy. Higher rates of murder-suicide are linked in circumstances where women conceal pregnancy from a violent intimate partner.

Sexual assault is also under-reported when perpetrated against older people. This issue may not be recognised by services. Older people and people with disability are particularly vulnerable if they require assistance for intimate personal care and hygiene. A person with dementia may also not remember the occurrence or frequency of abuse. Older people may not recognise their experience of sexual assault as the social understanding of what is acceptable behaviour in intimate partner relationships/marriage has changed over time. People with disability may not be able to articulate or communicate the abuse they are experiencing if appropriate communication aids and support are not provided.

Have they ever:

Breached or broken the conditions of an intervention order or a court order?

Risk factor:**This question is asking about:**

Previous or current breach of court orders/intervention orders

Other risk factors to keep in mind when asking this question include:

Controlling behaviours Emotional abuse

Threats **Stalking**

Why is it important to ask this question?

If a perpetrator has breached an intervention order, or any other order with family violence protection conditions, this indicates they are not willing to abide by the orders of a court. It also indicates a disregard for the law and authority. Such behaviour is a serious indicator of increased risk of future violence.

What should you keep in mind when asking this question?

Many breaches are not formally recorded or reported to the police. It is important to support victim survivors to report so that records are kept, and action becomes possible. Some victim survivors may choose not to report to police as this will escalate the perpetrator's violence. You should respect the victim survivor's decision.

Some victim survivors of adolescent family violence may not report breaches because they fear reprisal and because they feel the conditions of an order will place the adolescent themselves at risk (for example, render them homeless). You should explore the consequences of not reporting a breach and alternative options to keep family members safe, as well as the adolescent.

Some perpetrators demonstrate a lack of respect for justice and court processes and authority and this is an indicator of an increased level of risk, including:

- ... If the perpetrator has breached court orders, regardless of whether it has been reported to police
- ... Where threat of criminal charges does not change behaviour or results in increased use of family violence behaviours, particularly for perpetrators who have been to prison before.

Some perpetrators may also not be aware of the conditions of court orders. This may be due to developmental delays or capacity constraints, limited English or lack of understanding of court orders. If the perpetrator is engaged with a behaviour change program or other intervention, professionals in those services should provide information about breaches and the conditions of any order to support compliance.

Where there is shared care for children there may be communication that is in breach of an order, if the order has not considered arrangements. Consider if the breach relates to use of power and control by the perpetrator to inform how you consider it as an input to your risk assessment.

Perpetrators may try to get around Intervention order conditions by communicating through friends and family. They may put pressure on the victim survivor to ignore the intervention order.

The victim survivor may be pressured not to report breaches because of consequences to the perpetrator or may fear consequences from the perpetrator. People who rely on a perpetrator, such as where a perpetrator is a carer, may be reluctant to report breaches fearing consequences for the perpetrator (who may be an adult child or other family member), or for themselves if they are without other supports.

Practice considerations:

All family relationships where family violence is occurring may be subject to an intervention order. Be aware that some people may have experienced difficulty in having their experience recognised in applying for an intervention order due to structural barriers or discrimination. Intervention orders are also more complex when only one parent/carers has a genetic relationship to a child.

The formal term for breach of an intervention order is a 'contravention'. Contravention is highly linked to repeat offending, including frequent use or escalation of family violence. This is a strong indicator of future violence. In addition, breaches of other orders, particularly relating to family law matters involving children, is a strong indicator of controlling behaviours and increased risk.

Contravention of an order soon after orders being made is also linked to family violence homicide.

Harmed or threatened to harm a pet or animal?

Risk factor:

This question is asking about:

Has ever harmed or threatened to harm or kill pets or other animals

Other risk factors to keep in mind when asking this question include:

Controlling behaviours

Emotional abuse

Why is it important to ask this question?

There is a correlation between cruelty to animals and family violence, including a direct link between family violence and pets being abused or killed. Abuse or threats of abuse against pets may be used by perpetrators to control family members. This is an indicator of serious risk as it is linked to high levels of controlling behaviours.

Cruelty to animals is also an indication of serious risk in cases of adolescent family violence and indicates serious mental health issues.

What should you keep in mind when asking this question?

Remember that abuse to pets and animals is not always physical. Sometimes the perpetrator may refuse to feed the animal or keep it locked outside in the cold. They may threaten family members that they will hurt or kill the pet as a means to intimidate and control the victim survivor. It is important to explore the variety of ways in which the perpetrator may harm pets or animals and remember that a victim survivor's fear for their pets is often a contributing factor to remaining in a relationship with the perpetrator.

Practice considerations:

Concern for a pet can be a barrier to housing options and leaving — it is a consideration in safety planning.

<p>Been reported to police by you or anyone else for family violence?</p>	<p><u>Risk factors these questions are asking about:</u></p> <ul style="list-style-type: none"> History of violent behaviour (not family violence) <p><u>Other risk factors to keep in mind when asking these questions include:</u></p> <ul style="list-style-type: none"> History of family violence Imminence <p>Why is it important to ask these questions?</p> <p>These questions explore whether the perpetrator has come to the attention of police for violence (non-family violence) or other relevant criminal activity.</p>
<p>Had a history of violent behaviour to previous partners, other family members or non-family members? (specify details)</p>	<p>Perpetrators with a history of violence generally are more likely to perpetrate family violence. This can occur even if the violence has not previously been directed towards family members. Other victims may have included strangers, acquaintances and/or police officers. The nature of the violence may include credible threats or use of weapons, and attempted or actual assaults. Perpetrators who are generally violent engage in more frequent and more severe family violence than perpetrators who do not have a violent past. A history of criminal justice system involvement (e.g. amount of time and number of occasions in and out of prison) is linked with family violence risk.</p>
<p>Been arrested for violent or other related behaviour? (specify details)</p>	<p>Certain situations can increase the risk of family violence escalating in a very short timeframe. The risk may relate to court matters, particularly Family Court proceedings, release from prison, relocation, or other matters outside the control of the victim survivor which may imminently impact their level of risk.</p>
<p>Been to court or convicted for a violent crime or other related behaviour? (specify details)</p>	<p>What should you keep in mind when asking these questions?</p> <p>Clarification may need to be sought about whether the violent behaviour involved other victims, or the current victim survivor of family violence with whom you are speaking.</p> <p>A victim survivor may not be aware or able to provide this information. These risk factors may be identified through the process of information sharing and obtaining risk-related information about the perpetrator. While this information may not always be shared with the victim survivor, it should still inform the overall risk assessment.</p> <p>The formal involvement of the justice system is an indicator in most cases of escalation of violence.</p> <p>Practice considerations:</p> <p>It is also useful to explore other criminal activity, as this can sometimes be an indicator of other risk factors. For example, a victim survivor may advise the perpetrator has been arrested for drug-related charges, which requires exploration of substance and alcohol use or possible debts they owe (financial abuse).</p> <p>Keep in mind the recency of the perpetrator's involvement with the justice system, as the perpetrator may have court orders and conditions they must abide by. Being aware of these conditions may assist in safety planning with the victim survivor. This question may also elicit information about the perpetrator having criminal associates, which may increase risk to the victim survivor and needs to be appropriately addressed in safety planning.</p> <p>If there was little immediate and effective response in relation to the arrest and court appearance of the perpetrator for other forms of violence, then victim survivors of family violence can become disillusioned with the justice system and may talk about the justice system as being ineffective.</p> <p>Perpetrators with a history of family violence are more likely to continue to perpetrate family violence including in new relationships. Family violence homicide is linked with contact with the justice system, including police, courts and community corrections, within the last six months of the fatal event.</p>

Do they have access to weapons?

Risk factor:

This question is asking about:

Access to weapons

Other risk factors to keep in mind when asking this question include:

Use of a weapon in the most recent event

Controlling behaviours

Emotional abuse

Threats to kill

Why is it important to ask this question?

Perpetrators who have access to weapons, particularly guns and knives, are much more likely to seriously injure or kill a victim survivor than perpetrators without access to weapons.

What should you keep in mind when asking this question?

Weapons can include a range of items including prohibited weapons, such as firearms, swords, machetes, or other weapons that can be 'collected' by the perpetrator.

Remember that this question is to identify the presence of a weapon and is distinct from the use of weapons (asked in another question).

This question is always relevant, even in situations where ownership of a gun is common, such as for farming purposes and in rural and regional areas.

Practice considerations:

It is the presence of the weapon that is the risk factor in this situation and the fact that it could be used against the victim survivor, regardless of whether they have previously been threatened with the weapon. This risk factor relates to opportunity to cause serious harm or kill a victim survivor.

Self-assessment

Do you believe it is possible they could kill or seriously harm you?

Risk factor:

These questions are asking about:

Self-assessed level of risk

Other risk factors to keep in mind when asking this question include:

Emotional abuse

Why is it important to ask these questions?

A victim survivor's self-assessment is an important input into the assessment of the risk of serious injury or death.

It's important to ask both these questions so that the risk posed by the perpetrator to the victim survivor, their children and other family members can be assessed. Risk to other family members may include third parties who are not 'family members' where there is an identified extension of jealousy or threats directed to that third party.

What should you keep in mind when asking these questions?

These are confronting questions and there may be no clear answer, particularly if the victim survivor does not believe the perpetrator is capable of killing them, but the risk factors present indicate a serious risk of lethality.

There can also be an under-estimation, particularly in relation to biological children. Victim survivors often cannot contemplate or believe that their partner or ex-partner would seriously harm or kill their own children.

Do you believe it is possible they could kill or seriously harm children or other family members?

From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now?

[1-5 scale comprising:

1 not afraid

2 slightly afraid

3 moderately afraid

4 very afraid

5 extremely afraid].

Risk factor:

This question is asking about:

Self-assessed level of risk

Other risk factors to keep in mind when asking this question include:

Emotional abuse

Why is it important to ask this question?

A victim survivor's self-assessment is an important indicator of the level of risk posed by the perpetrator. Victim survivors are often the best predictors of their own level of safety and risk, including as a predictor of re-assault.

Some victim survivors may communicate a feeling of safety, or minimise their level of risk, due to the perpetrator's emotional abuse tactics creating uncertainty, denial or fear, and may still be at risk. Some people's responses about their self-assessed levels of risk, fear or safety might be influenced by previous experiences of systemic discrimination and risk, such as removal of children, over-representation of Aboriginal people in prison and the effects of transgenerational trauma and the Stolen Generations. Other structural discrimination arising from homo/bi/transphobia may also influence responses to these questions. For example, a LGBTIQ victim of intimate partner relationships might minimise their experience of risk and fear where there is a feeling of shame from 'failure' of the relationship and not wanting to disclose violence following the impact of the Marriage Equality debate and subsequent *Marriage Equality Act*.

Where an adolescent is using violence against a parent/carer, a victim survivor may minimise their level of risk because they cannot conceive their own child can pose a high risk; others may have previous involvement with the statutory system and be afraid of actions which may follow disclosure.

What should you keep in mind when asking this question?

When victim survivors state that they are very fearful, this is usually accurate and needs to be taken seriously. In addition to the scale, you may want to explore the question, "*what is the greatest level of fear you have experienced in your relationship?*" and the circumstances surrounding the use of violence or other risk behaviours.

Alternatively, some victim survivors have adapted to high levels of violence (often referred to as 'normalisation') and under-estimate the danger they are in. This is true for people in many communities, including older people where the length of time they've experienced violence and progression may make it difficult to gauge their level of risk. People's responses may also be impacted by cognitive impairment or capacity constraints. Victim survivors may have also adapted to the perpetrator's behaviour which may have escalated over many years. In addition to the perpetrator's tactics, victim survivors may use minimisation as a coping strategy.

Do you have any immediate concerns about the safety of your children or someone else in your family?

Risk factor:

This question is asking about:

Risk of harm to child/young person or other family members

Why is it important to ask this question?

It is important to identify if and what other concerns an adult victim survivor may have for children or young people and family members due to the perpetrator. Children and young people's safety is closely linked to the safety of the adult victim survivor. Risk of harm may be higher if the perpetrator is targeting certain children, particularly non-biological children.

A perpetrator may have made threats to the adult victim survivor towards other family members. This can be a tactic to instil fear in the adult victim survivor as a form of control.

What should you keep in mind when asking this question?

Any concerns around the safety and welfare of a child or young person must be taken seriously.

If there are immediate concerns for a child or young person's safety this may lead to a child protection notification or contacting the police depending on the risk. Raising these concerns with the adult victim survivor is best practice and keeping them informed in the process.

In cases where the concern is about an adult family member you may discuss with the adult victim survivor supports their family member can access.

Consider risk management responses.

Do you feel safe when you leave here today?

Consider response for risk management and safety planning. See **Responsibility 4**.

Would you engage with police if you felt unsafe?

Risk factor:

This question is asking about:

Escalation — increase in severity and/or frequency of violence

Imminence

Other risk factors to keep in mind when asking this question include:

Isolation

Why is it important to ask this question?

This question is important to understand whether a victim survivor would feel safe to engage with the police if violence escalated. It could also provide information on barriers to engagement with police from past experiences, which may increase their risk if they need police assistance in future.

Victim survivors may have a low-level expectation in receiving an appropriate police response or fear of police or other statutory service involvement. This could be because of past experiences of poor responses, or barriers, discrimination or structural inequality.

Follow-up to this question may be: *"Do you have people who you feel safe contacting or connecting with for support?"*

This can provide further information on the resources available to support the victim survivor and any barriers to their using them.

What should you keep in mind when asking this question?

Supporting victims to engage with police in circumstances of emergency is a crucial risk management mechanism in any safety plan.

Practice considerations:

Ideally, a victim survivor should feel safe to engage with the police. However, if a victim survivor does not feel safe to do so then it is important to explore this in safety planning and think about alternatives. This may be an issue for Aboriginal people and people from diverse communities due to previous experiences and/or community expectations. It may be an issue for victim survivors who have been involved with police themselves, have had prior involvement with police because of the perpetrator's violence or fear the consequences of police involvement. For example, has the victim survivor had negative experiences when engaging with police from discrimination based on their identity or experience?

Some victim survivors may disclose they are resistant to report to police as this will escalate the perpetrator's violence. You should reflect with the victim survivor on how they would seek assistance in an emergency if they are concerned about calling the police as an option.

Imminence

Have you recently separated from your partner?

(Ask if intimate partner violence/ IPV)

Risk factor:

This question is asking about:

Planning to leave or recent separation

Other risk factors to keep in mind when asking this question include:

Escalation — increase in severity and/or frequency of violence

Imminence

Why is it important to ask this question?

When separation occurs in the context of family violence, the level of risk can escalate for victim survivors (adults and children).

For victim survivors, high-risk periods include when a victim survivor starts planning to leave, immediately before taking action, and during the initial stages of separation or immediately after. Victim survivors who stay with the perpetrator because they are afraid to leave often accurately anticipate that leaving would increase their risk of lethal assault. Victim survivors (adults and children) are particularly at risk within the first two months of separation.

When a victim survivor is applying for an intervention order (which may be when planning to leave a relationship or after recent separation) this is also a high-risk period.

What should you keep in mind when asking this question?

Perpetrators can feel like they are losing control of the victim survivor and, when this occurs, they usually increase abusive behaviours in an attempt to regain control.

Some people experience structural inequality which may prevent them leaving a relationship, including lack of access to services or financial support, accommodation, or lack of support within or outside of their community or family.

Aboriginal women may be reluctant to leave families or community due to the history of the Stolen Generations and history of child-removal and removal of Aboriginal people from their traditional land. Additionally, Aboriginal people may be concerned about community conflict or removal of children if they leave a relationship or secure housing.

Planning to leave may be challenging for migrant victim survivors who may not be aware of their legal rights.

Remember that separation can occur in many forms, such as separated but still living under one roof. It is important to capture the recent separation, but also the circumstances around this (e.g. are they in the process of dividing assets and property? Are they going to Family Court? Are they still having contact?).

Do you have pending Family Court matters? (Ask if intimate partner violence. If yes, specify.)

Risk factor:

This question is asking about:

Imminence

Other risk factors to keep in mind when asking this question include:

Escalation — increase in severity and/or frequency of violence

Why is it important to ask this question?

When there are Family Court matters in the context of family violence, the perpetrator may feel disempowered and experience a loss of control, which can increase risk.

The time period when the Family Court has denied the perpetrator access to the children is a time of particularly serious risk to the adult and child victim survivors. Consider if there are other decision-points pending such as Child Protection proceedings.

Although not a key risk factor in adolescent family violence, a perpetrator who is facing Family Court may encourage the adolescent to use abuse and violence and exert control over a parent/carer who is the perpetrator's ex-partner. It is useful to ask the parent/carer this question followed by, *"Do you think this in any way increases your risk of violence from your adolescent?"*

What should you keep in mind when asking this question?

If a perpetrator feels like a court case is not going to go their way, their level of violence can increase.

Some perpetrators use the court process as a means of abuse. This can include purposefully prolonging proceedings, attacking the victim survivor's character and negatively impacting on their circumstances (whether it be housing, finances, contact with children etc.) where possible. They will attempt to manipulate children to side with them, feel sorry for them and blame the other parent/carer.

For children and young people, take into account factors such as scheduled access visits when considering imminence.

Practice considerations:

It is important to know that:

Orders made by the Family Court or the Federal Magistrates' Court override a family violence intervention order made by the Victorian Magistrates' Court.

You should support victim survivors to get legal advice about how Family Court orders will work if a family violence intervention order is in place and what actions they may need to take.

Are they about to be or have they recently been released from jail or another facility? (specify when)

Risk factor:

This question is asking about:

Imminence

Why is it important to ask this question?

If a perpetrator is released from prison or another facility, they may recommence abuse and violence against the victim survivor or other family members.

What should you keep in mind when asking this question?

It is important to explore the contact a perpetrator has had with the victim survivor, during their time in a facility. The perpetrator may have made threats they may follow through with upon release. The perpetrator may not be able to return to the home of the victim survivor and face homelessness, increasing the likelihood of them contacting the victim survivor. The increased risk is because of the perpetrator's desire to regain control upon leaving a facility, where their level of control was significantly diminished for a period of time.

Has a crime been committed?

(Not to be asked directly of victim survivors. If yes, provide details. See guidance on what is a criminal offence.)

Risk factor:

This question is asking about:

- History of violent behaviour (not family violence)
- History of family violence

Why is it important to ask this question?

This question is not asked directly of victim survivors but is used to gather information on criminal offences. Criminal offences include physical abuse, sexual assault, threats, pet abuse, and property damage, stalking and breaching an intervention order.

What should you keep in mind when asking this question?

This question is to identify whether there has been a crime committed in which the perpetrator could face charges, as a result of family violence against the victim survivor.

The perpetrator's criminal history is captured in other questions, but this question is current. All perpetrator actions in relation to family violence should be considered a crime, but only some of the behaviours constitute a criminal offence. It is important to capture police and court involvement and criminal charges, as the perpetrator may pose a greater risk to the victim survivor if they are facing criminal charges and likely will blame the victim survivor.

Risks to children (if applicable)

Note that these questions are directed at adult victim survivors about a child's experience of risk, and the answers can be used both in determining the adult and the child/young person's level of risk.

Questions that are appropriate to ask of an older child or young person directly are outlined in R3, S3.8 — and at the end of this document in the section titled **"Risk assessment with an older child or young person"**.

Have they ever threatened to harm the child/children? (identify which children)

Risk factor:

This question is asking about:

Has ever harmed or threatened to harm victim survivor or family members

Other risk factors to keep in mind when asking this question include:

- Emotional abuse
- Imminence

Why is it important to ask this question?

It is important to understand if the child is also directly being targeted for violence by the perpetrator.

Psychological and emotional abuse are good predictors of continued abuse, including physical abuse. Previous physical assaults also predict future assaults.

Threats by the perpetrator to hurt or harm family members, including extended family members, in Australia or overseas, can be a way of controlling the victim through fear.

What should you keep in mind when asking this question?

Each child and young person in a family will have different experiences of the violence. Some children may be targeted by the perpetrator more than others and this is important to identify.

This risk may increase where the children are not biologically related to the perpetrator.

Practice Considerations:

Perpetrators may also threaten to remove children from the country or have the adult victim survivor deported to retain custody of the children. This may be a particular concern for some culturally and linguistically and faith diverse communities. These situations can be very complex depending on the differing visa status of everyone involved and may require secondary consultation. Extended families may also be involved in making or supporting these threats. Additional complexity can be present when either or both parties have family overseas. There can be threats:

- ... To harm overseas family members
 - ... From family members preventing the victim survivor to return overseas
 - ... Relating to fear of abandonment or ostracization overseas.
-

Have they ever harmed the child/ren?

Risk factor:

This question is asking about:

Has ever harmed or threatened to harm victim survivor or family members

Other risk factors to keep in mind when asking this question include:

Physical harm

Threats to kill

Emotional abuse

Why is it important to ask this question?

Evidence shows that a perpetrator's threats to kill are often genuine and should be taken seriously. This is particularly important where the perpetrator has been specific or detailed, or used other forms of violence in conjunction to the threat that indicate an increased risk of carrying out the threat.

What should you keep in mind when asking this question?

Many perpetrators who make threats to kill their children do not end up doing so, but most perpetrators who do kill their children have threatened to do so previously. Therefore, such threats need to be taken seriously and the children considered at elevated risk. Threats may be veiled and expressed as an affinity to or admiration for other perpetrators' use of threats and violence, including murder-suicide.

Have children ever been present during / exposed to family violence incidents?

Risk factor:

This question is asking about:

Exposure to family violence

Why is it important to ask this question?

Children exposed to family violence are at greater risk of long-term, negative outcomes. 'Exposed to' is broadly defined to include impacts that are both direct and indirect. Direct exposure includes witnessing violence against another family member, the perpetrator's use of control and coercion over the child, or direct physical violence. Indirect family violence includes the effects of family violence on the physical environment or the control of other adult or child family members. Risk of harm may be higher if the perpetrator is targeting certain children, particularly non-biological children in the family.

Children aged 0-2 are at most risk of being physically harmed. However, the effects of family violence on children, whether direct or indirect, include cumulative impacts on developmental, social and emotional wellbeing, throughout their lives. Children may also be harmed if they are close to or attempt to intervene in a violent incident.

Emerging research suggests that newborns exposed to family violence in utero are born with high levels of stress-related hormones.⁶ Infants exposed to family violence face more than the risks of physical harm.⁷ The infant brain is at a critical, rapid and formative stage of development.⁸ Family violence can damage the developing brain of the infant.⁹ Social, psychological and cognitive harms are compounded by continuing exposure to family violence.

Adolescents who use violence can use violence against siblings. When assessing for adolescent family violence it is important to ask about abuse and violence against other children in the family home. Violence against siblings and other children in the family home may be serious, include sexual abuse, and place those children at high risk.

Children and young people who are exposed to family violence are more likely to perpetrate or experience violence themselves, either within their family or within their intimate partner relationships. Male adolescents who use family violence are at risk of using intimate partner violence in adulthood.

What should you keep in mind when asking this question?

It is important to ensure that the victim survivor understands that children can be impacted by family violence by indirect exposure, such as the impacts of harm on attachment and parenting, witnessing injuries or property damage, even if they are in a different location when the violence is occurring.

Exposure may include effects of controlling behaviours, such as use of the family law system to inflict abuse. Exposure may also include controlling behaviours that are intended to undermine the parent/carer-child relationship. It is also important the adult parent/carer who may also be a victim survivor understands that the use of family violence by adolescents against siblings and other children in the family home also has serious impacts, and that physical assault and emotional abuse are different from 'normal' sibling rivalry.

The adult victim survivor may be concerned that answering yes to this question will lead to statutory intervention such as a report to Child Protection. It is important to maintain rapport and build trust by explaining that you will work with the adult victim survivor to understand what supports the child/young person may need and continue to be supported through any Child Protection engagement.

Practice considerations:

In some families, gendered beliefs may lead to female and male children having very different experiences of family violence. Some children may experience different parenting and family violence risk if they came to be a part of the family. For example, children who are relatives of the family resulting from their migration or refugee experience.

Bilingual children may be exposed to violence through interpreting for their parents.

Children who are exposed to family violence are more likely to experience physical abuse, sexual abuse or neglect. Children may also experience cumulative harm from patterns of harmful events or experiences.

6 <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-pregnancy-and-early-parenthood>

7 <https://www.aaimhi.org/key-issues/position-statements-and-guidelines/AAIMHI-Position-paper-6-Infants-and-family-violence.pdf>

8 Ibid.

9 Ibid.

Are there children/child who are aged under 1 year?

Risk factor:

This question is asking about:

Assault whilst Pregnant or following new birth

Other risk factors to keep in mind when asking this question include:

Physical harm

Why is it important to ask this question?

Children aged 0-12 months are at greater risk of death in their first year of life when there is family violence in their home.

What should you keep in mind when asking this question?

The dependency of infants on their parent/carer heightens the risks for both the victim survivor (usually mothers) and infants and increases the severity of the impact of family violence at this stage of life.

Remember that the answer to this question may already be known through the capture of demographic data.

Practice considerations:

Discussing the risk potential with the parent/carer will need to be approached sensitively. Keep in mind that perpetrators may be actively undermining the relationship the victim survivor has with their child(ren) and questioning/attacking their parenting capabilities as a tactic of coercion and control.

It is an indicator of increased risk if a perpetrator exhibits intense jealousy and high-level control to an adult victim survivor and the perpetrator is not biologically related to the child/children (for example, they are a child from a different relationship or are a sibling with a different parent to an adolescent using violence).

Risk assessment with a parent/carer about a child or young person's risk

Questions about perpetrator use of violence against child or young person	Practice guidance (Ask directly of older children and young people appropriate to age and developmental stage. Ask of parent/carer if younger children.)
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Has your child/ have you (adapt if asking of older child):

Has your child been exposed to or participated in violence in the home?

Risk factor:

This question is asking about:

Exposure to family violence

Other risk factors to keep in mind when asking this question include:

Child/young person intervention in violence

Has your child had to telephone for emergency assistance?

Why is it important to ask these questions?

Children are impacted, both directly and indirectly, by family violence including the effects of family violence on the physical environment or the control of other adult or child family members. Risk of harm may be higher if the perpetrator is targeting certain children, particularly non-biological children in the family.

Children's exposure to violence may also be direct. For example, the perpetrator's use of control and coercion over the child, or physical violence.

The effects on children experiencing family violence include impacts on development, social and emotional wellbeing, and possible cumulative harm.

Additionally, where children use aggressive language and behaviour, this may indicate they are being exposed to or experiencing family violence. Children and young people who are affected by violence often use it themselves — as a learned behaviour and/or expression of grief, loss and trauma. Their violence should not be characterised as the same as a parent who is a perpetrator of violence. Violence from children and young people is often a product of exposure to family violence, and a reaction from fear, an attempt to impost control in a chaotic environment, a test of parental relationships or to control family members. It is important to be aware of the tactics of violence the perpetrator has used that harm a child's relationship with the other parent/carer. This can manifest in how a child behaves towards that parent or other family members.

What should you keep in mind when asking these questions?

There are wide-ranging impacts of family violence that indicate that a child/young person might be harmed by family violence even if they do not experience trauma.

A range of studies have found that exposure to domestic and family violence can affect a child's mental wellbeing and contribute to poorer educational outcomes and a range of behavioural issues.¹⁰

For Aboriginal children and young people, living with family violence may be one of many traumas that they face, and their experiences should be understood in the context of colonisation, dispossession of land, forced child-removal, racism and discrimination.

The effects of family violence on culturally and linguistically diverse and asylum-seeker children can be compounded by cultural and language barriers, experiencing discrimination and racism, isolation from peers, and a history of trauma from having witnessed conflict in their homeland or from their journey to Australia.¹¹

Not all children experience family violence in their early years, and not all children who are affected by family violence in their early years have disrupted attachment to their parent/carer. Research indicates that secure attachment (usually to their mother) can be a factor in the resilience of children who are affected by family violence.¹²

10 Australian Institute of Family Studies (2015). Children's exposure to domestic and family violence.

11 Dawson, J. (2008). What about the children? The voices of culturally and linguistically diverse children affected by family violence. Melbourne: Immigrant Women's Domestic Violence Service.

12 Edleson JL 1999, 'Children's witnessing of adult domestic violence', Journal of Interpersonal Violence, 14(8): 839–870

Questions about perpetrator use of violence against child or young person

Practice guidance

(Ask directly of older children and young people appropriate to age and developmental stage.

Ask of parent/carer if younger children.)

Has your child ever been removed from parental care against their will?

Has your child witnessed either parent being arrested?

Has your child been asked to monitor you by the other parent?

Risk factor:

This question is asking about:

- Behaviour indicating non-return of child/young person
- Exposure to family violence
- Emotional abuse
- Undermining the child/parent relationship

Other risk factors to keep in mind when asking this question include:

- Risk of harm to child/young person

Why is it important to ask these questions?

Perpetrator behaviours including threatening or failing to return a child can be used to harm the child and the affected parent. This risk factor includes failure to adhere to, or the undermining of agreed childcare arrangements (or threatening to do so), threatened or actual removal of children overseas, returning children late, or not responding to contact from the victim survivor parent when children are in the perpetrator's care. This risk is linked to entitlement-based attitudes and a perpetrator's sense of ownership over children. The behaviour is used as a way to control the adult victim, but also poses a serious risk to the child's psychological, developmental and emotional wellbeing.

If children and young people have been removed from parental care, such as by Child Protection or Victoria Police, against their will they may have continued worries and feelings of anxiousness about being able to remain with their parent/carer. For Aboriginal children and young people this may be particularly strong, and you need to consider the historical context of colonisation and the impact of previous policies resulting in Stolen Generations.

Children and young people may also be traumatised by police interventions including the arrest of a parent or family member. Aboriginal, culturally and linguistically diverse and LGTBIQ children and young people may have distrust of statutory services based on past experiences of themselves and/or their families and structural racism and inequalities.

Perpetrators often engage in behaviours that cause damage to the relationship between the adult victim and their child/children. These can include tactics to undermine capacity and confidence in parenting and undermining the child-parent relationship, including manipulation of the child's perception of the adult victim. This can have long-term impacts on the psychological, developmental and emotional wellbeing of the children and it indicates the perpetrator's willingness to involve children in their abuse.

It is common for perpetrators to involve children directly in violence. For example, by demanding they monitor and report on the victim survivor's movements or disclose where they are. Sometimes perpetrators encourage children — explicitly or implicitly — to participate in verbal or physical abuse of their parent/carer.¹³ These behaviours can undermine confidence the child has in confiding or seeking support from the victim survivor parent/carer, or may otherwise contribute to a distorted view the child or young person holds of them and their relationship.

What should you keep in mind when asking these questions?

Family violence can make every aspect of children and young people's lives unstable and insecure. As such, it is important to consider the dimension of stability very broadly.

13 Harne L 2011, *Violent Fathering and the Risks to Children*, The Policy Press, London

Questions about perpetrator use of violence against child or young person

Practice guidance

(Ask directly of older children and young people appropriate to age and developmental stage.

Ask of parent/carer if younger children.)

Has your child intervened in any incidents of physical violence?

Risk factor:

This question is asking about:

Child/young person intervention in violence

Other risk factors to keep in mind when asking this question include:

Exposure to family violence

Risk of harm to child/young person

Physical harm

Emotional abuse

Why is it important to ask this question?

As they get older, children start to observe patterns or intentions behind violent behaviour. They may think about what they can do to prevent it and might attempt to defend themselves or their parent/carer. It is important to understand if the child or young person has attempted to intervene in incidents of physical violence as this can result in injuries and serious harm.

What should you keep in mind when asking this question?

Children and young people who are in this situation are trying not only to manage the immediate consequences of the violence, but also attempting to make sense of how a perpetrator can alternate between caring acts and violent acts. This situation may impact on the child's emotional and physical wellbeing, their attachment with their protective parent and their development, including social, physical and psychological development.¹⁴

¹⁴ Morris, A., Humphreys, C., & Hegarty, K. (2015). Children's views of safety and adversity when living with domestic violence. In N. Stanley & C. Humphreys (Eds.), *Domestic violence and protecting children: New thinking and approaches* (pp. 18-33). London, UK: Jessica Kingsley Publishers.

Questions about perpetrator use of violence against child or young person

Practice guidance

(Ask directly of older children and young people appropriate to age and developmental stage.

Ask of parent/carer if younger children.)

Has your child had contact with the perpetrator post-separation and is it supervised?

Risk factor:

This question is asking about:

Risk of harm to child

Other risk factors to keep in mind when asking this question include:

Undermining the child-parent relationship

Why is it important to ask this question?

This factor relates to parenting arrangements post-separation. This question should be considered in the context of the factor 'perpetrator behaviours including threatening or failing to return a child'. The arrangements for care should be explored as they can be points of time for escalation in frequency or seriousness of risk. This includes risk to both the child/ren or young person and adult/carer victim survivors. The perpetrator can use arrangements made to control the parent/carer victim survivor, particularly as unsupervised arrangements can open opportunities for a perpetrator to undermine a parent/carer-child relationship.

The time around separation is a high-risk period for victim survivors (adults, children and young people). Many victim survivors continue to experience ongoing violence to themselves and to the children, as well as continuing fear, ongoing threats, harassment and stalking post-separation.¹⁵ There is evidence that post-separation violence is often a continuation of violence that occurred during the relationship and also that a substantial proportion of violence occurs for the first time after separation.¹⁶

There is no conclusive research on child homicide in the context of family violence. However, the research indicates that there may be some specific warning signs for the risks of retaliatory filicide including¹⁷:

- ... A history of intimate partner violence
- ... Controlling behaviour towards family members
- ... Extreme anger towards the other parent in relation to separation
- ... Threats or indication of an intention to harm the children to punish an ex-partner
- ... Threats to suicide or attempts to suicide.

Any concerns that the victim survivor has regarding post-separation issues and fear of harm to children should inform risk management and safety planning.

What should you keep in mind when asking this question?

Managing parenting arrangements between a child or young person and the perpetrator can be re-traumatising for both the child or young person and parent/carer victim survivors. Parent/carers can also feel powerless to stop their children experiencing further harm from continued contact with a perpetrator who may have used violence against the child or exposed the child to the effects of their violence. The impact from exposure to mental health issues, misuse of alcohol or other drugs, and/or criminal activity due to the perpetrator's behaviour may also be a consideration in the victim survivor's concerns for the safety of their children following separation.

The victim survivor may need a referral to legal services for support and advice, particularly if there are Family Court proceedings.

15 Bagshaw, D. et al (2011). The effect of family violence on post-separation parenting arrangements Family Matters, (86).

16 Brownridge, D (2006), 'Violence against Women Post-Separation', Aggression and Violent Behavior, vol. 11, no. 5, pp. 514-30.

17 Kirkwood, D. (2012). 'Just Say Goodbye' Parents who kill their children in the context of separation. Domestic Violence Resource Centre Victoria, Discussion paper (No.8).

Questions about perpetrator use of violence against child or young person

Practice guidance

(Ask directly of older children and young people appropriate to age and developmental stage.

Ask of parent/carer if younger children.)

Has Child Protection ever been involved with your family or other children in the home?

Risk factor:

This question is asking about:

Professional and statutory intervention

Why is it important to ask these questions?

Has your child ever accessed counselling or support services?

Involvement of Child Protection, counsellors, or other professionals indicates that the violence has escalated to a level where intervention is required and indicates a serious risk to a child's psychological, developmental and emotional wellbeing.

Being aware of support services already engaged can also indicate some protective factors or actions taken by a parent/carer victim survivor to keep children and young people victim survivors safe.

An important aspect of risk assessment is understanding any current or past involvement of statutory and other services. Information sharing with these services can provide a better understanding of what family violence risk factors are present, as well as other contributing risk or wellbeing-related concerns. Counselling and other support services can act as effective protective factors and support long-term recovery. Existing relationships with counselling or other support services can be used to strengthen resilience or recovery from family violence. If the child/young person has not accessed support services, you should explore what services may be appropriate. You should advocate with Child Protection or other support services, supporting a parent/carer victim survivor to navigate systems. This can assist to protect against continued undermining of their parent/carer-child relationship which may have been a feature of the perpetrator's violence. This is particularly important where the identified level of risk requires mandatory reporting or other engagement.

What should you keep in mind when asking these questions?

Culturally safe engagement:¹⁸

- ... Is informed by a good understanding of cultural values in relation to children and child-rearing
- ... Mobilises and draws upon the child's and family's narratives and values
- ... Provides a space for the child and their family to contribute their perspectives on what will work for them, in their cultural context
- ... Uses cultural concepts and language familiar to the child and family
- ... Provides space for people to talk about their experiences of racism, racist violence and cultural stereotyping
- ... Addresses barriers that the family might have encountered in using the service system.

For Aboriginal children and young people, it is important to:

- ... Consider the child's educational, physical, emotional or spiritual needs holistically, in the context of their culture
- ... Consider the child's significant relationships as potentially encompassing a community wider than their immediate family, perhaps including Elders, Aunties and Uncles
- ... Work with key Aboriginal organisations that may be able to broker relationships between clients and agencies and/or that have significant interaction with and knowledge of Aboriginal families.

You may need to support some culturally and linguistically diverse families who have had limited access to information about Australian laws and services to understand the context for service providers expressing concerns about their children's safety, stability and development.

You should also consider whether referrals to specialised services are required, and/or what types of supports may need to be offered for LGBTIQ children and young people, and children and young people with a disability.

¹⁸ Section adapted from Victorian Government Department of Human Services (2012). Assessing children and young people experiencing family violence A practice guide for family violence practitioners.

Questions about perpetrator use of violence against child or young person

Practice guidance

(Ask directly of older children and young people appropriate to age and developmental stage.

Ask of parent/carer if younger children.)

Do you have possession of the family's passports?

Risk factor:

This question is asking about:

Behaviour indicating non-return of child/young person

Other risk factors to keep in mind when asking this question include:

Risk of harm to child/young person

Why is it important to ask this question?

See advice above relating to 'Behaviour indicating non-return of child/young person' and 'ever removed from care'.

Perpetrators will often threaten to block the victim survivor's access to the children and/or physically travel elsewhere with them. For migrant and culturally and linguistically diverse victim survivors, perpetrator's may threaten that children will be returned to their country of origin without the victim survivor and/or that the victim survivor will have to return to their country of origin without their children.

What should you keep in mind when asking this question?

Migration status can be a key concern for victim survivors. Some victim survivor's may have children who are Australian citizens and complex migration issues can arise with the potential for the victim survivor having to leave Australia while their children remain in the country.¹⁹

If a victim survivor does not have possession of the family passports, this should inform risk management and safety planning including:

- ... Considering whether gaining possession of the passports can be done safely
 - ... Notifying police and other agencies of the potential for the perpetrator to leave the country with the children
 - ... Referrals to legal and migration services as appropriate.
-

¹⁹ Segrave, M (2017) Temporary migration and family violence: An analysis of victimisation, vulnerability and support. Melbourne: School of Social Sciences, Monash University

Risk assessment with an older child or young person

Questions about risk for children and young people caused by a perpetrator's behaviour

Are you scared of either of your parents/ caregivers or anyone else in the home?

Have you ever been physically hurt by either of your parents/ caregivers, or anyone else in the home?

Practice guidance

(Ask directly of an older child or young person or parent/carer)

Risk factor:

This question is asking about:

Risk of harm to child/young person

Other risk factors to keep in mind when asking this question include:

Self-assessed level of risk

Physical harm

Exposure to family violence

Why is it important to ask these questions?

The co-occurrence of family violence and child abuse represent the greatest risk to children's safety.²⁰ Child abuse and neglect in the context of family violence can be played out in a variety of ways:²¹

- ... Children may be experiencing child abuse that is family violence such as, the same perpetrator or adolescent using family violence may be abusing both the parent/carer and child/young person victim survivor (most common scenario), or the children may be injured when 'caught in the crossfire' during incidents of adult family violence
- ... Children may experience neglect because of the impact of the family violence such as, impact of controlling behaviours and abuse on a parent/carer victim survivor's physical and mental health, the undermining of a parent/carer's parenting capacity, or a parent/carer victim survivor's prioritisation of safety over a child's other wellbeing and needs
- ... Children may be abused by a parent/carer victim survivor who is being abused themselves
- ... A child may be abused by a child/adolescent sibling who is using family violence.

It is important to remember that children and young people's safety is usually closely linked to the safety of the adult victim survivor and to acknowledge that typically it is the perpetrator's behaviour that is the cause of endangerment.

What should you keep in mind when asking these questions?

You can ask the child or young person about their level of fear. For example, "From 1 (not afraid) to 5 (extremely afraid) — how afraid of them are you now". This can support you to validate their feelings and experience and to respond in risk management planning around the impact of risk.

For some children and young people, an assessment of their immediate safety will result in a report to Child Protection. Wherever possible you should speak to the parent/carer victim survivor regarding your concerns and offer to contact Child Protection together and work with them to support them through the process. In some instances, you may have to proceed with the report without the consent of the victim survivor and should inform them that you will be doing so, if it is safe, appropriate and reasonable to do so.

You can also seek secondary consultation from a community-based child protection practitioner.

20 Laing, L. (2003). Domestic Violence in the Context of Child Abuse and Neglect. Australian Domestic and Family Violence Clearinghouse, Topic paper.

21 Edleson, J. L. 2001. 'Studying the co-occurrence of child maltreatment and domestic violence in families', in Domestic Violence in the Lives of Children: The Future of Research, Intervention, and Social Policy, eds S. A. Graham-Bermann & J. L. Edleson, American Psychological Association, Washington, D.C.

Questions about risk for children and young people caused by a perpetrator's behaviour

Have you ever tried to stop your parents/caregivers from fighting?

Practice guidance

(Ask directly of an older child or young person or parent/carer)

Risk factor:

This question is asking about:

Child/young person intervention in violence

Other risk factors to keep in mind when asking this question include:

Exposure to family violence

Risk of harm to child/young person

Physical harm

Emotional abuse

Why is it important to ask this question?

As noted, children and young people may try to intervene in and/or feel responsible for the violence. Speaking directly to the child or young person about this issue, affirming that they are not responsible for keeping others safe and discussing safety plans are key elements of risk assessment and support.

You will also gain a better understanding of whether the child or young person is in danger of being harmed or seriously harmed by intervening in physically violent incidents.

What should you keep in mind when asking this question?

Feeling responsible for their own safety, as well as the safety of their parent/carer and other family members, can be a feature of a child or young person's experience of family violence. You should address this directly with the child or young person in an age appropriate way by reaffirming that the violence is not the child/young person's fault. You can seek the support of the parent/carer to discuss this, including that it is not their responsibility to keep family members safe. This should also be addressed as part of safety planning.

Questions about risk for children and young people caused by a perpetrator's behaviour

Has your parent / caregiver said bad things to you about your other parent / caregiver?

Practice guidance

(Ask directly of an older child or young person or parent/carer)

Risk factor:

This question is asking about:

Undermining the parent-child relationship

Other risk factors to keep in mind when asking this question include:

Emotional abuse

Why is it important to ask this question?

Many perpetrators use tactics involving children to directly or indirectly target the parent/carer victim survivor's parenting role and capacity. The evidence on parenting in the context of family violence has found that perpetrators commonly use tactics such as:

- ... Making their child witness the violence or otherwise involving them in the violence, as a means of deliberately adding to distress and trauma
- ... Attacking confidence in capacity or effectiveness as a parent/carer
- ... Undermining a parent/carer victim survivor's relationship with their children
- ... Dominating attention and time so there is little to spend with children
- ... Making parent/carer victim survivor physically or psychologically unavailable to parent
- ... Harassing parent/carer victim survivor via child contact and financially exhausting them by pursuing repeated Family Court appearances
- ... Repeatedly denigrating the parent/carer victim survivor's character and worth as a parent/carer to the victim survivor and/or to the child
- ... Undermining the parent/carer victim survivor's felt and actual parental authority (for example, by constantly overruling them in front of the child)
- ... Using the family law and Child Protection systems against the parent/carer victim survivor (for example, by threatening to expose them as a 'bad parent' or to report them to Child Protection).

Whilst adolescents who use family violence do not use all these tactics, they may use some of them to gain control and undermine a victim survivor's relationship with other family members.

What should you keep in mind when asking this question?

Evidence shows that positive attachment relationships between children and their parents and/or caregivers are crucial to their development.²² From there, children form attachment relationships with other people with whom they have an ongoing relationship and experience as a source of safety and nurture.²³

Family violence that involves children should be conceptualised as an attack on the parent/carer-child relationship. **The bond between children and a parent/carer is a protective factor and should be supported and strengthened where possible.**²⁴

22 Bowlby J 1969, Attachment and Loss, Basic Books, New York

23 Bunston W & Sketchly R 2012, Refuge for Babies in Crisis, Royal Children's Hospital Integrated Mental Health Program, Melbourne, p 26

24 DHHS, with acknowledgement of Humphreys, C., Connolly, M., & Kertesz, M., University of Melbourne (2018). Tilting our practice: A theoretical model for family violence. Victorian Government, Melbourne.

Questions about risk for children and young people caused by a perpetrator's behaviour

Practice guidance

(Ask directly of an older child or young person or parent/carer)

Have you ever had to protect or be protected by a sibling or other child in the home?

Risk factor:

This question is asking about:

Child/young person intervention in violence

Other risk factors to keep in mind when asking this question include:

Exposure to family violence

Risk of harm to child/young person

Why is it important to ask this question?

Some perpetrators actively target direct abuse at particular children within the family. This can include attempting to create alliances against a victim survivor as a parent/carer. Perpetrators may also use manipulation and favouritism to disrupt family connections and escalate tensions and conflict, particularly between siblings.

What should you keep in mind when asking this question?

The experiences of each child/young person in the family will be different, depending on their age, developmental stage, protective factors and capacity/functioning.
