



ACT
Government



ACT Domestic and Family Violence Risk Assessment and Management Framework

Supporting an integrated domestic
and family violence service system

Office of the Coordinator-General for Family Safety

ACT Government

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FOREWORD

This framework was developed in consultation with a working group of key stakeholders in the ACT domestic and family violence sector. It was agreed to release the framework as a draft, seek feedback and implement trials to test the framework's usefulness and accessibility.

The feedback was incorporated in this version of the framework, however, it is envisaged that the framework will always be a working document incorporating feedback from the sector and from various projects to keep the framework relevant and useful.

We thank all members of the working group for their time and their insights – Domestic Violence Crisis Service (DVCS), Women's Legal Service, Women's Centre for Health Matters, ACT Policing, Victims of Crime Commission, Legal Aid and representatives from ACT Government Health and Education Directorates.

We also thank Calvary Maternal Health Services and Alcohol, Tobacco and Other Drug Association ACT for their willingness to trial and/or review the framework. We thank the staff and members of the Family Violence Safety Action Pilot in the Victims of Crime Commission who have tested and developed a short form risk assessment tool, using the key risk factors outlined in this framework. We thank the members of the Perpetrator Response Working Group (Everyman, DVCS, ACT Corrective Services, Victims of Crime Commission and No to Violence Victoria) for their review of the section on working with perpetrators of violence. Thank you also to Domestic Violence Crisis Service for engaging with the framework and using it to develop and deliver training for ACT Government frontline staff.

HOW TO USE THIS FRAMEWORK

A risk assessment **tool** (in the main) assesses for an individual's risk of victimisation, harm and/or lethality and/or escalation of violence. Some tools assess the likelihood of perpetration or reoffending or escalation.

A risk assessment **framework** takes a broader approach that includes ensuring the service system is able to identify and support victims early in the life of the violence and that workers have access to tools to help assess the level of risk of violence and assist victims to respond to and manage that risk.

This framework has six key components. It is designed so people can easily access the component that is relevant to their current work or needs, **having first become familiar with the shared understandings and definitions in Key component 1.**

There are practice guides and fact sheets to support people in their work. References to the guides and fact sheets are included in the relevant spots throughout the framework so that people can easily access the ones that are appropriate to them.

Key component 1: Shared understandings — foundational to all other components, this sets out definitions and understandings about the dynamics of domestic and family violence upon which all practice is based. This component also outlines shared understandings about risk assessment and risk management and the critical purpose and place of these in providing responses to domestic and family violence.

It is through this shared and agreed understanding we will create a more integrated, coordinated and consistent response to domestic and family violence in the ACT.

Key component 2: Screening — outlines how and when to ask questions about domestic and family violence and some of the preconditions to support that. While studies clearly show that screening (asking all service users set questions) is preferred by women, this section is designed to also support asking individual women about possible violence in their lives.

Key component 3: Risk assessment — outlines how to undertake a risk assessment (after violence has been identified) and how to get as clear a picture as possible of the risk.

Key component 4: Risk management — reiterates ALL risk must be managed, outlines how that can be undertaken and provides some practice guides and proformas to support management of risk in partnership with the victim-survivor.

Key component 5: Children and young people — provides a starting point for thinking about how to best support children and young people who are living with domestic and family violence and outlines some models for how to do that work. It is expected more work will be done by experts in the children and young people sector and domestic and family violence sector in the future to develop practice guides and tools that will be added to this framework.

Key component 6: Working with perpetrators of domestic and family violence — provides some information about perpetrators that can assist in work with victims and outlines what all services can do to contribute to holding perpetrators to account.

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INTRODUCTION

All domestic and family violence should be considered a risk which requires a response.¹

Domestic and family violence is a pervasive and serious problem in Australia. On average, one woman a week is murdered by her current or former intimate partner.² One in three Australian women have experienced physical violence since the age of 15.³ One in four women experience violence by an intimate partner or family member.⁴ One in four women in Australia have experienced emotional abuse by a current or former partner and one in five women in Australia have experienced sexual violence.⁵

This framework has been developed in consultation with key stakeholders in the ACT. The development also drew on the significant work done in other jurisdictions in Australia and internationally and considered the National Risk Assessment Principles for domestic and family violence produced by Australia's National Research Organisation for Women's Safety (ANROWS).

The framework was released as a draft in 2020 while it was used and trialled in 2020 and 2021. Feedback from those trials has been incorporated in this version.

Why we need a new approach

Consultation with survivors of domestic violence in the ACT has shown that they can often experience the service system as fragmented, inconsistent and hard to navigate (sometimes to the point that they give up trying to seek support).

There was so much paperwork. When you are in the middle of all of this it is just too hard to do. The responsibility is all on the victim.⁶

Others reported that a range of mainstream services failed to notice the signs or hints victims were giving them about the violence they were living with. Some spoke of the need to repeat their personal story over and over again, and others found the system made them feel at fault.

People's reactions to my trauma made me feel like it was my problem.⁷

At the same time, those consultations (and previous ACT reports) showed the importance of commonly used mainstream services as the first touch points for help-seeking for those living with domestic and family violence.

1 Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence*[>], ANROWS.

2 Our Watch (2020) *Quick facts*[>].

3 Our Watch (2020) *Quick facts*[>].

4 Australian Bureau of Statistics (2016) *Personal safety, Australia, 2016*[>].

5 Our Watch (2020) *Quick facts*[>].

6 ACT Government (2018) *Family Safety Hub design: insights report*[>], p.98.

7 ACT Government (2018) *Family Safety Hub design: insights report*[>], p.49.

This problem is not unique to the ACT. Nationally and internationally jurisdictions are recognising the need for a new system-wide approach that, ‘helps victims, perpetrators and their families through the complex network of providers, practitioners and services towards a consistent and effective outcome.’⁸

Victims, perpetrators and their families, ‘must not be left to flounder on their own, disengage or go without support because they couldn’t navigate the system.’⁹

If the broad service system is going to deliver effective responses to domestic and family violence it is critical that it offers a consistent, informed, integrated and supportive approach to domestic and family violence.

Why a risk assessment framework?

The prevalence of domestic and family violence and the profound and diverse effects on the health and wellbeing of victims means that responses often involve multiple services. The involvement of different services can result in strong and collaborative responses that collectively keep the victims safe and hold perpetrators to account. However, when services do not work together, the risk and vulnerability of victims can increase.

Research and reviews have shown that a common risk assessment and risk management framework is one strategy for assisting a jurisdiction to improve knowledge and confidence, and ensure consistent, informed, integrated and effective identification and appropriate responses to domestic and family violence. As a review of the Victorian framework found:

... those who use the framework testify to its utility in working with women on identifying and understanding their own risk and supporting the professional judgement of support workers in a range of contexts.¹⁰

Scope

The framework as the foundation of a new approach

This framework outlines a common approach to understanding domestic and family violence. It builds a shared understanding of the nature of domestic and family violence and provides a common language for describing it. The framework also establishes a common approach to screening, assessing and managing domestic and family violence risk. This will enable a more confident, consistent and effective response across the broad service system.

8 New Zealand Government (2017) *Family Violence Risk Assessment and Management Framework: common approach to screening, assessing and managing risk*, p.4.

9 New Zealand Government (2017) *Family Violence Risk Assessment and Management Framework: common approach to screening, assessing and managing risk*, p.4.

10 McCulloch et al. (2016) *Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF): final report*, p.12.

The gendered nature of violence

All violence is wrong, and all victims need access to support regardless of the sex or gender of the victim-survivor or perpetrator. There are, however, distinct gendered patterns in the perpetration and impact of violence. As Our Watch notes, ‘... both women and men are more likely to experience violence at the hands of men, with around 95% of all victims of violence in Australia reporting a male perpetrator.’¹¹

In this framework, we focus on men’s violence against women in intimate partner relationships. We do so because it is overwhelmingly the most common form of domestic and family violence, the research and evidence is primarily based on this form of violence and as Jess Hill notes in her investigative book on domestic violence, ‘in scale and severity it is by far the most dangerous kind.’ Hill (2019) goes on to say:

But heterosexual men didn’t invent abuse and they’re not the only ones to inflict it. Domestic abuse is also suffered, often in silence, by a high percentage of women in same-sex relationships ... and by gay men ... whose subordination may be secured with threats to out them ... Ultimately domestic abuse is a pattern of power and control, and power imbalances aren’t limited to heterosexual relationships ... domestic abuse is also suffered by a smaller proportion of men, who, like women, often stay in the vain hope they can help their abusive partners, and who may be trapped by the fear that they won’t be able to protect their children if they leave.¹²

Recognising and acknowledging the gendered nature of domestic and family violence and having an approach that looks honestly at the evidence and research does not negate the experiences of male victims, nor preclude an understanding of domestic and family violence within the LGBTIQ+ community. However, any approach that does not recognise and respond to evidence cannot hope to seek change and benefit the community.

At present, the tested and evidence-based risk assessment tools available nationally and internationally have been built on evidence from heterosexual intimate partner violence.¹³ This is because this is the group most likely to offend and most likely to experience severe violence and/or homicide. However, emerging evidence on the experiences of people such as those in the LGBTIQ+ community is that they, ‘experience similar forms of violence’ combined with threats to their identity, privacy or gender identification.¹⁴

Understanding intersectionality (see below) and incorporating it into practice allows for this framework to be utilised with diverse victims as research and evidence into their specific and unique experiences is undertaken locally, nationally and globally.

This framework will be reviewed regularly to respond to emerging evidence about diverse experiences of domestic and family violence. The crucial factor in responding effectively to domestic and family violence is recognising and understanding the use of power and control as a pattern of behaviour over time, irrespective of the sex or gender identity of the perpetrator or the victim-survivor. While acknowledging this framework focuses on intimate partner (or domestic) violence, we have used the term ‘domestic and family violence’ to be consistent with policy and legislation.

11 Our Watch (2020) *Quick facts*.[>]

12 Hill (2019) *See what you made me do: power, control and domestic abuse*, p.9.

13 Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence*[>], ANROWS.

14 Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence*[>], ANROWS, p3.

Essential elements

This framework provides definitions and shared understandings about domestic and family violence. It outlines the process for identifying and responding to domestic and family violence for a range of service providers, including identifying and responding to perpetrators of violence. The framework also contains a range of practice guidance and support to build understanding and capacity across the service system in the ACT.

Who should use the framework?

The framework covers and should be applied by agencies, services and practitioners. In general, agencies, services and practitioners can be classified as generalist, statutory or specialist, though some of these (practitioners in particular) may not be easily classified in only one group.

Generalist

Generalist providers are people or services who may encounter victims or perpetrators of domestic and family violence during their work, but domestic and family violence is not a core part of their work. These include people providing health, education or social services and may be government, community sector or private business.

Statutory

Statutory providers are those whose core business is the provision of legal or statutory responses, which include provision of services to perpetrators and victims of domestic and family violence. This group includes courts and child protection services.

Specialist

Specialist providers are those for whom domestic and family violence is core business. They have specialist skills and knowledge about domestic and family violence and how to respond. Included in this group are domestic violence refuges, Domestic Violence Crisis Service (DVCS) and some counsellors/psychologists.

While non-specialist providers will not generally be skilled or trained or able to respond to complex high-risk cases, they are expected to be able to identify indicators and risk factors of domestic and family violence and respond appropriately. In particular, they should be confident in actively supporting people to access the specialist and other services they may need.

Application of this framework

This framework has key components that cover screening, assessing and managing domestic and family violence risk. The tools provided in this framework have been developed and refined from evidence-based research including death reviews, which are focused on intimate partner violence. While many of the concepts in this framework may be applicable to identifying and responding to other forms of family violence (such as elder abuse, sibling abuse) or be applicable to diverse relationships, it is important to acknowledge that the tools are built upon the known dynamics of heterosexual intimate partner violence.

This framework will be updated regularly with a focus on including risk assessment factors and tools for diverse groups as they are developed and tested.

Screening

Screening is the systematic routine of enquiring about domestic and family violence. The goal is to identify those at risk (early in the life of the violence) who need further assessment and support to reduce the likelihood of further or escalating violence. All practitioners in a position to identify domestic and family violence should be able to undertake screening. This framework provides information about how to screen, provides a common tool for screening and includes practice guidance for how to ask these agreed common questions.

Identifying

Identifying is the asking of questions about possible violence at home when a practitioner suspects there may be domestic or family violence occurring.

Risk assessment

Risk assessment is the process of identifying, analysing and evaluating the risk of further or escalating violence. This framework uses three factors in this process:

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

This framework provides information on how to conduct a risk assessment. It also includes a suggested guide risk assessment tool and information on known evidence-based risk factors and practice guides to support workers to undertake a risk assessment. Work will be undertaken to develop an ACT common risk assessment tool in the future.

Risk management

Risk management is the planned process to identify risk factors and protective factors and devise a plan to reduce or mitigate the risk of or escalation of violence. Risk management should use an integrated service response as a key strategy in reducing the risk of violence. Risk management includes providing all family members with referrals to the services they need to try to increase safety. As perpetrators often cause damage to the relationship between mothers and their children, responses designed to strengthen this relationship should form part of the response. Ongoing risk assessment and management is also required, as domestic and family violence risk cannot be assessed as a one-off process.

The needs of Aboriginal and Torres Strait Islander women, families and communities

We recognise Aboriginal and Torres Strait Islander peoples as Australia's first people. First Nations people have the right to self-determination, which is an ongoing process of choice to ensure that Aboriginal and Torres Strait Islander communities are able to meet their social, cultural and economic needs.¹⁵

Across Australia there is an historic lack of culturally appropriate responses to the needs of Aboriginal and Torres Strait Islander families and communities. All work with Aboriginal and Torres Strait Islander people must be informed by an understanding of past and ongoing injustices and recognise the right to self-determination.

15 ACT Government (2019) *ACT Aboriginal and Torres Strait Islander Agreement 2019–2028*.>

Violence both perpetrated and experienced by Aboriginal and Torres Strait Islander people cannot be dissociated from broader contributing social, cultural, historical and economic factors. These factors include the experience of colonisation, the disintegration of traditional laws and community norms, disruption of family and kinship ties, poverty, unemployment, personal stressors and the experience of violence and forced removal from families.¹⁶

We know Aboriginal and Torres Strait Islander women experience higher levels of domestic and family violence than non-Aboriginal or Torres Strait Islander women, although local and national research indicates that the violence is often perpetrated by non-Aboriginal or Torres Strait Islander men. We also know that in interviews with Aboriginal and Torres Strait Islander victims in the ACT, they were, ‘unanimous in wanting the violence to stop’ and, ‘wanted justice in their lives and for their children.’¹⁷

Aboriginal and Torres Strait Islander women also told us that, ‘their help-seeking can be undermined by ineffective, disrespectful, ignorant and racially stereotypical comments, practices and activities. Gaining access to justice and participating in the system as a victim of family violence can be hard.’¹⁸

All responses need to be based on an understanding of these issues and incorporate appropriate consultations. Aboriginal and Torres Strait Islander people must always be offered choice about the services they wish to engage with and the actions they want to take.

All agencies should understand how to create an environment that supports self-determination.

Practice values

The practice values should guide the decisions and actions of providers across the service system, both in direct work with people and in the formulation of policy. These practice values provide a base for how we deliver this framework in our work. We acknowledge the New Zealand Government Family Violence Risk Assessment and Management Framework for this section.

The practice values informing this framework are:

- **the safety of victims and their children is paramount**
- **practitioners must take responsibility and action**
- **perpetrators are accountable**
- **children’s needs are considered in their own right**
- **autonomy and agency are respected**
- **responses are integrated.**

16 ACT Victims of Crime Coordinator (2009) *We don't shoot our wounded*, p.3.

17 ACT Victims of Crime Coordinator (2009) *We don't shoot our wounded*, p.17.

18 ACT Victims of Crime Coordinator (2009) *We don't shoot our wounded*, pp.1–2.

The safety of victims and their children is paramount

The first priorities of every response and interaction must be the safety of victims of domestic and family violence and their children. This ranges from understanding you cannot attempt to undertake screening while the perpetrator is present, to ensuring that perpetrator programs take the victim's assessment of risk into account. It may also range from having to make a notification about risk to children where the victim-survivor may not want you to, to taking a victim-survivor to a safe space in your office to call a support service with them.

Services and agencies should also assess that none of their policies and procedures put victims and their children at risk. For example, ensure policies do not require a victim-survivor to provide information that would require them to contact the perpetrator to obtain it, and ensure policies and practices do not inadvertently provide perpetrators with information about the whereabouts of a victim.

Practitioners must take responsibility and action

It can be hard to ask the questions or raise the issue of domestic and family violence and to deal with disclosures. While acknowledging this, it is also critical that organisations and practitioners take responsibility to identify domestic and family violence and take action within their roles and capabilities.

Evidence, including from our own research in the ACT, shows that victims try to reach out for help.

He accompanied me to every appointment, he would not leave me alone, he would not let me talk. I tried to make eye contact with the [practitioner] to let her know I was not OK. She didn't notice.¹⁹

The importance of frontline and other key practitioners knowing how to identify and respond appropriately to violence cannot be overstated when we know that 'most people when faced with a system that can liberate women from violence will choose that path, but only if they understand it.'²⁰

Perpetrators are held accountable

When assessing the seriousness of risk and managing responses, professionals should be aware that ... risk factors do not cause family violence. Family violence is a choice by a perpetrator to use violence against their victim. Responsibility and accountability for that choice rests solely with the perpetrator.²¹

19 ACT Government (2018) *Family Safety Hub design: insights report*²⁰, p.8.

20 ACT Government (2018) *Family Safety Hub design: insights report*²⁰, p.76.

21 Victorian Government (2018) *Family Violence Multi-Agency Risk Assessment and Management Framework*²¹, p.26.

Holding perpetrators to account means ensuring that in every interaction the system has with either a victim or a perpetrator, full responsibility for the violence is held with the perpetrator. Some of the ways that responsibility is ensured are through:

- providing consistent information and messages that violence is not tolerated or accepted
- understanding and communicating that alcohol or drug use or mental health issues do not mitigate responsibility for domestic and family violence
- supporting perpetrators to engage in behaviour change or other effective intervention
- reporting of criminal offences
- identifying, assessing and sharing information about risk, including contributing to the monitoring of perpetrators' behaviours and working with victim-survivors (such as through partner/family member contact as part of behaviour change programs).

A commitment to perpetrator accountability includes ensuring that practitioners can determine the primary aggressor and hold them responsible in situations where violence might initially appear to be mutual. The primary aggressor is defined as the person who poses the most serious and ongoing threat to safety.

In these instances, it is important to understand the dynamics of domestic violence, which involves ongoing patterns of coercion and control.

Practitioners should consider the history of violence, the nature of the injuries sustained by both parties, the context in which the violence took place and the effects on the person.

For more information on how to enact perpetrator accountability see Key component 6: Working with perpetrators of domestic and family violence.

Children's needs are considered in their own right

The needs and aspirations of children should be provided for in decisions that affect them. Children are victims of domestic and family violence as a result of being witness to or aware of domestic violence. They experience fear and trauma even if they have not been physically harmed.

Children need to understand what is happening, they need to feel safe and they need to have their needs heard and met. Opportunities need to be given to children to participate in decision making (in a child-centred and developmentally appropriate way) when decisions affect them.

It is also important to always bear in mind that the presence of intimate partner violence increases the risk of abuse and neglect of children.

See more in Key component 5: Children and young people.

Autonomy and agency are acknowledged and respected

The experience of victims of domestic and family violence is one that lessens their sense of control and agency in their own lives. It is important that this is not repeated by practitioners or agencies, however well intentioned. As one ACT survivor put it:

*I have left a controlling relationship and now I'm controlled by services.*²²

The knowledge and experiences and needs of victims must be recognised. Victims must be accorded the right to exercise autonomy and control over the decisions and choices in their lives.

People are capable of and need to be making decisions even when they are traumatised or upset. As Judith Herman noted in her classic book on trauma, *Trauma and recovery: the aftermath of violence — from domestic abuse to political terror*, ‘no intervention that takes power away from the survivor can possibly foster her recovery no matter how much it appears to be in her best interest.’²³

It is possible, even in situations of immediate harm (where action may have to occur without consent), to provide some level of personal autonomy and agency. ‘The survivor should still be consulted about her wishes and offered as much choice as is compatible with the preservation of safety.’²⁴

Responses are integrated

As mentioned earlier in this framework, responses and actions will mostly only be effective if they are part of an integrated approach with other agencies. This is particularly true for those people with complex needs who will have or will need to have a range of service responses in place to meet their needs.

All workers and organisations should be prepared to work collaboratively and respectfully with the other agencies and services involved in people’s lives.

The ACT is working towards creating a more integrated response to domestic and family violence through projects and actions such as developing this framework, rolling out training across ACT government and trialling new approaches such as the Safety Action Pilot (a collaboration between Victims of Crime Commission and the Office of the Coordinator-General for Family Safety). The learnings and new programs and approaches will be incorporated into this framework on a regular basis.

22 ACT Government (2018) *Family Safety Hub design: insights report*²², p.38.

23 Herman (1992) *Trauma and recovery: the aftermath of violence — from domestic abuse to political terror*, p.133.

24 Herman (1992) *Trauma and recovery: the aftermath of violence — from domestic abuse to political terror*, p.134.

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KEY COMPONENT 1

Shared understandings of domestic and family violence and risk assessment and management

Introduction

Having a clear and shared understanding of domestic and family violence, and the concepts of risk assessment and management, helps agencies to speak together with a common language. This shared understanding has been shown to contribute to creating a more coordinated and integrated response to domestic and family violence.

How domestic and family violence is defined and understood has a profound impact on the way services provide support to victims, including children, and how perpetrators are held accountable for the violence.²⁵

A review of the common risk assessment framework in Victoria²⁶ found that as well as building shared understanding and practices, a risk assessment framework using the language of ‘risk’ provides a means of communicating between services and highlights the seriousness of domestic and family violence, including to victims.²⁶

Shared definition of domestic and family violence

Domestic and family violence is defined in the ACT *Family Violence Act 2016* as, ‘behaviour that controls or dominates a family member and causes them to fear for their own or another person’s safety or wellbeing.’²⁷ The *Family Law Act 1975* defines domestic violence as, ‘violent or threatening behaviour, or any other form of behaviour that coerces or controls a family member or causes that family member to be fearful.’²⁸

These definitions are important because domestic and family violence needs to be understood as a pattern of coercive control and/or violent behaviour over time designed to control or intimidate, rather than as an incident or series of incidents of violence.

It is this underlying pattern of coercive control by one person over another that differentiates domestic and family violence from other forms of violence. Recognition of the importance of understanding coercive control is increasing across the world and across Australia. Most jurisdictions in Australia are currently exploring whether the features of coercive control need to be better reflected in criminal and civil law, while England, Scotland and Wales have already done so.

25 Western Australian Government (2015) *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*, 2nd edn²⁵, p.13.

26 McCulloch et al. (2016) *Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF): final report*²⁶, p.17.

27 *Family Violence Act 2016* (ACT) s. 8.

28 *Family Law Act 1975* (Cth) s. 4AB.

While there are many different types of violence within domestic and family violence (including physical, verbal, emotional, financial, technological, sexual and psychological abuse), the key feature of domestic and family violence is the exploitation of power imbalances and intentional and systematic violence that often increases in frequency and severity the longer the relationship goes on.

Coercive control is a very particular kind of violence. Coercive controllers don't just abuse their partners to hurt, humiliate or punish them. They don't use violence to seize power in the moment or gain the advantage in a fight. Instead, they use particular techniques — isolation, gaslighting, surveillance — to strip the victim of their liberty, and take away their sense of self ... It is a strategic campaign of abuse held together by fear.²⁹

This understanding of patterned coercive control escalating over time is critical for assessing and managing risk of domestic and family violence because, 'events and circumstances may change frequently which will alter the severity of risk at points in time.'³⁰ This understanding needs to be reflected in practice through ongoing risk assessment and management.

Domestic and family violence is deeply gendered. Research shows that violence-tolerant attitudes and gender inequality, including gender stereotyping, are underlying causes of violence against women and intimate partner violence is the most common form of domestic and family violence. This is not to say that men are never victims or that domestic and family violence does not occur in the LGBTIQ+ communities.

The key points of the definition are:

- Domestic and family violence is understood as:
 - behaviour that controls or dominates a family member and causes them to fear for their own or another person's safety or wellbeing
 - violent or threatening behaviour, or any other form of behaviour that coerces or controls a family member or causes that family member to be fearful.
- We understand that:
 - there are many different types of violence (including physical, verbal, emotional, financial, sexual and psychological abuse)
 - domestic and family violence often involves exploitation of power imbalances
 - the violence is systematic and often increases in frequency and severity the longer the relationship goes on.
- Importantly, inherent in and underpinning these understandings, we know that:
 - **domestic and family violence needs to be understood as a pattern of coercive control and/or violent behaviour by one person over another that occurs over time and is designed to control or intimidate, rather than being seen or responded to as an incident or series of unrelated incidents of violence.**

See Fact sheet 1: Information on coercion and control.

Shared understandings about domestic and family violence

A common understanding of some of the key issues about domestic and family violence is important to providing effective responses to victims and perpetrators.

29 Hill (2019) *See what you made me do: power, control and domestic abuse*, p.21.

30 Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence*[➤], ANROWS, p.4.

Understanding the victim's situation

Today ... we know that ... there is nothing uniquely weak, helpless or masochistic about victims of domestic abuse.

Faced with the universal methods of coercive control, their responses are no different from those of trained soldiers.³¹

Women go to great efforts to try to prevent or minimise the violence and keep themselves safe. Women will also go to great efforts to try to protect their children from the abuse and violence.

There are many reasons why it is difficult for victims to leave the abusive relationship. Additionally, as ANROWS notes, 'women are most at risk of being killed or seriously harmed during and/or immediately after separation. The NSW Domestic Violence Death Review Team recorded that two-thirds (65%) of female victims killed by a former intimate partner between 2000 and 2014, had ended their relationship within three months of the homicide.'³²

Some of the key barriers to leaving include:

- the perpetrator may have threatened to harm or kill the victim, children or themselves if the relationship ends
- the perpetrator may have taken control of the finances
- the perpetrator may have isolated the victim from family and friends
- the perpetrator may use threats related to visa status, mental health, sexuality or ethnicity as reasons they should not leave or that children will be removed if they do
- the resources victims need in order to leave the relationship are often not available — money or accommodation for instance.

In addition to the range of actions perpetrators may use to prevent the victim leaving, an additional barrier can be an ineffective support system.

Research in the ACT has shown that many victims experience the support system as fragmented and crisis driven.³³ ACT research also found that workers in frontline services often are not trained or skilled enough to pick up the signs of, or identify and respond effectively to, domestic violence.³⁴ This framework and the domestic and family violence training being rolled out across the ACT Government are actions designed to improve and better integrate the service system and equip frontline workers to respond effectively to domestic and family violence.

Choosing to stay in the relationship

Some women choose to stay in the relationship for a range of reasons. However, they also want the violence to stop. There is a range of responses that can be provided, including referral for the perpetrator to a behaviour change program, counselling or assistance to live apart. Importantly, safety still needs to be assessed and managed.

A person remaining within a relationship should never be judged for doing so but should be encouraged to plan for safety when violence occurs.³⁵

31 Hill (2019) *See what you made me do: power, control and domestic abuse*, p.18.

32 Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence: companion resource*, ANROWS, p.11.

33 ACT Government (2016) *ACT domestic violence service system: final gap analysis report*.

34 ACT Government (2018) *Family Safety Hub design: insights report*.

35 Royal Women's Hospital Victoria and Bendigo Health (2018) *Strengthening hospital responses to violence: training manual*, p.19.

The perpetrator

We know that men who perpetrate domestic or family violence are often described (by courts, neighbours and friends) as being ‘good blokes’ or ‘great fathers’. We need to understand perpetrators often limit their abuse and control to their intimate partner relationships and actively work to present a different face to the rest of the world. It is important to not be totalising in our descriptions of perpetrators but at the same time it is important that people are held accountable for their behaviour. Some people use the term ‘men who use violence’ to avoid the totalising of the label ‘perpetrator’. This framework allows workers to use terms that they are most comfortable with and that are appropriate to their working context, but primarily uses ‘perpetrator’.

Underlying drivers

The choice to use violence rests only with the perpetrator. However, it is important to understand that the choice to use violence operates in a social and cultural context.

Drivers of family violence risk are consistent with the overarching drivers of violence against women and children including condoning violence against women, men’s control of decision-making and limits to women’s independence in public and private life, rigid gender roles and stereotyped constructions of masculinity and femininity, and male peer relations that emphasise aggression and disrespect towards women.³⁶

Intersectionality

While domestic violence impacts the lives of all women of all backgrounds, society does not treat all victims of abuse equally.³⁷ Intersectionality is a term used to describe the ‘complex, cumulative way in which the effects of multiple forms of discrimination combine, overlap or intersect.’³⁸ Vlasis, Ridley, Green and Chung (2017) define it as a term that is ‘used to describe how multiple forms of exclusion can impact on a person’s individual experience of marginalisation.’³⁹

Particular women may be more vulnerable to the effects of domestic and family violence due to a range of structural inequalities and discrimination as well as the gendered drivers outlined earlier. These inequalities include colonisation, racism, sexism, ageism, ableism, homophobia and transphobia. These inequalities can affect a victim’s access to appropriate resources and can cause additional reluctance to disclose the violence. For example, for Aboriginal and Torres Strait Islander victims, history of government interventions or culturally inappropriate service provision may affect their willingness to disclose domestic or family violence. A victim with a physical disability may have serious concerns that if she discloses violence she would need to leave a (hard to find) property that has been modified for her special needs.

In addition, perpetrators may use threats related to these drivers. For example, for women from culturally and linguistically diverse backgrounds, the perpetrator may use threats of their visa status being revoked in order to control them. For victims in the LGBTIQ+ community, the perpetrator might use the threat of ‘outing’ the person to family or their workplace to control them.

36 Victorian Government (2018) *Family Violence Multi-Agency Risk Assessment and Management Framework*, p.23.

37 Genesis Women’s Shelter and Support (2020) ‘Intersectionality and domestic violence.’

38 Merriam-Webster (2020) ‘Intersectionality,’ Merriam-Webster website, accessed 29 November 2021.

39 Vlasis et al. (2017) *Family and domestic violence perpetrator programs: issues paper of current and emerging trends, developments and expectations*, p.19.

The intersection of the individual forms of oppression a victim experiences will influence the meaning and nature of domestic and family violence, how it is experienced by the victim and responded to by others, how personal and social consequences are represented, and how and whether escape and safety can be obtained.⁴⁰

It is important to recognise that the effects of various oppressions interact with each other.

Inequality, discrimination and oppression are not additive — which means that the particular experiences of women and girls with disabilities cannot be explained by a simple addition of the effects of multiple forms of oppression. Instead, these particular experiences occur when different forms of oppression intersect and interact.⁴¹

An intersectional approach considers the complexity of a person's lived experience, with an emphasis on difference and that person's 'unique struggles'.⁴² This then requires an exploration of how the individual victim assigns meaning to the violence, what social consequences she might face from others and what additional barriers to safety may be in the way.

This understanding of intersectionality, recognising the intersections between systems of oppression or discrimination and individual identity, is critical in understanding the individual impacts of violence, the choices people make and the barriers that might prevent or preclude certain actions.

See Fact sheet 2: Intersectionality.

In our work, using an intersectional approach allows us to better understand our clients in relation to how they are perceived in society. This can help us to understand barriers to care and complex traumas and oppressive systems impacting clients' daily lives. By better understanding this, we can better know how these factors may affect control tactics used by the abuser and a victim's ability to get help and be believed by law enforcement.⁴³

A broad understanding across the range of diverse groups in the community will assist workers to better respond to domestic or family violence for groups from diverse communities.

The Victorian Multi-Agency Risk Assessment and Management (MARAM) Framework provides useful information to assist understanding of domestic and family violence occurring in diverse communities and relationships.

See the Foundation Knowledge Guide [➤](#) (section 12).

The ACT framework recognises the need to continue to develop the evidence base to ensure effective and targeted responses for all communities.

40 Bograd (1999) 'Strengthening domestic violence theories: Intersections of race, class, sexual orientation, and gender'.

41 Our Watch & Women With Disabilities Victoria (2022) '*Changing the landscape: a national resource to prevent violence against women and girls with disabilities*'.[➤](#)

42 DVRCV (Domestic Violence Research Centre Victoria) (2018) 'Intersectionality at Our Watch'[➤](#); Sokoloff and Dupont (2005) 'Domestic violence at the intersections of race, class and gender: challenges and contributions to understanding violence against marginalized women in diverse communities'.

43 Genesis Women's Shelter and Support (2020) 'Intersectionality and domestic violence'.[➤](#)

Effects of domestic and family violence on women

The effects of domestic and family violence on women are profound and diverse, including injury and death, short- and long-term physical and psychological effects, financial effects and effects on relationships with children.

Domestic and family violence has been found to be the greatest contributor to ill health and premature death in women under the age of 45 years.⁴⁴

National homicide data shows that 86 women were killed by their current or former partner in Australia in 2020, equating to the death of more than one woman every week.⁴⁵

The impact of domestic and family violence also includes a range of other physical, social and psychological effects such as depression, anxiety disorders, post-traumatic stress disorders and greater risk of attempting suicide. Additionally, domestic or family violence is the single largest driver of homelessness for women in Australia.

The combined costs of these effects of violence against women, 'have been estimated to be \$21.7 billion a year. If no further action is taken ... costs will accumulate to \$323.4 billion over a thirty-year period from 2014–15 to 2044–45.'⁴⁶

More information about some of the key psychological and other effects of domestic and family violence on women is included in Fact sheet 3: Impacts of domestic and family violence on women.

Effects on children

More than one million children in Australia are affected by domestic and family violence.⁴⁷ We know that children experience (either as witnesses and/or direct victim-survivors) serious emotional, social and developmental consequences as a result of living with domestic or family violence.

A growing body of evidence shows that children experience the impact of violence and abuse in the home, even when the violence and abuse are not directly targeted at them. Children can be profoundly affected in the immediate and long term, and children's experience of violence must be considered in all responses to their mothers.⁴⁸

One of the key understandings in relation to the impact on children relates to the damage perpetrators may cause to the mother-child relationship. Perpetrators may denigrate mothers in front of their children, may involve children in the abuse and violence, and can attempt to undermine the mother-child bond. They may also use threats about the family law and child protection systems as one of many tactics that can have long-lasting effects on the mother-child relationship. The Third Action Plan of the *National Plan to Reduce Violence against Women and their Children 2010–2022*⁴⁹ acknowledges that while we must ensure that homes are safe and protect children from violence, 'we must ensure that systems which protect children are not used to further victimise women who are experiencing violence.'⁴⁹

More information on some of the key psychological and other impacts of domestic and family violence on children is included in Fact sheet 4: Impacts of domestic and family violence on children and young people, and Key component 5: Children and young people.

44 NSW Government Department on Communities and Justice (2019) *The effects of domestic and family violence*[>], DCJ website, accessed 29 November 2021.

45 Australian Bureau of Statistics (2020) *Recorded crimes – victims*[>], ABS website, accessed 29 November 2021.

46 PwC (2015) *A high price to pay: the economic case for preventing violence against women*[>], p.4.

47 Sety M (2011) *The impact of domestic violence on children: a literature review* [PDF 342 KB][>].

48 Department of Social Services (2016) *Third Action Plan 2016–2019 of the National Plan to Reduce Violence against Women and their Children 2010–2022*[>], p.28.

49 Department of Social Services (2016) *Third Action Plan 2016–2019 of the National Action Plan to Reduce Violence against Women and their Children 2010–2022*[>], p.28.

Perpetrator accountability

Perpetrator accountability is a key strategy in creating safety for women and children by holding men who use violence responsible for their behaviour. It is one of the six key outcomes in the *National Plan to Reduce Violence against Women and their Children 2010–2022*.⁵⁰

The National Plan and each jurisdiction are working to ensure that there are strong laws, supported by stronger policing leading to arrest, consistent sentencing and serious consequences for perpetrators if they breach orders.

There is also increasing recognition nationally and internationally that perpetrator accountability is reliant on the provision of options for perpetrators to take responsibility for their behaviour (through a behaviour change or other perpetrator program which may include individual counselling).

These programs and all agencies involved with perpetrators need to be using evidence to ensure perpetrators are taking responsibility, via compliance with protection orders, regularly attending programs/counselling and listening for any indication that the perpetrator speaks in a way that blames the victim for the violence.

Perpetrator accountability also requires all parts of the system to hold them to account. For example, being careful not to hold victims responsible for the safety of children, instead recognising that working towards the safety of the victim and the accountability of the perpetrator are crucial to the safety of children. It also requires all parts of the system to challenge perpetrators who blame their violence on external factors (such as mental health or drug and alcohol misuse).

See also Key component 6: Working with perpetrators of domestic and family violence about how to enact perpetrator accountability.

Shared understanding of risk, risk assessment and risk management

In developing a standardised risk assessment process, it is important to recognise that the assessment of risk based on a single tool alone will not deliver the desired outcome or guarantee victim safety. In fact, such an approach may endanger a victim because no tool currently available is 100% accurate.⁵¹

Shared understandings about risk assessment

A shared understanding of risk assessment includes:

- understanding that risk assessment is a dynamic, active and collaborative process
- **understanding that with the evidence to date, the best risk assessments combine three things: a victim's own assessment of their risk, a tool or list of known evidence-based risk factors, and professional judgement**
- understanding that all risk assessment is complex because it is effectively trying to predict the future and no framework or tool will change that complexity, it will only ever help practitioners manage that complexity
- understanding that risk can be serious and/or chronic. Quoting a participant in the review of Victoria's framework: 'there is risk of lethality or risk of serious injury ... and there's a small percentage of them that are at really high risk. The others are chronic risk – and the risk can be devastating, whether it's financial or it's emotional, but it's not high risk of lethality.'⁵²
- understanding that while preventing lethal outcomes is critical, we also recognise that there is increasing evidence that coercive and controlling behaviours, that do not include physical violence, are a leading risk factor in male-perpetrated intimate homicide

50 Council of Australian Governments (2011) *National Plan to Reduce Violence against Women and their Children*.[>]

51 Victorian Government (2007) *Family violence multi-agency risk assessment and risk management: supporting an integrated family violence service system*, p.30.

52 McCulloch et al. (2016) *Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF): final report*[>], p.12.

- understanding that unmet needs can add to risk
- understanding that all risk and all levels of risk must be responded to
- understanding that no matter where a victim enters the system, a risk assessment will be collaborative (with the victim), respectful, inclusive and consistent with this framework
- understanding that perpetrators are solely responsible for their violence and all attempts will be made to hold them to account for their actions and behaviours.

Risk assessment

A risk assessment **tool** (in the main) assesses for an individual's risk of victimisation, harm and/or lethality and/or escalation of violence. Some tools assess the likelihood of perpetration or reoffending or escalation.

A risk assessment **framework** takes a broader approach that includes ensuring the service system is able to identify and support victims early in the life of the violence and that workers have access to tools to help assess the level of risk of violence and assist victims to respond to and manage that risk.

The ACT framework has adopted a broad approach to risk assessment. The framework rests on the premise that improving understandings, developing shared language and improving the support for and skills of practitioners across the service system is in itself a risk management strategy. Screening in order to improve early intervention is also a risk management strategy and is included in this framework.

The risk assessment form and process that is included in this framework as well as those included in the resources section of the framework, are designed to identify the risk of repeat offending and escalation of violence. All users of this framework are encouraged to view risk assessment in its broad sense rather than only as an assessment of extreme risk or lethality.

Purpose of risk assessment

The Victorian MARAM defines risk assessment in the following way:

Risk assessment is the process of identifying if a person is at risk of family violence and then determining the seriousness, including the likelihood that they will be affected by violence or, if violence is already occurring, that it will escalate. Determining seriousness of risk is undertaken through structured professional judgement with an intersectional lens, and by using relevant risk assessment approaches.⁵³

The Western Australian framework defines risk assessment as:

The purpose of risk assessment is to determine the risk and safety for the adult victim and children, taking into consideration the range of victim and perpetrator risk factors that affect the likelihood and severity of future violence.⁵⁴

It is critical that risk assessment is not seen as an end in itself. A risk assessment is designed to help practitioners and victim-survivors assess current and future risk in order to indicate and support risk management strategies, actions and approaches to increase safety.

⁵³ Victorian Government (2018) *Family Violence Multi-Agency Risk Assessment and Management Framework*, p.25.

⁵⁴ Western Australian Government (2015) *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*, 2nd edn, p.18.

The ACT framework is being designed so that in the future it may/can include a high risk/lethality tool and/or a perpetrator screening tool and/or a tool for risk assessment for children. As domestic and family violence death reviews become more widespread across Australia and internationally, it is also possible that different risk factors for diverse groups may become clearer and tools may be developed from those evidence-based risk factors specific to those groups.

Risk versus needs assessment

The review of the Victorian framework conducted by Monash University⁵⁵, found that some practitioners were unclear whether they were assessing risk or assessing needs and recommended making the distinction and interrelationship between risk and needs clearer in the revised framework.⁵⁵ The review noted that the needs arising from domestic and family violence are likely to extend beyond the need for safety and protection and unmet needs can contribute to risk and compound harms caused by domestic and family violence. Understanding the difference between risks and needs and the way they intersect will be important for all users of this framework.⁵⁶

Case example of intersection of risk and needs

The case study shows how risk is affected by an assessment of needs and demonstrates why needs assessment is an integral part of and influences risk assessment and management.

Laylah is 26 years old with one four year old child. Four months ago, she moved to the ACT from Melbourne to live with her partner of one year. The partner has become increasingly jealous and controlling of Laylah. In the last month he has twice hit Laylah while in a jealous rage about her imagined flirting with other men.

Needs/risk management assessment

Laylah still has her own property in Melbourne and with some small one-off financial support could return to that property with her daughter. She also has support from her sister and brother in Melbourne.

versus

Laylah gave up her property in Melbourne, is not on the lease at her partner's property, has no family support and is financially dependent on her partner.

This case study is intended to demonstrate how general needs, particularly unmet needs, such as financial and housing stability, can impact on the risk to a victim and must therefore be included in any analysis of risk assessment and in the development of risk management strategies.

55 McCulloch et al. (2016) *Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF): final report*.[>]

56 McCulloch et al. (2016) *Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF): final report*.[>], p.43.

Risk factors

There is a wide range of factors that may help identify the risk of domestic and family violence occurring or escalating. There is also a wide and diverse range of risk assessment tools. Some of these tools are for assessing the risk of re-offending, some for assessing the risk of lethality and some the risk of escalation. However, they all share some key risk factors. In 2018 ANROWS undertook research to develop a set of national risk assessment principles for domestic and family violence. As part of the release of those principles they included a list of the most common evidence-based risk factors across a range of the most widely used and tested risk assessment tools. The National Risk Assessment Principles for domestic and family violence are available on the ANROWS website at ANROWS — Australia’s National Research Organisation for Women’s Safety⁵⁷.

Findings from empirical studies, academic and practice-based literature and reports produced by international and Australian domestic violence death review committees and coroners’ courts indicate that some risk factors are associated with a higher likelihood of violence reoccurring and of serious injury or death in the context of intimate partner violence by men against women.⁵⁷

The key risk factors used in this framework comprise 14 factors found to be effective in predicting the risk or repeat offending across a number of existing tools and research studies including ACT Policing risk assessment tool, ANROWS research on risk factors found across other tested risk tools, death reviews, research and ACT community specialist services.

See Fact sheet 5: ACT Key Risk Factors.

Understandings of risk management

Risk management is a broad term used to encompass responses to domestic and family violence that aim to promote victim safety and perpetrator accountability.⁵⁸

Risk management or responding to risk is understood as a fundamental and requisite part of working with victims and their children regardless of their level of risk. We know that ‘where risk is not managed, it is unlikely that any other response or intervention will be effective and may compromise the safety of adult and child victims.’⁵⁹

Some key actions or strategies in risk management include:

- working with the victim to identify protective factors
- working with the victim to identify unmet needs that could impact on risk
- working with the victim to develop and implement a safety plan based on the risks, needs and protective factors identified in the risk assessment
- referral to specialist domestic violence services
- supporting the victim where they wish to apply for a Family Violence Order
- seeking agreement to share information with other services.

Most jurisdictions in Australia recognise in their frameworks that the management of risk is best achieved when the service system responds in an integrated way and the primary agencies involved include: specialist domestic violence services, police, courts, child protection, corrections, health services, advocacy services, crisis accommodation services and men’s behaviour change programs.

Integrated responses are particularly important where victims are at extreme risk. To mitigate this risk, some jurisdictions have developed their (highest risk) tools and processes based around an integrated multi-agency approach. The ACT is working towards an integrated response.

57 Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence*⁵⁷, ANROWS.

58 Western Australian Government (2015) *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*, 2nd edn⁵⁸, p.18.

59 Western Australian Government (2015) *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*, 2nd edn⁵⁹, p.44.

Children

We know that children’s safety is linked to the safety and wellbeing of the adult victim, however children may also have a range of needs related to risk management. Responses to those needs may include sharing information with providers who are working with the children (including schools) and/or referral to specialist services for children. Responses may also include notifying care and protection about the risk posed to the children from the perpetrator. All responses to and with children need to be done in collaboration with the non-offending adult victim and must recognise the damage often done to the mother–child relationship by the perpetrator, being cognisant not to further damage that relationship.

See Key component 5: Children and young people.

Family violence used by adolescents

We recognise that violence used by adolescents is a distinct form of family violence. The use of domestic or family violence by adolescents can often be a result of trauma and/or learnt behaviour as a consequence of witnessing or being exposed to domestic or family violence or other trauma. Therefore, adolescents require a different response, such as therapeutic and diversionary approaches.

Therapeutic approaches should be used to improve identification of individual risk factors, such as previous exposure to family violence, trauma, mental illness, disability and other factors that have been linked to this form of family violence.⁶⁰

Understanding domestic and family violence as part of your work

Domestic and family violence has serious impacts on health, education, employment, poverty, housing and children and parenting. Domestic and family violence can also be life-threatening and fatal.

Developing an effective and responsive system to address domestic and family violence requires responses from all service delivery areas alongside strong legal, statutory and specialist service responses.

Identifying and responding effectively to domestic and family violence is a key part of the work of all frontline service delivery staff. This has been confirmed in a number of ACT-based reports which found that women often disclose or try to tell mainstream services about the abuse they are living with. Effective identification of and responses to domestic and family violence is a core capability of Tier 1 of the ACT Government Domestic and Family Violence Training program.

It is also critical that services and directorates build the capacity within their own organisations to respond beyond screening and referral so as not to overburden the specialist response services. This is included in the Tier 2 training of the ACT Government Domestic and Family Violence Training Program.

60 Victorian Government (2018) *Family Violence Multi-Agency Risk Assessment and Management Framework*, p.33.

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KEY COMPONENT 2

Screening

Non-disclosure is not a failure — being asked is therapeutic in itself and each time a person is asked (appropriately) the possibility of help-seeking and change increases.⁶¹

Introduction

This component is divided into two sections. The first section, 'About Screening' looks at the value of screening for or actively asking about domestic and family violence. The second section is a practice guide for applying screening for domestic and family violence.

About screening

Screening is the systematic routine of asking every woman who uses the service the same key questions about domestic and family violence. The goal is to identify those at risk (early in the life of the violence) who need further assessment and support to reduce the likelihood of further and/or escalating violence. Screening, that is asking all clients a few key questions about violence and safety, takes the responsibility for deciding who might need to be asked about domestic violence off the practitioner.

Where screening is not practical practitioners should be familiar with key indicators of domestic and family violence and have the skills to ask the screening questions when they think that domestic and family violence may be occurring. The goal is to identify those at risk and provide further assessment and support to reduce the likelihood of further and/or escalating violence.

Purpose

The purpose of screening for domestic and family violence is to help identify early opportunities for support and provide effective responses to people experiencing domestic and family violence. Victims often present to services, such as health services, for a range of reasons other than the violence. These and other frontline services provide an opportunity to intervene early with the provision of support and safety.

It has been shown that women tend not to disclose their experience of domestic violence unless they are directly asked about it. Women who receive an initial positive response to disclosures of domestic violence are more likely to seek further help to escape violence.⁶²

Reminder

All the screening and risk assessment processes outlined in this framework combine three elements to identify and determine risk:

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

Combined, these three factors comprise what is often referred to as 'structured professional judgement'.

See Fact sheet 6: Structured professional judgement.

61 Royal Children's Hospital Melbourne (2018) 'Family violence', RCHM website, accessed 29 November 2021.

62 NSW Health (2009) *Domestic Violence Routine Screening Program Snapshot Report, Snapshot Report 7*, p.3.

Women’s experience of screening

Women who have participated in domestic violence screening studies have been overwhelmingly supportive of the screening process, with over 90% of participants showing support for screening where follow up studies have been undertaken.⁶³

Screening sends a message to women, victims and the broader community that violence against women is not acceptable and that a service is open to talking about and responding to it. Screening also reduces the stigma and/or fear that a victim may experience at being ‘identified’ as someone who could be experiencing domestic or family violence.

The critical issue [for the women participants] was not who asks the questions but that the questions are asked of all women presenting to [that service].⁶⁴

Screening provides an early intervention tool that women who have participated in screening for domestic and family violence have noted.

I was in a violent relationship when I was younger, and I think if someone would have asked me the questions like that maybe I would have told someone instead of putting up with it.⁶⁵

I was in a violent relationship a few years ago and I found it very difficult to leave. Maybe if someone had taken an interest in my life and asked me then I could have got help sooner.⁶⁶

A lot of women don’t say anything unless they’re asked.⁶⁷

Experience of Aboriginal and Torres Strait Islander women and screening

A small study conducted with Aboriginal and non-Aboriginal women about screening for intimate partner violence showed that the majority of both groups were supportive of screening.⁶⁸

This comparative study found some similarities and differences in Aboriginal and non-Aboriginal women’s perceptions of screening. Being asked the questions ‘with interest and no judgement’ and believing in the questioner’s genuine eagerness to offer support and provide validation were important to both groups but particularly important for Aboriginal women in the study.

Even where the Aboriginal women in the study did not disclose abuse, the women found the process of being asked screening questions was helpful, particularly in naming abuse. Similar to the findings in other studies, the women noted the importance of including a preamble that outlines the purpose of asking such questions, that is, a preamble that ‘explains that partner abuse is common and can affect women’s health’.

Importantly, Aboriginal women in the study rated ‘cultural safety’ as a key ingredient in their response to being screened and key to ‘their decisions to disclose the abuse’. The study also found that ‘continuity of care’ was critical.

Some of the components of that culturally safe care include the need for practitioners to understand institutional racism, the historical and current impact of invasion and colonisation, inter-generational trauma and most importantly the ongoing legacy of child protection measures.⁶⁹

63 NSW Health (2001) *Unless they’re asked: routine screening for domestic violence in NSW Health*, p.50.

64 NSW Health (2001) *Unless they’re asked: routine screening for domestic violence in NSW Health*, p.8.

65 NSW Health (2001) *Unless they’re asked: routine screening for domestic violence in NSW Health*, p.46.

66 NSW Health (2001) *Unless they’re asked: routine screening for domestic violence in NSW Health*, p.46.

67 NSW Health (2001) *Unless they’re asked: routine screening for domestic violence in NSW Health*, p.46.

68 Spangaro et al. (2019) “Yarn about it”: Aboriginal Australian women’s perceptions of the impact of routine enquiry for intimate partner violence.

69 Spangaro et al. (2019) “Yarn about it”: Aboriginal Australian women’s perceptions of the impact of routine enquiry for intimate partner violence, p.14.

Practitioners experience of screening

Overall, health practitioners who undertook the training for the [screening pilot] project had a sound knowledge of the indicators and effects of domestic violence. However, many were less confident about how to respond to domestic violence.⁷⁰

Practitioners' experiences of feeling unsure of how to respond to domestic and family violence (even when they can clearly identify the signs), are important to address.

Practitioners need training that includes practical help and examples related to responding to disclosures of domestic and family violence. This was confirmed in a trial of screening and this framework in the ACT which showed that getting to practice asking the questions (with each other) during training helped practitioners to start getting more comfortable. The trial also highlighted the importance of ensuring a range of processes that support practitioners are in place. For example, implementing a process that prearranges an appointment for women on their own (where appointments might usually be attended by couples), and practising how to have that conversation, having cards with the screening questions on them at hand, and so on.

It is important to understand that asking about and responding to domestic and family violence requires the same skills (such as empathy and ability to ask intimate questions in a respectful way) as those required in asking about and responding appropriately to any sensitive issue in people's lives. It is also important to remember that studies repeatedly show that women are overwhelmingly positive about being asked the questions. Some suggested questions and techniques are provided in Practice guide 1 below.

There is some **knowledge** however, that is critical to have prior to asking screening questions or in working to better identify and respond to domestic and family violence. This includes:

- the ability to understand and recognise the dynamics of power and control that underpin most domestic and family violence and the impact of this on victims
- understanding the impact of disclosure and the increased risk to women and children that occurs when they disclose and/or leave the violent relationship
- knowledge about effective referral practices
- knowledge about referral pathways specific to domestic and family violence.

Policy and protocols

Studies have found that having clear policies and protocols for how to respond to disclosures of domestic and family violence were seen by practitioners as critical in implementing screening. Both the ACT Government Domestic and Family Violence Training Program and this framework provide guidance for services and agencies in building or strengthening staff ability to address domestic and family violence.

While focused on Victorian agencies using MARAM specifically, MARAM organisational-focused resources at vic.gov.au/maram-practice-guides-and-resources[>] offer guidance on how to ready your organisation for work in this area, including audit tools and decision-making guides.

70 NSW Health (2001) *Unless they're asked: routine screening for domestic violence in NSW Health*[>], p.1.

Necessary preconditions

As well as having an understanding of the dynamics and effects of domestic and family violence, there are some other factors that are necessary for effective screening:

Privacy — screening is best undertaken in a space where a victim is private and safe.

Time — if domestic or family violence is disclosed, time will be required to respond. While this will impact on the practitioner's work, ultimately early disclosure and responses should reduce the overall work already occurring as a result of domestic and family violence.

Children — wherever possible and appropriate, ensure any children/dependents accompanying the victim-survivor are looked after and not present during conversations that may be distressing for them.

Safety — do not undertake screening or questioning with a partner present or in the room. If the interaction is being undertaken on the telephone, clarify that they are alone and safe to speak.

Possible outcomes

There are three primary possibilities that arise from screening:

No violence is disclosed — the woman should still be provided with information about the support available if they ever experience violence in their relationship.

Violence is disclosed but the person declines assistance — remember that there is a range of reasons why someone might not want help, including fear of escalating the violence, poor prior service experiences, shame and fear of losing access to their children. Victims should be provided with information about where help is available and how to access it and be encouraged to reconnect with you or the service at any point in the future.

Violence is disclosed and the person would like assistance — services need to accept responsibility for assisting and supporting anyone who discloses violence. If domestic and family violence is not the core business of the service, an active referral process should be made to a specialist domestic and family violence provider. This should be within the service wherever possible. The referral should include the offer to accompany the victim to the service or at a minimum help with transport if required.

Practice guide 1: Screening for adults

Some practice tips

- listen closely, validate their experience and do not rush the process
- if violence is disclosed through the process, proactively name the violence and reinforce that responsibility for the violence rests solely with the perpetrator
- if violence is disclosed follow the procedures for your service/agency.

Introduction

Begin with a practised but genuine introduction of why your service asks these questions, such as:

- *Services across the ACT have begun to routinely ask all women the same questions about violence at home.*
- *This is because violence in the home is very common and can be serious and we want to connect women with help wherever we can.*
- *You don't have to answer the questions if you don't want to.*
- *All answers to the questions will remain confidential to our service except where you give us information that indicates you or your children are at immediate risk of serious harm. We would discuss this with you (adjust this to your organisation).*

Screening questions

Ask the three agreed ACT screening questions, which are:

- *Has your partner or ex-partner ever put you down, humiliated you, called you bad names or tried to control what you can or cannot do?*
- *Have you been hit, slapped or hurt in other ways by your partner or ex-partner?*
- *Are you ever frightened by your partner or ex-partner?*

Possible outcomes

If the answers to these questions are **no**:

- *Say something like: Thanks for answering those questions and if you ever need assistance please just ask.*

If the answer to any of the questions is **yes**:

- *Do you feel safe to go home when you leave here?*
- *Would you like some assistance with this?*

If the answer is **no to assistance**:

- *Say something like: Thanks for answering the questions. There is help available and we are here to help whenever you might want or need it.*

If the answer is **yes to both experiencing violence and wanting assistance**:

- *Thanks for answering those questions and for telling me about that. I'm sure this is difficult but it's important to know you aren't alone, it isn't your fault and help is available for you.*
- *I'd really like to refer you to a service/worker in this service that helps women in situations like this and they could help us develop some strategies that work best for you. Are you happy for us to contact them together now?*

When screening is not possible or suitable

This section has been designed to assist mainstream professionals who may encounter people they believe to be victims of domestic and family violence but who are not in a position to undertake routine screening with all service users.

The ability to identify and ask questions about domestic and family violence relies on:

- having existing skills in developing rapport so people feel comfortable and safe to respond to intimate personal questions
- having sound knowledge about domestic and family violence and what to look out for.

The preconditions and practice tips in [Practice guide 1](#) above should also be considered and applied.

Possible indicators

Practitioners need to be familiar with the shared understandings outlined in this framework as well as the indicators and evidence-based risk factors presented in [Key component 3: Risk assessment](#).

If a number of risk factors are present or observed, mainstream services should ask questions such as the prompting questions below.

Prompting questions

Asking questions about domestic and family violence should begin with an explanation that sets the context for such personal discussion, such as:

I am a little concerned about you because I have noticed [indicators] and would like to ask you some questions about how things are at home. Is it OK with you if we do that?

or

When I meet with people, I often ask about how things are at home. Is it OK for us to talk about that now?

Practitioners could then ask the common screening questions outlined above and/or follow the response and referral processes in place in their service/agency.

Note – [Key component 3: Risk assessment](#) outlines the next step for agencies/workers/services who are able to undertake a preliminary risk assessment.

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KEY COMPONENT 3

Risk assessment

This section provides some general foundational information about risk assessment and the risk assessment approach, and the second part is a practice guide, outlining how risk assessment might be undertaken.

Alignment with this framework

The fragmented nature of the current ACT system response to domestic and family violence is described in a number of ACT reports that included service user feedback. These reports noted that a common risk assessment framework may assist in improving integration across the system, and this has been found to be true in other Australian jurisdictions with a similar framework.

While recognising that many frontline and/or direct service delivery areas have established practices that work for their specific client group, it is also important to note that feedback from service users consistently notes the lack of integration and common approaches as unhelpful.

Our current system works in silos, one-way thinking and families are left at risk.⁷¹

Everyone knew a bit of the puzzle about me, but no-one knew me.⁷²

In order to enhance consistency across the system and enhance collaboration and integration, all risk assessments should be consistent with and align with this framework. In particular, risk assessments should reflect the shared understandings and the ACT risk factors. The ACT risk factors may change

when new information from the ACT death review or other inquiries and research indicates emerging or specific risks.

See Fact sheet 5: ACT Key Risk Factors.

A suggested guide to risk assessment is included below and some risk assessment tools are included in the resources section at the end of this framework. It is anticipated that an agreed risk assessment tool for the ACT will be developed and included in this framework in the future. In the meantime we would strongly suggest using a tool that suits your environment but that has been adapted to ensure it reflects the shared understanding in this framework and includes the ACT Key Risk Factors. Including these will help start to build more integration and consistency across our system.

Who should conduct a risk assessment?

Risk assessments are ideally conducted by workers trained in and confident in undertaking work with complex clients (this is equivalent to those who have undertaken Tier 2 in the ACT Government Domestic and Family Violence Training Program). These workers are able to act as case managers and provide some level of ongoing support (though not necessarily crisis or high-risk management). Of course women often disclose and wish to work with someone they trust. Even if you are not usually in a position to provide ongoing work with a client, you may need to spend some time helping the woman to connect with a specialist worker or service. A specialist service such as DVCS can provide you with some support while that happens.

⁷¹ ACT Government (2018) *Family Safety Hub design: insights report*, p.59.

⁷² ACT Government (2018) *Family Safety Hub design: insights report*, p.99.

A risk assessment should be undertaken whenever domestic and family violence has been disclosed or identified. Risk assessments should be able to be carried out within all organisations who work regularly with victims of domestic and family violence (including those for whom it is not their only core business) and who have a primary function of providing support to clients. This includes (but is not limited to) school psychologists and counsellors, social workers, specialist court workers, community legal centre staff, statutory workers, specialised housing workers and anyone whose role includes case management.

It is recommended that organisations/units identify who is suitable to undertake a risk assessment as part of their organisation's policy and procedure for responding to domestic and family violence (for example, maternity staff in a hospital might refer to a hospital social worker to undertake an assessment). If no-one is available within the organisation there should be clear processes in place for referral to domestic violence specialist services.

Purpose of risk assessment

The purpose of a risk assessment is to begin to explore and understand the risks and safety of the adult victim and their children to help inform effective appropriate responses. A risk assessment not only works to identify and respond to the risk of violence, it also supports victims to understand and explore their own level of risk. All identified risk must be responded to.

What is risk assessment?

Risk assessment is an ongoing process that forms the basis of an effective response to domestic and family violence. It is critical to understand that risk can change markedly over time or even within a short time. Risk assessment will only be effective if it is reviewed and updated regularly.

The point of separation (or where a perpetrator realises that they may be losing the relationship) has been found repeatedly to be a time of extreme risk, even perhaps the most at-risk time for many victims.

Despite this, a study in the United Kingdom found that many practitioners mistakenly regarded the victim who had left the relationship as safer than those still residing with the perpetrator. Addressing this risk through regular updates and reassessments is vital.

As noted earlier, in general, risk assessment includes and considers three components — evidence-based risk factors (primarily obtained from death reviews and court and police data), professional judgement and the victim's own assessment of their risk. This combination is referred to as 'structured professional judgement'.

See Fact sheet 6: Structured professional judgement.

While it is important to consider the victim's own levels of fear and assessment of risk, it is also important to note that sometimes victims themselves can minimise the risk. Victims can minimise the risk to themselves for a range of reasons, including a lack of understanding about what domestic and family violence is, a lack of clarity about risk and escalation, or finding it hard to accept that the person they love is a risk to them. Workers will need to use their professional judgement to assess whether the victim may be minimising the risk and seek to address the causes of that minimisation.

Approach

Risk assessment must be carried out in a conversational way to ensure the victim feels supported and understood. The practice guide and any risk assessment tool being used are meant as a guide to the conversation, not as a list of questions.

Be mindful of seeking only information that is necessary regarding the risk and protective factors and avoid unnecessary questions, particularly if the information is already known or held by you or your organisation.

The initial aim of the assessment is to encourage the victim to tell their story and define the problem in their own words. It is important to 'feel your way' as you work through the assessment, and determine if a particular question may be

inappropriate (such as a male practitioner asking a woman questions about sexual coercion and abuse). This does not mean practitioners can skip issues or questions because they feel uncomfortable. It is just a reminder to keep an eye on the victim’s level of trust and comfort.

The important thing is to create a safe environment to elicit the story and then go through the risk factors and other details required later. Having a sound familiarity with common risk factors will help the process.

Evidence-based risk factors

The choice of which risk factors to include in risk assessments for domestic and family violence is continually being revised as more validation studies and research projects are undertaken. These studies measure the predictive power of individual factors, the level and nature of risk indicated by particular patterns of co-occurrence and the validity of risk factors in different social and geographical contexts. Additionally, risk factors identified in empirical research have almost exclusively been developed using heterosexual samples, so their applicability to people in LGBTIQ+ relationships remains unclear. For more information see the *National Risk Assessment Principles for domestic and family violence: Companion resource* available on the ANROWS website⁷³.

Risk assessment practices and common tools should be adapted in accordance with emerging knowledge about specific risk factors for diverse communities and as further research determines how well the existing evidence base on risk factors for DFV [domestic and family violence] applies to priority population groups.⁷³

Remember that the ACT recognises the value of three key factors in determining risk: professional judgement, victims’ own assessment of risk and an

actuarial tool or process. The risk factors are the basis for that actuarial component but are not intended to be used alone.

Referring to a list of evidence-based risk factors to conduct risk assessment as a “tick-a-box” exercise is insufficient to adequately assess the risk of future violence, which should involve professional judgement based on information collected from a wide range of sources, including the victim-survivor. It is important for services involved in risk assessment and safety management to refer to a common set of evidence-based risk factors to ensure consistent, coordinated responses to cases assessed as “high-risk”.⁷⁴

The risk factors included in this framework have come from an assessment of national and international evidence and research and a number of similar risk assessment frameworks across the country and the ACT Policing risk assessment tool. The risk factors here are those that have been found to most correlate with repeat offending or risk of escalation and severity (including lethality). The risk factors are also consistent with ANROWS risk factors related to repeat offending and/or lethality, as well as findings from death reviews nationally and internationally.

These risk factors are a starting point for ongoing work to determine the risk factors that are specific to the ACT. This work will include alignment with, and findings from, the ACT Domestic and Family Violence Death Review, ongoing monitoring of the ACT Policing risk assessment tool and will be guided by current and new research nationally and internationally.

When combined with professional judgement and where possible, the victim’s own assessment of risk, these risk factors can help indicate a level of risk of repeat and/or escalating abuse.

⁷³ Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence*⁷³, ANROWS, p.11.

⁷⁴ Toivonen and Backhouse (2018) *National Risk Assessment Principles for domestic and family violence: companion resource*⁷⁴, ANROWS, p.26.

Questions related to these specific key risk factors are included in the example risk assessment tool in this framework.

ACT Key Risk Factors

Description of the risk factors are drawn from MARAM, the ANROWS National Risk Assessment Principles for domestic and family violence, and the Northern Territory Domestic and Family Violence Risk Assessment and Management Framework.

Risk factor	Description
Recent, pending or planned separation	<p>Women are most at risk of being killed or seriously harmed during and/or immediately after separation.</p> <p>The NSW Domestic Violence Death Review Team recorded that 65% of female victims killed by a former partner between 2000 and 2014 had ended their relationship within three months prior to the homicide.</p>
Assaulted while pregnant or with a new baby	<p>Violence often begins when women are pregnant and where it was previously occurring, it often escalates in frequency and severity.</p> <p>Family violence during pregnancy is regarded as a significant indicator of future harm to the woman and child victim. This factor is associated with control and escalation of violence already occurring.</p>
Escalation in severity and/or frequency	<p>The escalation in frequency and severity of violence over time is linked to lethality and often occurs when there are shifts in other dynamic risk factors, such as the attempts by the victim to leave the relationship.</p> <p>Dwyer and Miller (2014) found that police investigations and family, criminal or civil court proceedings can trigger an escalation in the aggressive and violent behaviour of the perpetrator and heighten risk to the partner and children. Transition points such as this should be treated with great caution.</p>
Strangulation and/or choking	<p>Strangulation is one of the most lethal forms of intimate partner violence.</p> <p>The seriousness of strangulation as an indicator of future lethality is often misidentified, or not responded to proportionately, as a consequence of the often minimal visibility of physical injury. However, many victims suffer internal injuries which may result in subsequent serious or fatal harm.</p> <p>Most perpetrators do not strangle to kill but to show that they can kill. Non-lethal strangulation is a powerful method of exerting control over victims. Through credible threat of death, perpetrators coerce compliance.</p>

Risk factor	Description
Coercive control	<p>Elliott (2017) found through a synthesis of key empirical research, that coercive control is a gendered pattern of abuse, and is the primary strategy used to coerce and exercise control over female survivors by a current or former male partner. Understanding violence as coercive control, highlights that it is ongoing, cumulative, chronic and routine.</p> <p>Coercive and controlling patterns of behaviours are particularly dangerous and can heighten the risk of lethality, in contexts where other high-risk factors are present, such as attempts by the victim to leave the relationship.</p> <p>A perpetrator's obsessive and/or excessive behaviour when experiencing jealousy is often related to controlling behaviours founded in rigid beliefs about gender roles and ownership of victims and has been linked to violent attacks.</p> <p>Coercive control can include isolating the victim from family and friends.</p>
Perpetrator has threatened to harm or kill the victim and/or the children	<p>Perpetrators who threaten to harm or kill their partner or former partner, themselves or others including their children, are particularly dangerous.</p> <p>Campbell et al. (2003) found that women whose partners threatened them with murder were 15 times more likely than other women experiencing abuse to be killed.</p>
History of domestic and family violence	<p>The most consistently identified risk factor for intimate partner lethality and risk of re-assault is the previous history of violence by the perpetrator against the victim or a previous partner.</p>
Sexual violence	<p>Intimate partner sexual violence (IPSV) is a uniquely dangerous form of exerting power and control due to its invasive attack on victims' bodies and the severity of mental health, physical injury and gynaecological consequences. Campbell et al. (2003) found that IPSV was the strongest indicator of escalating frequency and severity of violence.</p> <p>Heenan (2004) found that Australian domestic violence workers believe that 90–100 % of their female clients have experienced IPSV.</p> <p>More than other factors, IPSV is under-reported by victims. Shame and stigma caused by commonly held assumptions that discussing sex or sexual assault within relationships is 'taboo', are significant barriers to seeking help for IPSV.</p>

Risk factor	Description
Stalking	<p>Stalking behaviours (repeated, persistent and unwanted) including technology-facilitated surveillance, GPS tracking, interferences with property, persistent phoning/texting and contact against court order conditions, increases risk of male-perpetrated homicide.</p> <p>The vast majority of perpetrators of stalking, and the most dangerous, are intimate partners of the victim, and not strangers.</p> <p>Stalking when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking behaviour and obsessive thinking are highly related behaviours. Technology-facilitated abuse, including on social media, surveillance technologies and applications is a type of stalking.</p>
Access to and/or has made threats with weapons	<p>A weapon is defined as any tool or object used by a perpetrator to threaten or intimidate, harm or kill a victim or victims, or to destroy property. Perpetrators with access to weapons, particularly guns and knives, are much more likely to seriously injure or kill a victim or victims than perpetrators without access to weapons.</p>
Breach of orders	<p>Breaching a court order, conditions of parole or any other protection order, indicates a disregard for the law and authority. Such behaviour is a serious indicator of increased risk of future violence.</p> <p>Breaching an intervention order, or any other order with family violence protection conditions, indicates the accused is 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.</p>
Threats or harm to pets	<p>Cruelty and harm directed to pets and other animals can indicate risk of future or more severe violence and are often used as a control tactic by perpetrators.</p>
Perpetrator misuse of drugs and alcohol	<p>Perpetrators with a serious problem with illicit drugs, alcohol, prescription drugs or inhalants can lead to impairment in social functioning and creates an increased risk of family violence. This includes temporary drug-induced psychosis.</p>
Perpetrator mental illness and/or threatened suicide	<p>Threats or attempts to self-harm or commit suicide are a risk factor for murder-suicide. This factor is an extreme extension of controlling behaviours.</p>
Victims' perception of risk	<p>Victims know their perpetrator best and can often accurately predict their own level of safety and risk, including the risk of re-assault. Practitioners need to be aware that sometimes victims may minimise their risk as a result of the perpetrators abuse tactics which can create fear, confusion or denial.</p>

Undertaking a risk assessment

The purpose of a risk assessment form or tool

Whether you are using the example provided below in [Practice guide 2](#) or another risk assessment form, **it is important to remember that the form or tool is not the process. The form is just a guide to the questions you want to ask and a means to record your findings to help come to some assessment of the circumstances.**

Far more will be gained if you establish good trust and rapport and get a more complete and honest story from the victim in their own words than if you fill in every part of a form. Having said that, the form provides some indicators of things that are helpful to ask in order to determine risk.

How to do it

Risk assessment is best done with the victim in partnership. This means utilising the skills you already have in building trust, being honest, being open and transparent about what you are doing and why and working together to build a picture of risk. She is the expert in her experience and story and your job is to help map that story against known and suspected risks.

Prerequisites

- Ensure any conversation with a victim occurs in a safe and appropriate space without the perpetrator or children present.
- Be familiar with this risk assessment and risk factors.
- Support and listen to the victim and explain that you are asking questions because you are concerned for her safety.

Practice guide 2: Example risk assessment

Say something like, 'I would like to find out a bit more about you and [person using violence] so that together we can work out the risks and then explore what we could do to try to keep you (and your children) as safe as possible. Are you OK if we do that now?'

If yes:

The ACT has developed a process to use as a bit of a guide for this conversation just to make sure we think of the right things and then make decisions about the next steps that work for you. Are you OK if we work through that together?

Initial broad questions examples

- Can you tell me what's been happening to you lately?
- Can you tell me a bit about what is worrying you?
- You said yes to a couple of the earlier questions about violence or abuse at home. Can you tell me a bit more about what's going on with that?

More specific questions examples

- Could you tell me a little more about the last time he hurt or frightened you?
- Are there things he does that are about trying to control you?
- What is the scariest thing he has done to you or others?
- How long has this been going on?

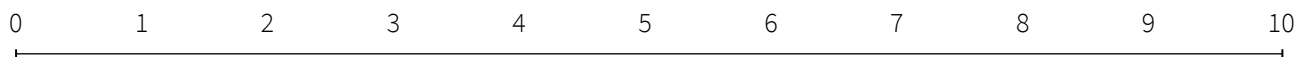
Risk factors

We know from other women and from research that there are some things that can happen that indicate a high risk of further and/or escalating violence. Some of these questions may be a bit challenging but we really need to try to get a good picture, so we know what to do next. Would it be OK if we go through these?

1. Have you recently separated or are in the process of separating?
2. Are you pregnant or have a new baby?
3. Is the violence getting worse and/or happening more often?
4. Has he ever applied pressure to your neck or throat?
5. Does he try to control what you do?
6. Has he ever threatened to kill you or your children or someone else in your family?
7. Has he assaulted you in the past?
8. Has he ever forced or tried to make you do things sexually that you didn't want to do?
9. Does he stalk or track you?
10. Does he have access to weapons and has he ever threatened you with a weapon?
11. Has the perpetrator ever breached a protection order or another sort of order (such as parole conditions or child contact)?
12. Has the perpetrator ever harmed or threatened to harm pets?
13. Does he have any issues with drug and alcohol use?
14. Has the perpetrator ever been diagnosed with a mental illness and has he ever threatened suicide?

15. Victim-survivor's assessment

- How scared do you feel given what just happened/the latest incident?
- Do you think the violence and/or control will happen again or continue?
- Is the control and/or violence getting worse?
- If you had to rate the risk of something happening again from 1 to 10 where might you rate that risk?

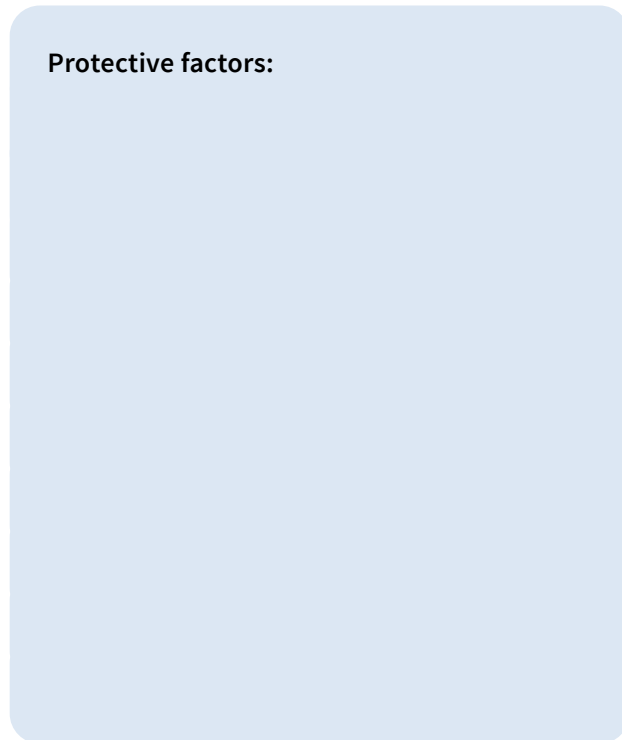


Protective factors

Say something like: *It would be really helpful to get a sense of what things in your life we could consider positive or protective factors, and work out how to best use them to increase your safety. Is it OK if we talk about that now?*

- Would you say you have a good social network?
- Do you currently have stable income and is your workplace able to be supportive?
- Are you thinking you might want to leave or move away from the relationship?
- Do you have safe cultural connections?
- Do you have family members that you have strong and safe relationships with? Do they know what is happening?
- Do you have access to your own finances?
- Do you have your own transport?
- Are you currently in contact with any support or advocacy services?
- Do you have a current safety plan?
- Do you have a protection order? Is he complying with that order?
- Do you have a good relationship with your GP or any medical personnel?
- Are there good supports in place for your children?⁷⁵

Protective factors:



Remember

All risk must be acted on. Death reviews have shown that even apparently low risk matters can escalate quickly, particularly at the point of separation (or where the perpetrator realises that the victim is ceasing the relationship). For this reason, regular updates and reassessment are necessary.

⁷⁵ See also MARAM practice guides. *Responsibility 3: Intermediate risk assessment*⁷⁵, pp.203–205.

Finalising the risk assessment

Taking the information you have collected and then assessing the level of risk can be challenging. Risk assessment is not an exact science. The risk factors you have identified may indicate an increased risk and should be used to guide and inform your responses, along with an assessment of protective factors, the victim's assessment of risk and your professional judgement.

You may believe that the risk to your client is high even when many of the risk factors are not present. That may be because there are few protective factors present, or because there is something which has been described or told to you that 'presses your alarm buttons'. It is good to trust your professional judgement and at least talk with an experienced colleague to help you come to a decision about the level of risk if you are unsure. You can also ring a specialist domestic violence service to discuss your concerns. Of course, it is also true that the next time you speak with the victim, new information could change your assessment of the risk.

Levels of risk

There are three recognised levels of risk, 'at risk', 'elevated risk' and 'high risk'. 'High risk' can also 'require immediate protection', or not. All levels can change and escalate over time. All risk levels need ongoing monitoring to identify any changes or escalation. **Again, this isn't an exact science and it is far better to overestimate the risk than underestimate it.**

At risk

Some high-risk factors are present. However, there is a range of protective factors present, and risk management strategies – such as advocacy, information, support and referral – are or can be put in place to lessen or manage the risk from the perpetrator. Victim-survivor's self-assessed level of fear and risk is low and safety is high.

ACTIONS: keep in touch, keep monitoring for any changes, ensure risk management strategies are working and contact with services is regular.

You might say something like: *You have identified some risk to your safety and so have I. You have also outlined some really good protective factors going on in your life. I wonder if we could do up a bit of a safety plan together so we know what to do if it gets any worse?*

Elevated risk

A number of high-risk factors are present. The impact of risk from the perpetrator is affecting the victim's day-to-day life, the level of fear is elevated and there are only a few protective factors identified.

ACTIONS: Need to undertake (or ensure referral to a service that will undertake) a safety action plan, identify or implement actions to increase/strengthen protective factors. Need to keep close contact and identify any escalation or changes to the risks.

You might say something like: *You have identified that there are quite a few risks to your safety and I would agree. I would really like us to develop a safety plan and start taking some actions on that as soon as possible. Are you OK if we do that now?*

High risk

A number of high-risk factors are present. Frequency or severity of risk factors may have escalated. 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. Victim-survivor's self-assessed level of fear and risk is high to extremely high and safety is low.

ACTIONS: Immediate risk management plan is required to lessen the level of risk. Statutory and non-statutory service responses may be required and safety planning is necessary.

You might say something like: *You have identified some really high risks to your safety and I agree and think we need to take some actions today. Are you OK if we work through those now?* (This might include calling DVCS together, planning somewhere safe for her to go for the next couple of days, and so on.)

High risk and requires immediate protection

In addition to high risk, as outlined above: Previous strategies for risk management have been unsuccessful. Escalation of severity of violence has occurred/is likely to occur. Victim-survivor self-assessed level of fear and risk is high to extremely high and safety is extremely low. Someone needs to be identified to actively risk-manage this situation immediately.

ACTIONS: Statutory/legal and crisis responses are required immediately for full risk management planning and intervention. This could include referral to crisis accommodation, legal support to obtain a protection order, and so on. Contact DVCS who can assist in obtaining these protections as quickly as possible.

You might say something like: *The things you have told me are really serious and I am very concerned for your safety. I think we need to contact a specialist service and get some safety strategies in place immediately. Are you OK if we do that together now?*

High risk in immediate need of protection and a reluctance to accept help

It is important to remember that there are many reasons why women may be reluctant to leave or to pursue police or legal avenues. These include fear for their safety and an escalation of violence; fear of being rejected by family, friends or community; wanting the violence to stop but still loving the partner; fear of poverty; and, for many women, fear of losing custody or access to their children.

As these fears are often real, you should never minimise or dismiss them but work with the victim to seek solutions to the barriers they pose to safety.

If there are no children involved continue to support the victim, continue to discuss the known risks for someone in her position and remain non-judgemental. You can ring a helpline yourself for support around how to best support the victim, but unless the violence is occurring in that moment, the police are unlikely to have the capacity to act.

You might say something like: *I can understand your reluctance to talk with another service and I am also extremely concerned for your safety. The things we have identified today often lead to more serious and ongoing abuse that I am really worried about. I can assure you that there are services who can work with you to find strategies that work for you. Could we just give them a call and see what they say, we don't have to give your name, and then we can work out what you want to do next?*

If the victim is still reluctant to act and there is high risk with immediate need for protection and there are children at risk

If children are being physically or sexually assaulted or abused, or being forced to watch or participate in the abuse of others, you should contact Child and Youth Protection Services (CYPS), on 1300 556 729, with the victim's consent where possible, but without it if necessary.

You may also be a mandatory reporter, which means there is a legal requirement to make a Child Concern Report to CYPS if, through the course of your work (paid or unpaid), you believe on reasonable grounds a child may be:

- being or has been sexually abused, or
- experiencing or has experienced non-accidental physical injury (physical abuse).

Deciding to make a child notification is never an easy step. When you are notifying CYPS without the adult victim's consent it can pose a threat to the trust you have established, and it has the potential to escalate risk to the victim (whatever action is or is not taken by care and protection), by alerting the perpetrator that the victim is talking about the abuse.

For these reasons, CYPS notification without consent must always be done with calm consideration. Unless there is a case where the child is being directly abused these situations rarely require immediate action and should not be done as a consequence of a worker's (understandable) distress at what they are hearing. Often taking some time to work with the victim to assess and manage the risks will enable her to take actions to protect herself and her children.

Most victims when faced with a system that can liberate women from violence will choose that path, but only if they understand it.⁷⁶

The women in this study discussed that fundamentally they sought social and structural support that empowered them to safely separate from their abusive partner.⁷⁷

CYPS acknowledge that listening to, seeing or seeing the result of domestic violence is emotional abuse. However, they also receive approximately 16,000 reports per year, many of which 'relate to children and families who could have been better served by reporters offering to help them access services relevant to their needs.'⁷⁸

Onelink is a community-based service in the ACT that works in partnership with CYPS to provide advice and referrals related to children and families. This service is in part designed to divert families from CYPS when the provision of support would be a better option, including support to work towards safely ending a relationship characterised by domestic violence. If, after balancing the risks outlined above, you are still unsure about whether the risk to children is high enough to require a report to CYPS without the non-offending parent's consent, you can contact Onelink on 1800 176 468 to get support and advice.

If you decide to make a CYPS notification it is best if you tell the victim beforehand. You might want to say something like:

I understand that you feel you have little control over aspects of your life right now and so it's been important to me to give you the power to decide on actions to keep yourself and your children safe. At the same time, I cannot keep information confidential where I believe your children/family are at extreme risk of harm or violence. And I really do believe that you and they are, based on the information you have given me. I need to [outline your agency's agreed process for notifying about children at risk]. I would rather we did it together. I know and accept that may mean you no longer trust me or want to keep seeing me, though I really hope that isn't the case. I am happy to give you contact details for other services if you want.

Having these conversations is difficult and you can get support for yourself from your manager, a supportive colleague, your Employee Assistance Program (EAP) provider, a social worker or psychologist in your work environment, DVCS, Lifeline, or 1800 RESPECT.

Risk level assessment and rationale

- High risk and requires immediate protection
- Elevated risk
- At risk

Rationale:

76 ACT Government (2018) *Family Safety Hub design: insights report*, p.76.

77 Bruton (2015) 'Stories of strength, survival and the system.'

78 ACT Government (2019) *Keeping children and young people safe*.

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KEY COMPONENT 4

Risk management

Risk management is a conscious and planned approach to identify and prioritise risk factors and remove, reduce, or mitigate them. Risk factors are not static and, in many cases, will change over time as the needs of victims, perpetrators and families change.⁷⁹

Understanding risk management

Like risk assessment, risk management is not an exact science. Effective risk management relies on a few key understandings and skills, and the patience and willingness to undertake the process of coordinating the range of services a victim might need.

The key tool for effective risk management is conversation. The more you and the victim discuss and understand both her particular circumstances and what is known about general risk factors, the better able you will be to formulate strategies together.

Skills for risk management

Effective risk management relies on the skills and ability to build a good relationship with the victim of violence. Of course, this skill is not limited to supporting domestic and family violence victims — it is a skill that practitioners already possess and employ.

Managing risk in relation to domestic and family violence requires eliciting as much honest information as possible. This honesty is dependent on the non-judgemental and trusting relationship a practitioner builds with the victim. It is also important not to assume that the victim has fully disclosed information in any previous risk assessments or is able to during the risk management process.

A commitment to working with the victim to develop risk management strategies and safety planning, and a sound working knowledge of supports available will contribute over time to building the trust a victim needs to fully disclose.

While arguably a virtue rather than a skill, patience will be required. Navigating the range of services that might be needed, finding new solutions when services are not available and undertaking the processes those services require for access can be a frustrating task. However, patience and persistence will result in better outcomes for the victim of domestic violence.

See Fact sheet 7: Risk management conversation guide.

Risk management planning

All responses need to prioritise and focus on safety, which involves managing risk by understanding it, developing safety strategies against the identified risks and working to engage the services a victim needs. If victims are not safe it is unlikely that any other responses or interventions will be effective.

A risk management plan identifies goals and objectives and ways to achieve them, as well as outlining the roles and responsibilities of the agencies involved. A risk management plan also most often also involves developing a safety plan.

Risk management, like risk itself, is a dynamic process and cannot be effectively done only once. Risk management needs to be continually assessed and monitored. Key elements of risk management include information sharing relevant to risk and safety, and appropriate referral to the range of services a victim and their family might need.

⁷⁹ New Zealand Government (2017) *Family Violence Risk Assessment and Management Framework: common approach to screening, assessing and managing risk*, p.40.

Understanding what risk management can and cannot achieve

It is critical to point out that the problem of domestic violence cannot be resolved by effecting changes in the victim's behaviour. No abused woman has control over her partner's actions — she cannot stop the violence. Neither does safety planning solve the problems of insufficient resources or overcome the barriers that may exist as a result of a lack of a coordinated response.

Nevertheless, the steps that you help a woman to take to reduce her risks and increase her safety can make an enormous difference to her ability to keep herself and her children safe, and to empower her to take control of her life.⁸⁰

Key understandings

Central to effective risk management is the need for service providers to have an awareness of four key things. Service providers need to:

Understand the dynamics and changeability of domestic and family violence risk

As outlined in the Shared Understandings component of this framework, domestic violence is an ongoing process of intimidation, coercion and control that most often increases and escalates over time. This understanding is critical as it demonstrates the need for risk management to be an ongoing process that continually adapts to the known risks. For example, we know victims are at increased risk at the point at which the perpetrator realises the relationship is over (which may be the point of separation or some months later). Practitioners need to go through this framework, attend training, read the additional information provided in the resources section and keep themselves up to date on evidence-based risk factors and research. The risk management conversation guide included in this component provides some of the key points about

the dynamics of domestic violence that should be included when having a conversation about risk management.

Know the range of services available and what they offer, both for domestic and family violence services and generalist services such as housing, health and financial services

A victim will most likely need a broad range of services to address their safety. This may include crisis and legal services as well as generalist services related to needs that can affect safety, such as finance, housing and health. Active assistance to access this range of services requires practitioners to have a sound working knowledge of relevant ACT services and referral processes (or easy access to finding them).

Be clear about their own role in responding to domestic and family violence

Service providers and practitioners need to be fully aware of what is expected of them by their agency in their role and be familiar with the relevant policies and procedures of their agency (rather than waiting until an issue of domestic violence arises).

Have sound skills in good practice referral

All referrals must be made in consultation with the victim and/or perpetrator and with consent (unless there is imminent risk to safety, see section below). It is also critical to be comfortable and familiar with explaining the information-sharing practices and policies you work within and outline this with clients from the start of contact. Practitioners need to be flexible and determine what level of support might be needed for a person at that particular time to support them to contact other services.

How a referral is made is as important as whether or not information is provided about the service.⁸¹

80 Ending Violence Association of BC (2013) *Safety planning across culture and community: a guide for front line violence against women responders*, p.8.

81 Ending Violence Association of BC (2013) *Safety planning across culture and community: a guide for front line violence against women responders*, p.16.

Some victims might be able to contact services themselves, while others might need help to devise a plan on who to contact and in what order. Some victims may need practitioners to do the first contact with them.

She gave me a whole list of 15 people to ring but she didn't ring any of them.⁸²

Practitioners must be clear about what other services can offer and what those services might do with any information that is shared with or given to them.

Women are isolated, they don't know who to call, they don't know what will happen if they call. Do the police have to be involved? Will child protection services be involved?⁸³

Practitioners need to acknowledge diverse experiences and understand intersectionality, and know which services might best meet the particular diverse needs of each victim or perpetrator.

She [a woman with a physical disability] wanted to know if it would be possible to leave and what that would look like.⁸⁴

Safety planning and supporting a victim of family violence may well mean that you need to spend time finding and accessing the services she might need, particularly as she may not be able to undertake this by herself. It is important to understand that the work of accessing services is not simply an annoyance, it is often a key part of what it means to commit to supporting victims of domestic and family violence.

Advocating for proactive system responses is another key element of your role.⁸⁵

Needs assessment and referrals

This relates to the importance of assessing needs as well as risk. As described earlier in this framework, unmet needs can compound risk and are therefore an important component of risk assessment.

Needs assessment involves assessing for things like housing, medical and legal needs and might require referrals to services such as:

- specialist domestic and family violence services
- counselling support services
- men's services and behaviour change programs
- courts
- legal services
- police
- child abuse services
- child protection services
- family relationship services
- mental health services
- general practitioners
- drug and alcohol services
- sexual assault services
- victim support agencies
- interpreter services
- community health services
- child and family services
- financial support services
- housing support services.

Needs assessment (that is, housing stability, finances, health, children):

82 ACT Government (2018) *Family Safety Hub design: insights report*, p.38.

83 ACT Government (2018) *Family Safety Hub design: insights report*, p.21.

84 ACT Government (2018) *Family Safety Hub design: insights report*, p.23.

85 Ending Violence Association of BC (2013) *Safety planning across culture and community: a guide for front line violence against women responders*, p.17.

Risk management/safety planning

It is expected that workers who have undertaken ACT Government Domestic and Family Violence Tier 2 training (that is, workers who undertake case management or similar with clients but for whom domestic and family violence is not their only or primary target group) can and will undertake risk management planning with women, referring the victim to specialist services only where risk is imminent and extreme. However, specialist domestic violence services are available to offer support and advice about the work being done with victims.

Emergency risk management

If a victim's safety or life is in immediate danger, your first responsibility is to take whatever steps are necessary to keep them safe, while also maintaining your own safety. In these situations, waiting for any other risk management response may be too late. An emergency or crisis risk management response may include:

- contacting police on 000
- contacting DVCS on 02 6280 0900
- assisting anyone who is injured to access emergency medical care, by calling an ambulance, or assisting them to go to the nearest clinic, health centre, doctor or sexual assault service
- assisting the victim to identify a place they can go to be safe from immediate violence and assisting them to get there (by booking a taxi or accessing public transport)
- contacting a person who can help them to be safe (with the person's permission). This may be a safe family or community member, or a service
- contacting police to help the client collect belongings from their home
- helping the victim to get to a place where they believe they will be safe.

Risk management planning

Where you and the victim have determined they are at risk, consider at least including the following actions in a risk management plan:

- have a risk management conversation
- identify barriers to seeking safety and identify solutions to those barriers
- identify services that might be needed for the victim and children and the referral processes required
- develop a safety plan – see below
- consider and discuss who needs to be aware of the safety plan and notified about it
- make any necessary referrals with the woman (to the extent she needs you to).

Where you and the victim have identified they are at elevated or high risk, they may also need:

- referral to a specialist domestic violence service
- support to seek an apprehended violence order
- reporting of any breaches of an existing order
- sharing of information with other service providers
- an identified person for ongoing case management or a referral to a service that can provide this if you cannot
- having a risk management conversation (that includes finance and housing needs)
- develop a safety plan.

Where you have identified high risk and the victim requires immediate protection:

- identify and undertake immediate safety actions
- undertake referral to DVCS
- possibly refer to ACT Policing.

Developing a safety plan

Each safety plan is unique to the needs of the victim-survivor and should be informed by their views on what will and won't work. It can be empowering for the victim-survivor if you recognise and affirm the successful actions and strategies a victim-survivor has already used in the safety plan you develop with them. Actions that are helpful in some situations might inadvertently increase their risk in other situations. You should be guided by the victim-survivor on what strategies will work best in their situation.⁸⁶

Developing a safety plan is a critical part of risk management and planning, regardless of the level of risk. A safety plan outlines in advance a range of actions that a victim can take in a crisis or emergency situation. It is important that the plan is developed in partnership with the victim, as they know the risks, know what strategies have worked in the past and know what might place them at increased risk.

Most victim-survivors have developed a number of strategic and creative ways to keep themselves and their children safe, but may not have developed a formalised or written plan.⁸⁷

Having said that, developing a safety plan should not be left solely to the victim as there are actions and responses that you and other agencies can take as part of that planning.

A safety plan builds on what the client is already doing to keep safe and what works for their circumstances, as well as how the worker can support them.⁸⁸

Safety plans must be updated regularly as risk and circumstances will change.

See Practice guide 3: Safety plan template.

86 Victorian Government (n.d.) *MARAM practice guides. Responsibility 4: Intermediate risk management*, p.228.

87 Northern Territory Government (2020) *Domestic and Family Violence Risk Assessment and Management Framework*, p.74.

88 Northern Territory Government (2020) *Domestic and Family Violence Risk Assessment and Management Framework*, p.74.

E-safety

Mobile devices and computers contain a range of information and history that can be used by perpetrators of domestic and family violence to monitor and track victims. Abuse of this information is referred to as technological abuse and it is becoming a much more common feature of domestic and family violence. Any risk management and safety planning needs to take actions to safeguard against this abuse.

See Practice guide 4: e-safety checklist.

In addition, WESNET is a peak body for specialist women's domestic and family violence services and provides a range of resources and support and training around technology and safety in the context of domestic and sexual abuse; see Technology Safety Australia — TechSafety (<https://techsafety.org.au/>)[>].

Another useful source of information and resources is the National E-safety Commissioner (<https://www.esafety.gov.au/women/domestic-family-violence>)[>].

Risk management plan

A risk management plan brings all the pieces together, including the safety plan (which is primarily a document for the victim to enact when required), and an e-safety plan (which is an important strategy). Importantly however, a risk management plan also outlines what actions services and workers need to take to contribute to creating safety for women and children. As noted earlier in this framework:

The prevalence of domestic and family violence and the profound and diverse effects on the health and wellbeing of victims means that responses often involve multiple services. The involvement of different services can result in strong and collaborative responses that collectively keep the victims safe and hold perpetrators to account. However, when services do not work together, the risk and vulnerability of victims can increase.

The risk management plan is a key tool in ensuring a strong and collaborative approach across multiple services by outlining and keeping track of the range of responses and actions that different services and workers need to undertake.

A risk management plan needs to be regularly monitored and updated.

See Practice guide 5: Risk management planning template.

Safety plan completed and in place

E-safety plan completed

Risk management plan developed

It is important to update and monitor the risk management plan.

Practice guide 6: Summary risk assessment and management

Protective factors:

Risk level assessment and rationale

High risk and requires immediate protection

Elevated risk

At risk

Rationale:

Needs assessment (that is, housing stability, finances, health, children):

Safety plan completed and in place

E-safety plan completed

Risk management plan developed

It is important to update and monitor the risk management plan.

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KEY COMPONENT 5

Children and young people

Children and young people experience family violence differently from adults. They also have different experiences of services that are meant to help. They are regularly overlooked or only considered as an add-on to their parent.⁸⁹

However, it is important that all services that work with children and young people understand the impact of domestic and family violence on children and young people and can identify and respond appropriately if domestic and family violence is occurring, including where and how to seek specialist support.

Just in general, more parents or the schools, stuff like that should be aware too, so they can help support that one lone kid that doesn't know where to go to get some information.⁹⁰

Introduction

The ACT Government recognises that children are victims of domestic and family violence and that domestic and family violence impacts all children and young people who live with it. Living in a home where domestic and family violence is occurring causes serious and long-term harm to children, impacting on their cognitive and emotional functioning, their health and development, their relationships and their future.

See Fact sheet 4: Impacts of domestic and family violence on children and young people.

This section provides some starting points and references from which all practitioners can begin or continue to improve practices and systems to better support children and young people and their mothers through and beyond their experiences of living with domestic violence.

The concept of risk assessment and management in relation to children and young people experiencing domestic and family violence is relatively new. As has already been stated, this framework should be viewed as a living document that will be added to and amended as new research emerges and as new practices are developed and tested in the field. It is envisaged that in time, this will include developing risk assessment tools for children and young people who are victims of domestic and family violence in the ACT and including them in this framework.

The definition of 'children', and 'young person' definitions

Whilst the definition of a child is universally accepted under the United Nations Convention on the Rights of the Child (UNCROC) to be a person under the age of 18-years, within Australia in the ACT and NSW, the difference between a child and a young person is legally defined.

89 ACT Government (2020) *Now you have heard us what will you do? Young people's experiences of domestic and family violence*, p.3.

90 ACT Government (2020) *Now you have heard us what will you do? Young people's experiences of domestic and family violence*, p.15

In the ACT, under the *Children and Young People Act 2008* a child is defined as a person under the age of 12 years and a young person is defined as a person aged 12 to 17 years. In NSW, under the *Children and Young Persons (Care and Protection) Act 1998* a child is defined as a person under the age of 16-years and a young person is defined as a person aged 16 to 17 years.

In this publication, references to children refer to all people under the age of 18 years. Specific references to developmental stages are used where an age or developmental-related response or consideration is required when using this domestic and family violence risk assessment and management framework.

Shared understanding

Understanding the multiple ways perpetrators cause harm to women and children

More competent and capable systems are characterised by ... an appreciation of the multiple ways perpetrators' violent behaviours cause harm to women and children. This requires paying attention to the direct harm and trauma created but also the ways in which violence fractures the family ecology and compromises their partner's parenting capacity and their relationship with her children. A deeper understanding of the ways a perpetrator causes harm helps to ensure that interventions are responsive to women's and children's lived experience of violence.⁹¹

The Safe and Together Model is being increasingly used overseas and across Australia (Qld government, NSW Government, ACT CYPS and Australian Family and Circuit Courts) as a framework for practice centred around better understanding the dynamics and impacts on children and families living with domestic and family violence.

David Mandel, the founder and lead proponent of the Safe and Together Model, argues that traditionally we have taken a very narrow view in exploring the effects of a perpetrator's actions on children and families by focusing on 'did the children see it, did they hear it, did they know about it?'. Even within this narrow view the research has shown that the extent to which children see, hear and know about the violence is consistently underrated by adults. Significantly, this narrow approach ignores the coercive controlling behaviours that characterise domestic and family violence abuse and minimises the range of impacts that perpetrators' behaviours and choices have on children and families.

As some advocates describe it, coercive controlling fathers are omnipresent in children's lives even after separation. A small study conducted directly with children in the UK confirms this and indicates what is missed by taking a narrow approach.

Although all of the children talked about the fear associated with overhearing and witnessing instances of actual violence, there was an overarching sense that it was not just at these times when children experienced threat and fear.⁹²

91 NSW Government (2015) *Home truths: rethinking our approach to family violence.* >

92 Swanston et al. (2013) 'Towards a richer understanding of school-age children's experiences of domestic violence: The voices of children and their mothers', p.189.

This finding is consistent across the literature:

Regardless of the differences which existed and whether the children described the violence as being “subtle and insidious [or] explicit and explosive”, the unifying theme across children and across studies was that “it was always there” (Berman 2000).⁹³

In order to recognise and respond to the true and lasting impacts of domestic violence on children and young people, Mandel urges us to better understand and map the impact of the violence on parenting capacity and the wider effects on what he terms the family ecology. He argues that we must start looking for and telling the story of the total spectrum of effects that a perpetrator’s choices are having on children and families by looking at the following key issues.

Children’s trauma

The more we understand and learn about the trauma on children, the more we will be aware of what to look out for and notice in the lives of the children and young people we work with. See for example: ANROWS *Research summary. The impacts of domestic and family violence on children*⁹⁴, Noble-Carr et al. (2017), *Australia Human Rights Commission (2015)* and *Fact sheet 4: Impacts of domestic and family violence on children and young people*.⁹⁴ Some of the impacts outlined in the ANROWS research summary include worse health, social and educational outcomes, impaired parenting, continued impact after separation and the practice of inadequate documenting of the impacts of violence on children.

Perpetrator pattern

This means understanding and looking for the nature and impacts of coercive control and actions taken to harm children beyond physical harm, such as ‘how is the perpetrator’s behaviour coercive and/or controlling of the mother, how he undermines and diminishes her as a parent, how he criticises her and deflects from his harmful behaviour and responsibility as a parent, how his behaviour is violent, aggressive, intimidating or threatening’ and understanding the impact of these on children and young people.⁹⁵

It also includes understanding and mapping the use of coercive control directly in the lives of children and young people:

This research confirms that coercive control has pervasive effects on children including limiting children’s ability to maintain important relationships (with friends, parents, siblings and extended family), and engage in normal and expected activities outside the home (Callaghan et al. 2015; Katz 2016). Coercive and controlling behaviours often continue to impact on children well after the mother and children leave a violent home, enabled through the father’s efforts to manage and negotiate ongoing contact arrangements (Bagshaw 2007; Callaghan et al. 2015; Georgsson Staf and Almqvist 2015; Katz 2015).⁹⁶

It is also important to note that ‘while a perpetrator of violence might express love for his child, it is important not to mistake this for empathy for his child’s needs and experiences’ (Bancroft and Silverman 2002; Bancroft et al. 2011, cited in Western Australian Government (2013)).⁹⁷

93 Noble-Carr et al. (2017) *Children’s experiences of domestic and family violence: findings from a meta-synthesis*⁹³, p.20.

94 ANROWS (n.d.) *Research summary: the impacts of domestic and family violence on children, 2nd edition*⁹⁴; Noble-Carr D et al. (2017) *Children’s experiences of domestic and family violence: findings from a meta-synthesis*⁹⁴; Australian Human Rights Commission (2015) *Children’s rights report 2015*.⁹⁴

95 Queensland Government (2019) ‘Safe and together model’, *Child Safety Practice Manual*.⁹⁵

96 Noble-Carr et al. (2017) *Children’s experiences of domestic and family violence: findings from a meta-synthesis*⁹⁶, p.18.

97 Western Australian Government (2013) *Perpetrator accountability in child protection practice: a resource for child protection workers about engaging and responding to perpetrators of family and domestic violence*⁹⁷, p.32.

Effects on partners' parenting

One of the mechanisms of coercive control used by perpetrators is to actively disrupt and undermine a woman's relationship with her children. Being aware of the ways this can happen can help inform better responses to women and children.

Perpetrators harm children by making it difficult for mothers to:

- be consistently physically and mentally 'present' for their child
- attend to their child's needs
- support their child's emotional expression
- feel confidence in their parenting role
- maintain a loving connection with their child.⁹⁸

It is also important to understand that these impacts 'create complex barriers to women and children's escape from violence, including fears about their ability to cope without the perpetrator, fears for their safety if they try to escape, not being believed, exclusion from their social networks or community, and issues related to child custody including presumptions courts can make about "shared care"'.⁹⁹

Effects on family ecology

Mandel believes it is imperative that effects of violence such as job loss, poverty, and homelessness, be understood and considered as consequences of the choices perpetrators make in perpetrating harm on their families.

It is also helpful to bear in mind that, 'in families where violence is occurring, that violence becomes the defining feature of familial relationships, around which everything else revolves'.¹⁰⁰

Systems abuse

In gaining a true understanding of the impacts of domestic violence for children and families it is important to understand ways perpetrators can use systems to further perpetrate abuse. Research has shown that perpetrators who use coercive control use it across every system including migration status, medical issues, legal systems, and so on. A good resource is *How Domestic Violence perpetrators manipulate systems* published by the Safe and Together Institute.¹⁰¹

It is also helpful to consider how systems themselves can perpetuate cycles of abuse.

And the last time we went to Family Court, on the very same day they had somebody from [child protection department] saying that if I hand over [child to ex-partner] when I think she's at risk, then she could be removed from me. And on the same day, the, um, the magistrate, it was a circuit court. And he said that if I withhold [child], then he could send me to jail.¹⁰²

Harm to child

To gain a true picture of the extensive harm that perpetrators inflict on children it is crucial to look at and map all the above elements. An example of how practitioners can map these elements to gain a full picture of the abuse is available from the Queensland Department of Children, Youth Justice and Multicultural Affairs. See the Mapping Perpetrators' Patterns [➤](#) tool and Domestic Violence Informed Child Protection Practice [➤](#) tip sheet in their *Child Safety Practice Manual* at cspm.csyw.qld.gov.au. [➤](#)

98 Western Australian Government (2013) *Perpetrator accountability in child protection practice: a resource for child protection workers about engaging and responding to perpetrators of family and domestic violence* [➤](#), p.31.

99 Western Australian Government (2013) *Perpetrator accountability in child protection practice: a resource for child protection workers about engaging and responding to perpetrators of family and domestic violence* [➤](#), p.31.

100 Western Australian Government (2013) *Perpetrator accountability in child protection practice: a resource for child protection workers about engaging and responding to perpetrators of family and domestic violence* [➤](#), p.30.

101 Mandel et al. (n.d.) *How domestic violence perpetrators manipulate systems. Why systems and professionals are so vulnerable and 5 steps to perpetrator proof your system* [PDF 603 KB]. [➤](#)

102 ANROWS (n.d.) *Research summary: the impacts of domestic and family violence on children, 2nd edition* [➤](#), p.2.

Correlation between domestic and family violence and child abuse

Research over the last decade has shown there is a correlation between domestic violence and child abuse. That is, perpetrators of domestic violence are more likely to also directly abuse children (separate to the abuse of living with domestic violence).

The rates of co-occurrence of Australian children experiencing physical abuse and being exposed to domestic violence, and experiencing sexual abuse and being exposed to domestic violence have been estimated at 55 per cent and 40 per cent respectively (Bedi and Goddard 2007). Although they argue that these figures are likely to be an under-representation of the prevalence of the co-occurrence of exposure to domestic violence and other types of child abuse, Bedi and Goddard (2007) claim that ‘families in which child abuse and I[n]timate P[artner] V[iolence] co-occur clearly represent a significant proportion of those in which either is present’. This highlights that children’s exposure to domestic violence may frequently be one feature of families in which other types of violence are also present and underscores the importance of considering children’s exposure to domestic violence in a holistic way.¹⁰³

It is useful to understand that not only is living with domestic violence abusive in itself, it is also a warning sign or indicator that other abuse could be occurring.

See Fact sheet 8: Risk factors for children and young people.

How the system can hold mothers responsible and not the perpetrators

When a child’s safety is compromised because of domestic violence, mothers are often held responsible for protecting their child. At a time when mothers are handling an array of complex issues and are likely to be at risk of serious harm themselves, they are often asked to complete a set of tasks to keep themselves and their children safe. If these tasks are not achieved, then they are blamed for not acting in a protective manner. Effectively this relieves men of their accountability for their violence and the impact it has on their partner, children and family functioning.¹⁰⁴

Mandel argues that systems themselves are informed by biases that can allow perpetrators to avoid responsibility and accountability. Mandel argues that perpetrators are aware of and manipulate these systems and biases, and practitioners and services need to be aware and take active steps to ensure we do not collude with this.

103 Richards (2011) ‘Children’s exposure to domestic violence in Australia’, p.2.

104 NSW Government (2015) *Home truths: rethinking our approach to family violence*.

Perpetrator manipulation of systems relies on unaddressed bias issues that often fall along the lines of gender, race, or other known forms of structural inequality. For example, it is impossible to fully understand how male domestic violence perpetrators are so often successful in accusing their female partners of alienation without appreciating the cultural context of lower expectations of men as parents. And it would be naïve not to factor in the history of children being stolen from Indigenous families when evaluating the effectiveness of a perpetrator's threats to report his First Nation partner to child protection. Similarly, a trans victim-survivor fear of their treatment at the hands of law enforcement can make a perpetrator's threat to call the police even more powerful.¹⁰⁵

Involve children and young people in decision making wherever possible

Adults make decisions without listening to, informing and involving young people. Young people's rights are routinely disregarded. Services are designed by and for adults. Young people are not looking for help in the places that adults think they are.¹⁰⁶

Research, particularly research with children and young people who have experienced domestic violence, shows that children and young people are active and resistant in the context of the violence in their homes, rather than passive witnesses.

Studies ... have been able to highlight the multiple strategies children have for trying to prevent, manage and minimise the impact of violence in the home, and the active role they have in ensuring the safety and wellbeing of other family members (most often siblings and mothers) (Callaghan et al., 2015).¹⁰⁷

This active position lends weight to the need to include children and young people in decisions and in safety planning. As one expert practitioner commented, 'they are active participants, and they know stuff. They are often partners in survival with their mums with all kinds of complex strategies employed together.'¹⁰⁸

*We could help, we know what is going on and we could help. It would be better if they let us help.*¹⁰⁹

Things you can do

Find out if there are children in the family

One of the first steps to better responding to children and young people living with domestic and family violence and recognising the impacts and effects on them is to actively seek information. Even if a service is tasked to work with adults and not children, understanding who is being impacted by the violence is crucial to understanding the full context of that violence. While this sounds basic, children have been often overlooked, as evidenced in research.

105 Mandel et al. (n.d.) *How domestic violence perpetrators manipulate systems. Why systems and professionals are so vulnerable and 5 steps to perpetrator proof your system* [PDF 603 KB].¹⁰⁵

106 ACT Government (2020) *Now you have heard us what will you do? Young people's experiences of domestic and family violence*¹⁰⁶, p.14.

107 Noble-Carr et al. (2017) *Children's experiences of domestic and family violence: findings from a meta-synthesis*¹⁰⁷, p.17.

108 Child practitioner private correspondence in consultation for this framework, November 2021.

109 Noble-Carr et al. (2017) *Children's experiences of domestic and family violence: findings from a meta-synthesis*¹⁰⁹, p.35.

This active involvement of children and young people also means that the more we learn about how children and young people are living with and resisting and responding to the violence, the more we can use that critical information to inform and improve our responses.

Better understanding how children might respond to violence assists policy makers and practitioners to reconsider how they include children in responses designed to support them and their families.¹¹⁰

Support the mother–child relationship

The first thing we can do is to understand that a key tactic of perpetrators is to undermine the mother–child relationship in a range of ways. Some of those tactics include:

Threatening to use the family law and child protection system to attack and undermine the mother–child bond, creating an environment of instability and harsh discipline in the home, conditioning children to misinterpret their use of coercive and controlling tactics and its impact on the family in a way that leads children to blame their mother, minimise the abuse and distance themselves from her, actively belittling women in front of their children through emotional abuse, name calling, intimidation and humiliation (such as expressing sexual jealousy) ... isolating women from their friends and family and preventing them from accessing services to support their parenting.¹¹¹

From this understanding we can build practice that looks for and maps those tactics and can work to increase our skills in helping victims to strengthen their relationships with their children. There is a range of resources and training that can help practitioners learn these skills. A starting point could be to listen to a podcast by one of Australia’s leading researchers in this area, Professor Cathy Humphreys. *Strengthening the mother–child bond* is available through the Domestic Violence Resource Centre Victoria website. >

Ensure you and your service do not hold the mother accountable for the safety of the family

Again, the more we understand about perpetrator tactics the more we can place barriers against those tactics. See the Western Australian Government (2013) *Perpetrator accountability in child protection practice: a resource for child protection workers about engaging and responding to perpetrators of family and domestic violence*, or any of the Safe and Together materials or other resources listed in this section of the framework. It can be helpful to run an audit on your own service’s practices to ensure they are not inadvertently holding mothers responsible.

Research the work of Safe and Together and/or other models of practice

Consult the references listed in this section, included in the reference list at the end of this framework, as well as ANROWS Patricia Project, Safe and Together Institute and the Queensland Practice guide noted in this framework.

110 Noble-Carr et al. (2017) *Children’s experiences of domestic and family violence: findings from a meta-synthesis* >, p.17

111 Victorian Government (2021) *MARAM foundation knowledge guide: guidance for professionals working with child or adult victim-survivors, and adults using family violence* >, pp.64–65.

Create safe and supportive places and relationships for children and young people to talk

Our experience of listening showed young people can and do want to talk about family violence when the conversation is safe, authentic and non-judgemental.¹¹²

*You have to be passionate and committed and show that you really care and really want to do something, share about yourself and be genuine.*¹¹³

From the perspective of young people, practitioner confidence and skill in engagement underpins the success of an intervention.¹¹⁴

Building opportunities to talk to, listen to and include children is critical and often involves similar skills to building those opportunities for adults, such as being able to listen carefully, validate and respond to feelings.

Children and young people, particularly those who have experienced trauma, are attuned to the reality of the adults around them so if you want them to talk you must genuinely have a willingness to listen and be prepared to give them however much time they require. Resources on this topic and how to create safe spaces for children and young people to talk include:

- *Now you have heard us what will you do? Young people's experiences of domestic and family violence* from the ACT Government and Children and Young Peoples Commissioner, ACT Human Rights Commission [>]
- *Protection through participation: Involving children in child-safe organisations* by researcher and child advocate Tim Moore [>]
- *MARAM practice guide – Responsibility 1: Respectful, sensitive and safe engagement* (pages 146–147) [>] from the Victorian Government.

112 ACT Government (2020) *Now you have heard us what will you do? Young people's experiences of domestic and family violence* [>], p.12.

113 ACT Government (2020) *Now you have heard us what will you do? Young people's experiences of domestic and family violence* [>], p.16.

114 ANROWS (n.d.) *Research summary: the impacts of domestic and family violence on children, 2nd edition* [>], p.12.

Things not to do

Do not talk with the perpetrator

Unless you are experienced and trained to work directly with perpetrators do not try to talk with the perpetrator. The best thing most services can do is to ally with women and children to improve their safety. Some services do need to talk with perpetrators and there are ways to do that while ensuring you do not collude with any minimisation of the extent and impact of their violence.

See Key component 6: Working with perpetrators of domestic and family violence.

Do not notify Child and Youth Protection Services WITHOUT any actions to support the family

While recognising many services have obligations under mandatory reporting legislation and policy, and that at times notifications should be made, it is important to remember that a report to CYPS is not in itself an action that will inevitably improve the safety of women and children who are living with domestic violence.

Many of these reports relate to children and families who could have been better served by reporters offering to help them access services relevant to their needs, such as parenting or behavioural programs, counselling, or dealing with isolation or other home issues. The majority of reports made to CYPS do not lead to an appraisal, a more detailed investigation of the concerns reported. Early assessment of these reports by CYPS often leads to referrals to other services. As a reporter, you are able to make referrals to other agencies to provide support to families who are unlikely to receive a service from CYPS. Many families will find this less distressing than being reported to CYPS. If you are unsure what services are available, contact OneLink at 1800 176 468 or onelink.org.au¹¹⁵

The key task is to encourage children and their mothers to connect with services that can support their actions towards safety.

Do not assume all children are the same

Although there were many shared experiences and key needs highlighted by this meta-synthesis, both within and across studies, children's experiences of domestic and family violence were unique and variable.¹¹⁶

All children are unique, their ways of understanding and talking about domestic and family violence will also be unique. This means that we need to listen well and attentively as each child may try to tell us things in their own words that adults may miss. For example, a child saying 'Uncle Fred is funny' might mean he tells jokes and makes them laugh, but it could mean Uncle Fred makes this child uncomfortable and they are testing whether we will hear that.

Because the language some children use to talk about domestic and family violence may not alert adults to the seriousness of what is happening and even be dismissed, adults need to listen carefully and provide children with consistent opportunities to talk about what is happening in their homes.¹¹⁷

Similarly the effects of violence will be unique and varied — there is not a set list of behaviours that can inevitably tell us which children are living with violence. Impacts and effects will also vary by age.

For more information on the varied effects of violence on children and young people see the following resources:

- National Children's Commissioner (2015), *Children's rights report*¹¹⁵
- NSW Family and Community Services, *The effects of domestic violence on children and young people*¹¹⁶
- US Department of Health and Human Services Office on Women's Health, *Effects of domestic violence on children*.¹¹⁷

115 ACT Government (2019) *Keeping children and young people safe*.¹¹⁵

116 Noble-Carr et al. (2017) *Children's experiences of domestic and family violence: findings from a meta-synthesis*, p.38.

117 Noble-Carr et al. (2017) *Children's experiences of domestic and family violence: findings from a meta-synthesis*, p.38.

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KEY COMPONENT 6

Working with perpetrators of domestic and family violence

Such is the denial and minimisation of the majority of people who use patterns of coercive control over their family members, and so entrenched are their attitudes and behaviours, that we should not for a minute assume that a new — albeit more nuanced — framework is all the system needs to propel perpetrators towards accountability.¹¹⁸

While acknowledging that working directly with perpetrators of domestic and family violence about their violence is the domain of specialist men’s behaviour change programs and services, it is also important that the broader system has appropriate understandings of and is working to identify, name and refer those who are using violence in their relationships.

Introduction

The prevalence of family and domestic violence and the magnitude of its effects on the health and wellbeing of adult and child victims, is caused in part by the often inconsistent, incoherent and ineffective responses to the men at risk of or using violence.¹¹⁹

The NSW Health Education Centre Against Violence (ECAV), advocates for a whole of system response with a range of interventions that aim to ‘interrupt violence’ and support better referrals to specialist Men’s Behaviour Change Programs. Violence can be ‘interrupted’ in a number of ways without necessitating direct work with men to stop this behaviour, which is the domain of specialists.¹²¹

Appropriate understandings of and responses to perpetrators of domestic and family violence have a significant impact on the safety and wellbeing of victims of violence. In their Men’s Behaviour Change Program (MBCP) standards, the Western Australian government note that without consistent understandings and responses ‘perpetrators are “invisible” to the service system’, women’s confidence in the service response is reduced, inconsistent responses are made across the system (particularly the criminal justice system), workers and systems inadvertently collude with perpetrators, and ‘services work in isolation with limited or no information sharing’.¹²⁰

118 Vlasis and Campbell (2019) *Bringing pathways towards accountability together: perpetrator journeys and system roles and responsibilities*, p.39.

119 Western Australian Government (2015) *Practice Standards for Perpetrator Intervention: engaging and responding to men who are perpetrators of family and domestic violence*, p.2.

120 Western Australian Government (2015) *Practice Standards for Perpetrator Intervention: engaging and responding to men who are perpetrators of family and domestic violence*, p.2.

121 Twistleton et al. (n.d.) *Interrupting male violence with men who use domestic and family violence* [957 KB], p.1.

In their 2019 report on pathways for those who use violence, Vlasis and Campbell (2019) note that there are three key things that may prompt a perpetrator to consider changing their behaviour:

- **a perceived or actual threat of a significant negative outcome for themselves (such as loss of contact with children or loss of face)**
- **a felt crisis in their own life (such as loss of housing due to exclusion order or justice processes)**
- **skilled and appropriate intervention from a service provider or someone in the perpetrator’s immediate community who they respect.**¹²²

While accepting that one or more of these occurring does not guarantee a window for change, Vlasis and Campbell (2019) note that they ‘can produce forward movement towards change’.¹²³ Service providers (and friends and family) can create those moments of opportunity that invite a perpetrator to make forward movement towards changing their violence and abuse. Things such as highlighting possible as well as actual negative outcomes and having the knowledge and skills to offer referral to interventions if any opportunities arise are key actions that speak to these moments of opportunity.

For many perpetrators some seeds or the beginnings of an *internal* motivation to change are present ... A wide range of service system agents can therefore help to sow these seeds or support the beginnings of internal motivation amongst the perpetrators with whom they engage.¹²⁴

This section outlines common understandings and practices for generalist services and practitioners and the ways in which all services can and should work to ‘interrupt’ violence. This section also references the practice standards developed in the ACT for those specialist services providing specific Men’s Behaviour Change Programs.

Principles

The **safety of women and children is paramount** and is the overriding concern, whether interrupting violence or working directly with perpetrators of domestic and family violence. In fact, leading services working with men who use violence see their primary purpose as enhancing safety for women and children experiencing violence.

Perpetrator accountability informs all actions with victim-survivors or perpetrators of domestic and family violence. This means never allowing excuses for violence, never holding victim-survivors responsible for addressing or aggravating the violence, and learning about the ways in which perpetrators may invite collusion and developing strategies to mitigate that risk.

Understanding and being able to see the signs of **coercion and control** is central to understanding and intervening in violence against women.

Correctly identifying the primary aggressor is a critical component of perpetrator accountability (see more below).

Services should operate within a gender-based analysis of family violence (see more below).

Service responses to perpetrators should be collaborative and coordinated through a **system-wide approach** that collectively and systematically creates opportunities for perpetrator accountability.

122 Vlasis and Campbell (2019) *Bringing pathways towards accountability together: perpetrator journeys and system roles and responsibilities*, p.11.

123 Vlasis and Campbell (2019) *Bringing pathways towards accountability together: perpetrator journeys and system roles and responsibilities*, p.11.

124 Vlasis and Campbell (2019) *Bringing pathways towards accountability together: perpetrator journeys and system roles and responsibilities*, p.12.

Common understandings

Stereotypes of how perpetrators present can be misleading. Perpetrators do not always have similar backgrounds and behaviours. What they have in common is their use of coercive and controlling behaviours to manipulate, abuse and gain power over victim-survivors. Signs of these behaviours include obvious and subtle coercive and controlling tactics, disregard for the law and authority, general disrespect for women and rigid views about gender roles. This can impact on a victim-survivor's mental health, self-esteem and dependency on the perpetrator who may also seek collusion from service providers to garner support for or justify their behaviours, or further their violence through a service response. It is these commonalities of perpetrators behaviour that should be addressed by service system responses.¹²⁵

Gendered nature of domestic and family violence

Drivers of family violence risk are consistent with the overarching drivers of violence against women and children, including condoning violence against women, men's control of decision making and limits to women's independence in public and private life, rigid gender roles and stereotyped constructions of masculinity and femininity, and male peer relations that emphasise aggression and disrespect towards women.¹²⁶

As discussed earlier in this framework, 'international and national research clearly indicates that it is predominantly males who perpetrate violence against women and children — and towards other men (ANROWS 2016; ABS 2015: NSW Death Review Team 2015; WHO 2013; Our Watch, Change the Story 2015)'.¹²⁷ The ACT Legislative Assembly through the ACT *Family Violence Act 2016* also recognises that 'family violence is predominantly committed by men against women and children'.

In addition, as the quote above from the Victorian MARAM framework notes, these gendered prevalence statistics reflect and are driven by inequality between genders. Evan Stark, who has been instrumental in focusing attention on coercion and control in domestic violence, notes that 'ending coercive control and establishing sexual equality are inseparable'.¹²⁸

We acknowledge that men can be victims of violence in their heterosexual or same-sex relationships and that women can be perpetrators of violence. This framework may be applied in those circumstances until more research is conducted on the specific needs and experiences of these victims and perpetrators.

Acknowledging the breadth of people who use family violence, though, should not prevent us from increasing understanding about the journeys and experiences of the majority cohort of perpetrators — those who cause the greatest overall harm. Nor should it prevent us from drawing lessons from this knowledge which can be applied in other contexts, albeit with caveats and care. This includes applying this knowledge where people are experiencing significant violence, coercion and control — no matter who is causing family violence harm.¹²⁹

There is a range of issues that can arise if services or practitioners do not understand and recognise the gendered nature of violence. Most critically, practitioners can misidentify the primary aggressor in a relationship, and they may unwittingly collude with the perpetrator. Both these issues are discussed further in this section.

125 Victorian Government (2018) *Family Violence Multi-Agency Risk Assessment and Management Framework*, p.33.

126 Victorian Government (2018) *Family Violence Multi-Agency Risk Assessment and Management Framework*, p.23

127 Twistleton et al. (n.d.) *Interrupting male violence with men who use domestic and family violence* [957 KB], p.2.

128 Stark (2013) 'Coercive control' in *Violence against women: current theory and practice in domestic abuse, sexual violence and exploitation*, p.32.

129 Vlasis and Campbell (2019) *Bringing pathways towards accountability together: perpetrator journeys and system roles and responsibilities*, p.9.

Perpetrator accountability

Being clear about what we mean by perpetrator accountability is important as ‘these meanings greatly influence efforts to develop perpetrator intervention systems, and the governance, policy and practice environments in which they sit’.¹³⁰

In this framework perpetrator accountability means:

the ‘ability of family violence systems agencies to work together to keep the perpetrator within view, so as to assess, monitor and manage dynamic risk ... perpetrator accountability is seen less as a set of singular actions or consequences ... and more as an ongoing response that flips the systems focus from solely protecting victims from risk towards also responding to and containing risk at its source’.¹³¹

Some of the ways that perpetrator accountability can be enacted by services, programs and systems include:

- improving understandings of the patterns and signs of coercive control
- making the perpetrator’s patterns of coercive control more visible in case analysis, case management, case notes and other work with family members, as a way of better understanding how to support and ally with victims (even if the agency has no contact with the perpetrator)
- identifying, assessing and sharing information about risk and the perpetrator’s patterns of coercive control with agencies who have a responsibility to manage risk

- improving skills to correctly identify the primary aggressor in a relationship
- interrupting and rejecting self-justification or excuses from perpetrators (or victims) about the causes and ‘reasons’ for violence and abuse
- participating in coordinated and collaborative multi-agency risk assessment and management practices
- using a victim’s account of the violence as the primary source of information
- verifying information provided by perpetrators
- supporting perpetrators to engage in behaviour change or other effective interventions including knowledge of services to refer to and supportive provision of those referrals
- reporting criminal behaviour
- reporting concerns about children to child protection services
- strengthening, where possible, the perpetrator’s understanding of and motivation to comply with protection orders or bail conditions
- clarifying that a man’s trauma, drug and alcohol use and/or unmanaged mental health are not the reasons the violence is occurring
- providing consistent information and messaging that violence is not tolerated or accepted
- recognising and rejecting attempts by perpetrators to seek collusion (see more below)
- contributing to the monitoring of a man’s use of violence.

These points are adapted from MARAM Framework Victoria, Western Australian Domestic and Family Violence Framework, and Vlais and Campbell, 2019.

130 Vlais and Campbell (2019) *Bringing pathways towards accountability together: perpetrator journeys and system roles and responsibilities*, p.14.

131 Vlais and Campbell (2019) *Bringing pathways towards accountability together: perpetrator journeys and system roles and responsibilities*, p.14.

Coercive control

Coercive control is a strategy some people use to dominate their intimate partners and maintain their privileges. It usually includes some combination of isolation, degradation, micromanagement, manipulation, stalking, physical abuse, sexual coercion, threats and punishment. Not all of these tactics are always present. For instance, an abuser may use no physical violence and control his partner through other means. The concept of coercive control pulls it all together. Without it, we think about physical abuse and maybe emotional abuse—but it's easy to miss a wide range of other controlling behaviour.¹³²

Understanding coercive control is critical to being able to identify where domestic violence is occurring. For most practitioners the purpose of this identification is to confirm the need to reach out to victim-survivors and their children rather than intervene with the perpetrator directly.

In the past, domestic violence has been viewed as unrelated instances of physical violence. However, it is now being increasingly understood that violence is an entrenched, systematic pattern of abuse, designed to elicit fear and characterised by coercion and control.

Evidence from both sides of the Atlantic shows that 60–80% of the abuse victims who seek outside assistance are experiencing coercive control rather than physical violence alone (Rees et al. 2006; Stark 2007; Tolman 1989).¹³³

Since the early- to mid-2010s some countries have introduced criminal offences in recognition of the prevalence of coercion and control as a key feature of intimate partner violence (for example, England and Wales, Ireland, some states in the USA and recently Scotland).¹³⁴ At present coercive control and how to better reflect it in law and practice is being debated across Australia. However few jurisdictions have criminal offences related to coercion and control despite the definitions provided in their domestic and family violence acts (and as Stark (2013) points out, even though many of the actions of coercive control would be illegal if committed against a stranger). **This means that currently much of the abusive behaviour of perpetrators can go unrecognised by the broader justice system (and mainstream agencies).**

Practitioners need to look beyond descriptions of physical instances of abuse and look for the signs and indicators that coercion and control is being used.

132 Domestic Shelters (2021) *What is coercive control?* > Domestic Shelters website, accessed 29 November 2021.

133 Stark (2013) 'Coercive control' in *Violence against women: current theory and practice in domestic abuse, sexual violence and exploitation*, p.17.

134 Scotland's 2019 laws on coercion and control are 'being hailed as the gold standard'. Accompanying the legislative changes 14,000 police officers have received training on how to identify "the seemingly innocuous actions [that]form coercive control'. In addition, a further 1000 will receive more intensive training and training is being provided to Scotland's judges and sheriffs on how the new offence will be prosecuted (see Hill, J., (2019), p.258).

Some of the strategies of coercive control, evidenced by empirical studies, that practitioners need to look out for include:

- **Gaslighting** or trying to make women **feel they are crazy** ‘often’ or ‘all the time’ (75% in one UK study — Rees et al. 2006).
- **Monitoring women’s time and movements** 85% of the women in a US study and over 90% of a UK study (Rees et al. 2006; Tolman 1989, 1992).
- **Stopping their partner getting medicine or medical treatment** (38% of the men in the UK refuge sample and 29% of the US men **stopped their partner from getting medicine or treatment**).
- In the UK refuge study 79.5% of the women reported **threats** such as:
 - their partner threatened at least once to kill them
 - 60% of the men threatened at least once to have the children taken away
 - 32% threatened to have the victim committed to a mental institution
 - 63% threatened their friends or family
 - 82% threatened to destroy things they cared about (Rees et al. 2006)
 - threats to commit suicide.

Focusing on these abusive tactics is not to imply that actual physical violence does not occur alongside the coercion and control. In fact, Johnson (2008) reported that men using coercive control assaulted women 6 times more often on average than men who used violence alone.¹³⁵

What is critical is to understand that with or without physical violence coercive control is the danger.

Being aware of some of the non-physical abuse and the patterns of coercive control gives practitioners a better chance of identifying and responding to domestic and family violence and avoiding collusion or misidentifying the primary aggressor (see more below on both of these).

Identifying the primary aggressor/victim

Perpetrators who are assessed by the service system as victims can pose significant risk. Their ‘identification’ as victims by the service system masks their violence and can further isolate victims. It also colludes powerfully with their violence-supportive narratives and their victim stance, potentially entrenching the excuses, justifications and thinking that they use to control family members.¹³⁶

While the term primary aggressor implies that two people are being violent, in most situations violence is used almost exclusively by one person. However, perpetrators can and often do present themselves as victims of violence and it can be difficult initially to determine who is a victim and who is a perpetrator, particularly if the victim has acted physically in self-defence.

See Fact sheet 9: When men are labelled as victims.

Some perpetrators of family violence report being victim-survivors. A perpetrator can overtly present themselves as the victim of the violence to manipulate services, including police, to misidentify the real victim as a perpetrator. Presenting in this way is also consistent with ‘victim stance’ thinking that many perpetrators adopt to justify and excuse their behaviour. Misidentification may also occur where a victim-survivor uses self-defence or violent resistance during an incident or series of incidents of family violence.¹³⁷

135 Stark (2013) ‘Coercive control’ in *Violence against women: current theory and practice in domestic abuse, sexual violence and exploitation*, pp.22–23.

136 Vlasis and Campbell (2019) *Bringing pathways towards accountability together: perpetrator journeys and system roles and responsibilities*, p.38.

137 Victorian Government (2018) *Family Violence Multi-Agency Risk Assessment and Management Framework*, p.32.

Understanding the dynamics of coercive control is central to being able to determine the primary aggressor, including understanding that perpetrators often use any injury sustained from self-defence actions by the victim as part of their abusive attempts to have the system collude with their behaviour (author Jess Hill outlines how this can also skew data on domestic violence).¹³⁸

It is critical to remember domestic and family violence involves an ongoing pattern of power and coercive control and it is the elements of that pattern that need to be identified. Some of those elements include looking at context, intent and effect, empathy, entitlement and fear.

See Fact sheet 10: Determining the primary aggressor.

It is also important to consider the historic and current impacts of gender that have resulted in women being disbelieved and having their concerns and experiences dismissed.

Descriptions of women’s behaviour, particularly, are built on the broader social history and context which is often biased, where women have often been portrayed as less credible than men. This can have particular resonance if men present as calm, charming, eloquent and ‘in control’.¹³⁹

One of the key strategies to help in identifying the primary aggressor is to seek and/or share information with other agencies. As perpetrators can use the system to further their abuse of victims, including trying to cast them as the perpetrators of violence, it is important that all information they give is verified and that all possible information is sought and considered. This can help interrupt the systems abuse that the perpetrator may be engaged in.

138 Hill (2019) *See what you made me do: power, control and domestic abuse*, pp.195–226.

139 Victorian Government (n.d.) *MARAM practice guides. Responsibility 7: Comprehensive risk assessment*, p.301.

140 Western Australian Government (2013) *Perpetrator accountability in child protection practice: a resource for child protection workers about engaging and responding to perpetrators of family and domestic violence*, p.56.

141 Western Australian Government (2013) *Perpetrator accountability in child protection practice: a resource for child protection workers about engaging and responding to perpetrators of family and domestic violence*, p.47.

142 Western Australian Government (2013) *Perpetrator accountability in child protection practice: a resource for child protection workers about engaging and responding to perpetrators of family and domestic violence*, p.47.

Collusion

Given centuries of community collusion with men’s violence against children and women, it is unrealistic to expect yourself to never collude. It is preferable to continually reflect on your practice and seek to gradually strengthen both your recognition of invitations to collude and your response to them.¹⁴⁰

Men who perpetrate violence can be highly charming and are often persuasive and subtle in the ways they downplay, deny, justify and rationalise their behaviour. They most often have particular gendered beliefs that they use to ‘feel right and vindicated regarding their behaviours and to perceive themselves as the victim in their interpersonal relationships’ (Dempsey and Day 2011; Gilchrist 2009, reported in NSW Department of Attorney General and Justice 2012).¹⁴¹

Perpetrators often actively seek out confirmation of this set of mistaken beliefs, seeking to have workers ‘collude’ with this way of viewing the violence.

They can do this by:

- presenting as calm, collected and reasonable
- presenting his (ex)partner as irrational, unreasonable or mentally ill
- lying about or omitting known facts, or presenting a partial picture
- claiming his (ex)partner is lying or fabricating evidence
- claiming ‘the system’ is out to get him
- speaking on behalf of his (ex)partner—especially if he is her carer
- claiming the violence is mutual
- acknowledging some wrongs while not accepting responsibility
- attempting to use humour or other forms of charm to win you over.¹⁴²

As the perpetrator's beliefs are so entrenched, even nodding, smiling or laughing at his jokes can act as collusion. This is not to say that in your attempts to engage the perpetrator (for the purposes of assessing risk for victims and to offer referrals to the perpetrator) you should never do these things, it is to say that you need to be alert to some of the ways perpetrators can seek your collusion. It is also important to remember that allowing disclosures, justifications and victim blaming to pass without comment is a form of collusion, though challenging every comment and detail is not helpful. This balance is not easy and we recommend looking at Vlasis (2018) *Guidelines for identifying and responding to people who cause family violence harm*.¹⁴³

A key and dangerous form of collusion is to separate the abusive behaviour from its impact on children and a perpetrator's capacity to suitably and safely parent his children. 'But he is a good dad' is not supported by evidence of the increased risks that perpetration of domestic violence poses to children.

- There is considerable research demonstrating that domestic and family violence increases the risk of children being directly abused by the father and is associated with increased severity of child abuse amongst children who are at risk of being abused (Scott 2012a, 2012b).
- Approximately 60% of physical abuse [of children] occurs in homes where there is domestic and family violence (Moloney et al. 2007). This includes children who are harmed during an assault against the non-abusive adult victim (for example, when the child is being held or tries to intervene in the violence) and harmed intentionally as a means to punish the adult victim (scapegoating).

- There is also a high correlation between child sexual abuse and domestic and family violence. In these instances, the perpetrator's use of violence against the non-abusive adult victim contributes to their ability to conceal the child sexual abuse (Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007, Brown et al. 1998).
- Examinations of child deaths associated with neglect in Western Australia revealed that domestic and family violence was a significant contributing factor in over 80% of the cases reviewed (Francis et al. 2008).
- Domestic and family violence is an important risk factor for the fatal child abuse perpetrated by fathers (Scott 2012a, 2012b).¹⁴³

As noted in the Western Australian Domestic Violence Framework, it is uncommon for men who use violence to recognise that their violence toward their (ex)partner is also abuse of their child. This in turn prevents them from seeing or understanding its impact on the child.

While a perpetrator of violence might express love for his child, it is important not to mistake this for empathy for his child's needs and experiences. Just as these men prioritise their own needs when relating to their (ex)partners, they have similar ways of relating to their children. They can feel justified in neglecting basic care and using violence against their children when they fail to comply with their expectations.¹⁴⁴

143 Western Australian Government (2013) *Perpetrator accountability in child protection practice: a resource for child protection workers about engaging and responding to perpetrators of family and domestic violence*, pp.23-24.

144 Western Australian Government (2015) *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*, 2nd edn, p.67.

Disregard for children's needs often continues after separation, when fathers who have perpetrated violence often privilege their 'right' for contact over the harm that this might cause the child. In this way, as in many others, these fathers put their own needs and wants ahead of those of the child.¹⁴⁵

You can refuse invitations to collude by building rapport in the ways that you normally would, BUT at the same time ensuring you:

- keep responsibility for the behaviour with the person using violence
- prioritise the impact of the violence, rather than the type of violence, including the impact on children
- remember that violence is always a choice
- expect the person using violence to take responsibility for their own behaviour at all times and ensuring you do the same
- never openly or covertly locate responsibility for the violence with those who have been victims of violence.

Reporting criminal offences and child protection concerns

One of the key responsibilities of all parts of the service system to keep perpetrators of domestic and family violence in view and held to account, is to report all criminal offences and child protection concerns.

Agency practice in relation to the sharing of information and reporting of offences and concerns should be conveyed as soon as possible in an agency's contact with a person.

Men's Behaviour Change Programs

Men's Behaviour Change Programs (MBCP) are primarily group-based programs that seek to hold men to account for their violence, offer them opportunities to address and change their behaviour, challenge their use of violence and keep women and children safe by monitoring and responding to the risk such men present. MBCPs are distinct in their aims and approach from individual counselling, anger management programs and relationship counselling.

It is worth noting that there are many who argue that anger management courses are actually inappropriate interventions with perpetrators of domestic violence because they reinforce the idea that the violence is a result of anger rather than a choice, they do not address coercive control, do not include responses to victim safety and can reinforce the tendency for perpetrators to see themselves as victims.¹⁴⁶

MBCPs do not operate in isolation and cannot on their own solve the issue of men's violence against women. Rather, they are part of a broader spectrum or system of interventions with men who perpetrate violence in relationships, including policing and criminal justice interventions, protection orders and court-based programs, individual therapeutic interventions and counselling, health, mental health and addiction programs, and child protection intervention.

These systems and responses need to work together to ensure men who perpetrate domestic and family violence are in view of the system, are held to account for their behaviour and are offered opportunities to change that behaviour.

145 Western Australian Government (2015) *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*, 2nd edn, p.67.

146 Western Australian Government (2013) *Perpetrator accountability in child protection practice: a resource for child protection workers about engaging and responding to perpetrators of family and domestic violence*, pp.51-52.

ACT Men's Behaviour Change Practice Standards

The ACT has developed a set of practice standards for MBCPs. The standards were developed in 2020–21 by a working group that included representatives from:

- Office of the Coordinator-General for Family Safety
- ACT Corrective Services
- EveryMan
- No to Violence
- Domestic Violence Crisis Service (DVCS)
- ACT Policing
- Victims of Crime Commissioner.

The development of the ACT MBCP practice standards was also guided by documents outlining MBCP standards in other Australian jurisdictions:

- Practice Standards for Men's Domestic Violence Behaviour Change Programs (NSW)
- Men's Behaviour Change Minimum Standards (Victoria)
- Practice Standards for Perpetrator Intervention: engaging and responding to men who are perpetrators of family and domestic violence (Western Australia)
- National Outcome Standards for Perpetrator Interventions (national — developed by Council of Australian Governments (COAG)).

The purpose of the ACT MBCP practice standards is to enhance the safety of women and children by articulating consistent expectations of those providing MBCPs in the ACT. The practice standards establish minimum requirements for program priorities and key components of program design, delivery, evaluation and staffing.

The practice standards apply to all MBCPs operating in the ACT, including those provided by government and non-government agencies. When the program or service provided is not directly in relation to men's behaviour change and domestic and family violence the practice standards do not apply, for example they do not apply to:

- programs addressing anger management as an issue in isolation
- counselling or case management services in isolation
- referral services in isolation.

Where behaviour change work is with individual men rather than group-based, or is complementary to group work, the standards should be applied wherever they are appropriate (acknowledging that not all can be applied outside of the group work context). Particularly relevant to consider in one-to-one work is:

- that the focus of the work is being driven and informed by increasing the safety of women and children
- the importance of understanding the gendered drivers and dynamics of domestic and family violence
- understanding the tactics perpetrators may use to deflect blame and/or seek collusion.

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Practice guide 1: Screening for adults

Some practice tips

- listen closely, validate their experience and do not rush the process
- if violence is disclosed through the process, proactively name the violence and reinforce that responsibility for the violence rests solely with the perpetrator
- if violence is disclosed follow the procedures for your service/agency

Introduction

Begin with a practised but genuine introduction of why your service asks these questions, such as:

- *Services across the ACT have begun to routinely ask all women the same questions about violence at home.*
- *This is because violence in the home is very common and can be serious and we want to connect women with help wherever we can.*
- *You don't have to answer the questions if you don't want to.*
- *All answers to the questions will remain confidential to our service except where you give us information that indicates you or your children are at immediate risk of serious harm. We would discuss this with you (adjust this to your organisation).*

Screening questions

Ask the three agreed ACT screening questions, which are:

- *Has your partner or ex-partner ever put you down, humiliated you, called you bad names or tried to control what you can or cannot do?*
- *Have you been hit, slapped or hurt in other ways by your partner or ex-partner?*
- *Are you ever frightened by your partner or ex-partner?*

Possible outcomes

If the answers to these questions are **no**:

- *Say something like: Thanks for answering those questions and if you ever need assistance please just ask.*

If the answer to any of the questions is **yes**:

- *Do you feel safe to go home when you leave here?*
- *Would you like some assistance with this?*

If the answer is **no to assistance**:

- *Say something like: Thanks for answering the questions. There is help available and we are here to help whenever you might want or need it.*

If the answer is **yes to both experiencing violence and wanting assistance**:

- *Thanks for answering those questions and for telling me about that. I'm sure this is difficult but it's important to know you aren't alone, it isn't your fault and help is available for you.*
- *I'd really like to refer you to a service/worker in a service that helps women in situations like this and they could help us develop some strategies that work best for you. Are you happy for us to contact them together now?*

Practice guide 2: Example risk assessment

Say something like, “I would like to find out a bit more about you and [person using violence] so that together we can work out the risks and then explore what we could do to try to keep you (and your children) as safe as possible. Are you OK if we do that now?”

If yes:

The ACT has developed a process to use as a bit of a guide for this conversation just to make sure we think of the right things and then make decisions about the next steps that work for you. Are you OK if we work through that together?

Initial broad questions examples

- Can you tell me what’s been happening to you lately?
- Can you tell me a bit about what is worrying you?
- You said yes to a couple of the earlier questions about violence or abuse at home. Can you tell me a bit more about what’s going on with that?

More specific questions examples

- Could you tell me a little more about the last time he hurt or frightened you?
- Are there things he does that are about trying to control you?
- What is the scariest thing he has done to you or others?
- How long has this been going on?

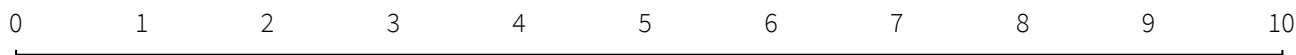
Risk factors

We know from other women and from research that there are some things that can happen that indicate a high risk of further and/or escalating violence. Some of these questions may be a bit challenging but we really need to try to get a good picture, so we know what to do next. Would it be OK if we go through these?

1. Have you recently separated or are in the process of separating?
2. Are you pregnant or have a new baby?
3. Is the violence getting worse and/or happening more often?
4. Has he ever applied pressure to your neck or throat?
5. Does he try to control what you do?
6. Has he ever threatened to kill you or your children or someone else in your family?
7. Has he assaulted you in the past?
8. Has he ever forced or tried to make you do things sexually that you didn’t want to do?
9. Does he stalk or track you?
10. Does he have access to weapons and has he ever threatened you with a weapon?
11. Has the perpetrator ever breached a protection order or another sort of order (such as parole conditions or child contact)?
12. Has the perpetrator ever harmed or threatened to harm pets?
13. Does he have any issues with drug and alcohol use?
14. Has the perpetrator ever been diagnosed with a mental illness and has he ever threatened suicide?

15. Victim's assessment

- How scared do you feel given what just happened/the latest incident?
- Do you think the violence and/or control will happen again or continue?
- Is the control and/or violence getting worse?
- If you had to rate the risk of something happening again from 1 to 10 where might you rate that risk?



Protective factors

Say something like: *It would be really helpful to get a sense of what things in your life we could consider positive or protective factors and work out how to best use them to increase your safety. Is it OK if we talk about that now?*

- Would you say you have a good social network?
- Do you currently have stable income and is your workplace able to be supportive?
- Are you thinking you might want to leave or move away from the relationship?
- Do you have safe cultural connections?
- Do you have family members that you have strong and safe relationships with? Do they know what is happening?
- Do you have access to your own finances?
- Do you have your own transport?
- Are you currently in contact with any support or advocacy services?
- Do you have a current safety plan?
- Do you have a protection order? Is he complying with that order?
- Do you have a good relationship with your GP or any medical personnel?
- Are there good supports in place for your children?¹⁴⁷

Protective factors:

A large light blue rounded rectangular box intended for notes on protective factors.

Remember

All risk must be acted on. Death reviews have shown that even apparently low risk matters can escalate quickly, particularly at the point of separation (or where the perpetrator realises that the victim is ceasing the relationship). For this reason, regular updates and reassessment are necessary.

147 See also MARAM practice guides. *Responsibility 3: Intermediate risk assessment*¹⁴⁷, pp 203–205.

Practice guide 3: Safety plan template

Adapted from DVCS safety plan checklist.

If you are planning to leave an abusive relationship it is important to plan ahead as this can make leaving easier and safer. A person who uses violence, controlling behaviours and/or abuse may become more controlling, abusive and dangerous when they believe the person subjected to these behaviours is planning to leave, as this threatens their sense of power and control.

IF YOU ARE STILL AT HOME CONSIDER GIVING A COPY OF THIS PLAN TO A FRIEND OR SERVICE

Possible actions	What I will do
How will you leave: By foot or car or will you call a friend?	
Where will you go: Friend or family, hotel, neighbour or police?	
What will you take? Consider packing an overnight bag and leave it with a friend. Consider including important documents such as your birth certificate and passport or email copies to your family or a friend.	
Who can you tell: A trusted friend, family member or work colleague? Do you need to create a safe word? Do not write down your safe word.	
What money do you have? Consider giving some to your family or friend to mind. If possible, open a new bank account and arrange that statements be emailed to a secure email address.	
Children: <ul style="list-style-type: none"> • Teach your children how to use the telephone and call police, and a safe word. • Talk to all people who care for your children about who has permission to collect the children. 	
Mobile phones and phone numbers: <ul style="list-style-type: none"> • Purchase a mobile phone and make sure your mobile phone is charged and has credit – if you do need to call the police, you don't have to speak, saying nothing will put them into action. • Program emergency numbers into your phone, using code names if necessary. 	
Pets: Can you arrange for someone to take any pets in an emergency?	
If you are staying at home: <ul style="list-style-type: none"> • Do you need to change the locks on windows and doors, or should you have deadbolts installed? • Do you have capacity to consider sensor lights, window bars, additional locks, electronic alarm and a chain on your front door? 	

Possible actions	What I will do
<ul style="list-style-type: none"> • Ensure you have working fire alarms installed and a fire extinguisher. • Put wood dowels in windows to stop them being slid open. • Place padlocks and chains on gates. • Place sliding bolts on manholes so they can't be accessed through the roof. 	
<p>If you have left home:</p> <ul style="list-style-type: none"> • Consider varying your route to work or family and changing your regular activities such as going to the gym. • Ensure the webcam on your computer is turned off; even better, use tape to cover the lens when you aren't using it. • Get an answering machine and voicemail and screen your calls. This also allows you to record abusive messages. • Set up a secure email address that you can give to police, lawyers, community services to use – but maintain the email address known to the person using violence. • Change all your passwords and login details using strong passwords that are not words or your birthdate, and try to have a different password for each account. • Ensure your mobile phone is set to auto-lock after a short period of time and a pin code is required to unlock it. • Turn off the 'location' function on your phone. • Turn your Bluetooth off and set your phone to 'hidden'. • Ensure you have engaged all the privacy settings on social media and on each device. • Don't allow other people to tag you in photos or locations. • Consider using a non-identifying profile and cover photo, such as a flower or landscape, on your social media accounts. • Consider using a different city as your location and not including your place of work or education. 	
<p>Complete an e-safety plan:</p>	
<p>Other actions:</p>	

Practice guide 4: e-safety checklist

Adapted with thanks from *Northern Territory Domestic and Family Violence Risk Assessment and Management Framework*.

Mobile phone, tablets, computers, smart watches and other devices hold personal information like photos, calendar appointments, call histories, emails and social media posts. Technology-assisted stalking and abuse is more than likely to be used by the perpetrator to monitor and control their partner during the relationship as well as after separation, so it is important to be aware of the risks.

Actions to increase e-safety

- Make sure the victim-survivor is aware that hidden cameras may be installed in their home and that their phone or computer camera may be accessed remotely (through spyware).
- Talk with the victim-survivor about trusting their instincts. If they suspect that the perpetrator is harassing, stalking or monitoring them with technology, it is possible and likely.
- Talk with the victim-survivor and people close to them, including children, to explain the safety risks of posting on social media, such as posting photos that identify where they are.
- Make sure 'location' is turned off on mobile devices.
- Make sure the victim-survivor's devices can't save passwords, or sign in to accounts automatically, and that the victim-survivor can keep login details to all of their accounts safe.
- Help the victim-survivor learn how to delete their history in the Internet browser they use.
- Help the victim-survivor open new private email and social media accounts without information about themselves in the settings, for example profile picture or location.
- Help the victim-survivor to set privacy settings to block others.
- Help the victim-survivor to know how to sign out completely.
- Help the victim-survivor change passwords and PIN numbers (on a safe computer).
- Help the victim-survivor to activate 2-step logins. This is an extra security measure that asks for a security code that is sent via email or mobile, for example mygov website.
- Encourage the victim-survivor to use the Arc app to collect evidence of domestic and family violence safely:
<https://arc-app.org.au/>
- Encourage the victim-survivor to consider their own (prepaid, private) mobile phone and not use their old SIM card. Tell them to handwrite important numbers and manually enter them into the private safe phone.
- Help the victim-survivor to check for unusual apps on their/their child's phone and to delete them if they think it is safe to do so.
- Advise the victim-survivor to switch their device to 'airplane mode' to avoid being tracked.
- Finally, make sure they auto-lock their mobile device with a PIN.

GPS tracking devices are easily available and can be hard to see. They are mostly the size of a postage stamp. Computer spyware is also easy to purchase and install on home computers, devices, smartphones and watches. This allows the perpetrator to track and access what the victim-survivor is doing and seeing. A device or smart watch can also be turned into a GPS tracking tool and a listening or recording device.

Often, the victim-survivor wants to stop the stalking behaviour by getting rid of the technology. However, this could escalate the controlling and dangerous behaviour if the perpetrator feels they are no longer in control. Workers should think about what might happen if the victim-survivor removes the device. Another option could be for the victim-survivor to use a safer computer and/or device whilst keeping the one being monitored

Signs someone is being monitored

- Does the perpetrator seem to know the victim-survivor's location?
- Has the victim-survivor noticed any strange activity on their phone?
- Does the perpetrator have access to the victim-survivor's mobile phone, social media accounts, bills or passwords?
- Does the perpetrator know what the victim-survivor is doing when they are home alone?
- Does the perpetrator seem to know where the victim-survivor goes even when they don't have their mobile? It might not be their mobile that is revealing the location, it could be a GPS tracker or other technology.
- Does the victim-survivor experience a quick battery drain or a spike in data usage on their mobile phone? This can indicate that spyware is running on the phone.

Practice guide 5: Risk management planning template

Risk management works to ensure that responses prioritise and focus on safety, which involves managing risk by understanding it, developing safety strategies against the identified risks and working to engage the services a victim needs. If victims are not safe it is unlikely that any other responses or interventions will be effective.

A risk management plan identifies goals and objectives and ways to achieve them, as well as outlining the roles and responsibilities of the agencies involved. A risk management plan also most often also involves developing a safety plan.

Risk management like risk itself is a dynamic process and cannot be effectively done only once. Risk management needs to be continually assessed and monitored. Key elements of risk management include information sharing relevant to risk and safety, and appropriate referral to the range of services a victim and their family might need.

Safety planning

Developing a **safety plan** with a victim-survivor is a critical component of risk management planning. There are a number of different plans available.

See Practice guide 3: Safety plan template.

Similarly an **e-safety plan** is a critical component of risk management planning that ensures that a victim-survivor is not being tracked or monitored through technology.

See Practice guide 4: e-safety checklist.

Other needs and issues

As outlined in the framework, unmet needs can significantly increase and impact on risk. Part of risk management planning is therefore to consider and plan responses to a range of other needs that are critical to safety.

The needs arising from domestic and family violence are likely to extend beyond the need for safety and protection and unmet needs can contribute to risk and compound harms caused by domestic and family violence.¹⁴⁸

Possible issues/referrals to consider

- Child protection
- Sexual assault services
- Centrelink
- Mental health services
- Legal issues — police, local courts/protection orders, family court
- Aboriginal specific services
- Housing support services
- Counselling services
- Child counselling/support services
- Perpetrator parole hearings, sentencing hearings
- Alcohol and other drug services
- Disability support services
- Financial support/counselling
- Migration/visa issues
- Perpetrator programs — including keeping in touch with them and any completion of program.

148 McCulloch et al. (2016) *Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF): final report*, p 43.

Risk management plan example

Name	Mary Jay	Safety plan completed	Yes	No	N/A
Children	Lisa aged 7 Malcolm aged 5	E-safety plan completed	Yes	No	N/A
Worker	Rita Smith	Actions transferred to this plan	Yes	No	N/A
Plan completed with Client	Yes	Actions transferred to this plan	Yes	No	N/A
Date	9/2/21				

Primary/immediate identified risks

Risk	Actions required and notes	By whom	When	Contact person	Status
Physical injury from recent assault	Need urgent medical checkup-appointment booked with women's health service for later today	Service A	Immediate	Rita	Appt booked
Children are due to be handed to perpetrator tomorrow for access visit	He is highly escalated – serious risk for client – care and protection are involved. Need to work with C&P to ensure handover is safe tomorrow	Service A and Care and protection	Immediate	Rita and Sean (care and protection)	Handover arranged for Child and Family Centre with c&p present
Risk that he won't return the children	CYPS have been told of the risk – they have agreed to work with him about this and his parenting in general	CYPS	Immediate & ongoing	Sean	In progress

Ongoing risk management

Is anyone engaged with and/or has visibility of the perpetrator	Is anyone engaged with children and/or has visibility of them	Who else is engaged with victim
Care and protection (Sean)	School is informed and engaged	Women's legal centre Women's health centre

	Actions required	By whom	When	Contact person	Status/ completed
Legal					
<i>Family court proceedings coming up</i>	<i>Organise legal service assistance</i>	<i>Service A (Rita) to contact Service B</i>	<i>This week</i>	<i>Selma at Women Legal service – 0643 709 709</i>	<i>Commenced</i>
<i>Final order hearing</i>	<i>Ensure support person is booked in and can attend</i>	<i>Service A</i>	<i>This week</i>	<i>Rita at service A will attend</i>	<i>Completed</i>
Other					
<i>Housing</i>	<i>Submit private rental forms Submit public housing application – need to collect support letters</i>	<i>Victim Victim and Service A</i>	<i>This week Next fortnight</i>		<i>Complete Commenced</i>
<i>Children</i>	<i>Need arrange emergency childcare for court dates</i>	<i>Victim and Service A</i>	<i>This week</i>		
<i>Financial support</i>	<i>Need appointment with Care financial</i>	<i>Victim and service A</i>	<i>Within next month</i>		
<i>E-safety</i>	<i>Need a new email address set up</i>	<i>Victim</i>	<i>This week</i>		<i>Completed</i>

Review and updates

Plan reviewed date	Issues arising	Actions added to table y/n	New actions added to safety plan or e-safety plans
<i>16/2/2021</i>	<i>He has accessed her email messages. Needs to close and open new email account</i>	<i>Yes</i>	<i>Added to e-safety plan</i>
<i>19/2/2021</i>	<i>His significant debts are coming to light, including some where she is jointly listed – to meet with Care financial.</i>	<i>Yes</i>	<i>n/a- safety plan already had financial protections</i>

Risk management plan template

Name		Safety plan completed	Yes	No	N/A
Children		E-safety plan completed	Yes	No	N/A
Worker		Actions transferred to this plan	Yes	No	N/A
Plan completed with Client		Actions transferred to this plan	Yes	No	N/A
Date					

Primary/immediate identified risks

Risk	Actions required and notes	By whom	When	Contact person	Status

Ongoing risk management

Is anyone engaged with and/or has visibility of the perpetrator	Is anyone engaged with children and/or has visibility of them	Who else is engaged with victim

	Actions required	By whom	When	Contact person	Status/ completed
Legal					
Other					

Review and updates

Plan reviewed date	Issues arising	Actions added to table y/n	New actions added to safety plan or e-safety plans

Practice guide 6: Summary risk assessment and management

Protective factors:

Risk level assessment and rationale:

High risk and requires immediate protection

Elevated risk

At risk

Rationale:

Needs and safety

Needs assessment (that is, housing stability, finances, health, children):

Safety plan completed and in place

E-safety plan completed

Risk management plan developed

It is important to update and monitor the risk management plan.

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Fact sheet 1: Information on coercion and control

This fact sheet is adapted from Section 2 of the New South Wales Government's *Coercive control discussion paper*.¹⁴⁹

What is coercive control?

Coercive control in domestic and family violence (DFV) contexts describes patterns of abusive behaviour designed to exercise domination and control over the other party to a relationship. It is often a process that happens slowly over time and can be nuanced in nature, making it difficult to identify. It can include a range of abusive behaviours — physical, psychological, emotional or financial — the cumulative effect of which over time robs victim-survivors of their autonomy and independence as an individual.¹⁴⁹

The work of Evan Stark, who originated the concept of coercive control, provides a general typology of this behaviour, identifying four key aspects: violence, intimidation (including threats, surveillance, degradation, withholding money), isolation and control (principally through the micro-regulation of everyday behaviours, and the institution of rules).¹⁵⁰

This can extend to a wide range of behaviours, including but not limited to the following:

- deprivation of liberty and autonomy, such as preventing one person from leaving the house at all or requiring them to get permission for any movement beyond the household
- isolating an individual from friends, family and wider society. This could be done through deprivation of liberty, manipulation by suggesting that friends and family are not in fact supportive, or the use of the victim's social media to drive away family and friends
- withholding or controlling access to resources, including money. This can extend from direct demands that all income of the victim be provided to the perpetrator, as well as denying the victim a say in the management of joint property, or using their property without their consent. This can also include the imposition of restrictions on the victim's access to education, employment and training opportunities

- psychological control and manipulation, including by making the other person question their memory of events and agreements (that is, gaslighting), or threatening self-harm or suicide
- stalking and intimidation, including through technological means such as installing tracking software or apps
- physical assault or threats of physical assault. Beyond physical assault of the victim, this can also include things such as the destruction of property or harming animals to set an example or to inspire fear for one's individual safety. Threats can also be made against friends or family
- sexual assault, including non-consensual intercourse or sexual touching. This may also involve the use of image-based abuse, such as threats to share intimate images against the victim's wishes
- reproductive coercion, such as forcing the victim to become pregnant or denying birth control, or demanding an abortion
- threatening to take the victim's children away, to send them into care or to institute court proceedings to deny the victim access to the children.

Cases in Australia and internationally illustrate this mixture of abusive behaviours that are deployed specifically to undermine an individual and to keep them under control. In Queensland, the murder of Hannah Clarke and her children by Rowan Baxter in February 2020 reportedly revealed a significant pattern of control and coercion, in which the perpetrator used recording devices to monitor Hannah's conversations, controlled what she wore (for example by preventing her from wearing shorts or a bikini at the beach), and isolated her from her family. Reporting also noted that this was coupled with sexual violence. Even when they separated, Baxter continued to track and monitor Hannah's actions and movements, and sought to control her through their children, including kidnapping one

149 McMahon M and McGorrey P (2020) 'Criminalising coercive control: an introduction', in McMahon M and McGorrey P (eds) Springer, Singapore, doi:10.1007/978-981-15-0653-6_1.

150 Stark (2009) *Coercive control: how men entrap women in personal life*, Oxford University Press, USA.

of them, which he claimed was punishment for her leaving him.

One of the challenges in defining coercive control is that the relevant behaviours are deeply contextual. The triggers of fear and intimidation that enable control may be so frequent and subtle they are not evident from the outside of the relationship.¹⁵¹

Additionally, the demarcation between coercive and controlling behaviours on the one hand and voluntary choices in a relationship on the other may be difficult to determine. For example, one indicator of coercive control may be that one individual controls the finances of the household. In some relationships, this could be indicative of a pattern of oppression or exploitation, whereas in others it could indicate a consensual position between the individuals.

In terms of its impacts, coercive control has been referred to as ‘intimate terrorism’.¹⁵² It has been reported that many victim-survivors describe it as the ‘worst part’ of domestic and family violence — more impactful and traumatic than physical violence, and more difficult to recover from.¹⁵³ Coercive control may also be described as a condition of entrapment that renders its victim hostage-like in the harms it inflicts on their dignity, liberty, autonomy and personhood as well as to their physical and psychological integrity.¹⁵⁴

Coercive control is a significant predictor of intimate partner homicide. The NSW Domestic Violence Death Review Team (DVDRT) has identified evidence of sometimes long histories of other forms of coercive and controlling behaviours in the majority of cases it has reviewed. The DVDRT noted that in 111 of the 112

(99%) intimate partner domestic violence homicides that occurred in NSW between 10 March 2008 and 30 June 2016 that it had reviewed, the relationship was characterised by the abuser’s use of coercive and controlling behaviours towards the victim.¹⁵⁵ It noted the complexities that can arise in such cases with perpetrators going to extreme lengths to control their victim and avoid detection, and the varying ability of a victim or those close to them to identify what was being experienced as domestic and family violence.¹⁵⁶

The findings of the DVDRT are further supported by academic research, where empirical studies have linked the presence of coercive control with the eventual intimate partner homicide.¹⁵⁷ This broadly aligns with wider research on predictive factors for intimate partner homicide, which includes the realisation by a perpetrator that they have lost control over the relationship or over their partner.¹⁵⁸

It is also important to acknowledge the evidence that coercive control or intimate terrorism, much like domestic and family violence more generally, is predominantly experienced by women and perpetrated by men.¹⁵⁹

This is not to imply that victims and perpetrators do not encompass all gender identities and relationship types. However, sociological research points to clear trends in coercive control, particularly in intimate partner relationships, as being mapped to the definition and regulation of individuals in line with gendered power dynamics.¹⁶⁰

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- 158 Johnson H, Eriksson L, Mazerolle P and Wortley R (2017) ‘Intimate femicide: the role of coercive control’, *Feminist Criminology*, 14(1) 3–23 doi:10.1177/1557085117701574; Juodis M (2014) ‘A comparison of domestic and non-domestic homicides: Further evidence for distinct dynamics and heterogeneity of domestic homicide perpetrators’, *Journal of Family Violence*, 29(3) 299–313, doi:10.1007/s10896-014-9583-8.
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Fact sheet 2: Intersectionality

This fact sheet is adapted from Our Watch Practice Guidance: Equality and respect for all women — an intersectional approach > (pages 4 and 5).

In order to achieve equality and respect for all women, gender inequality cannot be seen as separate from other forms of discrimination and disadvantage that women face.

Gender inequality is not experienced in the same way by all women (or men). While gender needs to remain at the centre of efforts to prevent violence against women, to achieve equality and respect for all women, gender inequality must be addressed concurrently with other forms of discrimination and disadvantage such as racism, colonisation, ableism, homophobia and religious discrimination.

It is important that staff leading workplace equality and respect initiatives understand intersectionality, in order to focus their efforts and tailor work accordingly.

What is intersectionality?

Gender inequality is not experienced the same way by all women, nor expressed the same way in all contexts. For example, an Anglo-Australian able-bodied woman is likely to have a vastly different experience of sexism in the workplace than a recently arrived refugee or a woman living with a disability.

To achieve equality and respect for all women, gender inequality cannot be seen as separate from other forms of discrimination and disadvantage that women face. Everyone's identities, social positions and experiences are shaped not just by gender, but by a range of other social categories of difference, including Aboriginality, culture, race, ethnicity, faith, socio-economic status, ability, sexuality, gender identity, education, age, and migration status.

The consideration of how people experience multiple and intersecting forms of discrimination and disadvantage is referred to as 'intersectionality'.

Where did the concept of 'intersectionality' come from?

The concept of intersectionality was developed by Professor Kimberlé Crenshaw in 1989. In developing 'intersectionality' as a concept, Crenshaw cited a court case where a group of African-American women argued that a manufacturing company had refused to hire them on the basis on their race and gender. However, the court ruled that the company was not guilty of discriminatory hiring practices based on race, because they had hired African-American men to work on the factory floor.

The court also ruled that the company had not discriminated on the basis of gender, as they hired white women for office-based roles. What the court failed to consider was the intersection of race and gender and the compound discrimination faced by African-American women.

The outcome of this court case illustrates how looking at diversity through only one lens (in this case either gender or race) can obscure instances where discrimination against particular groups of women exists. It also highlights how some workplace policies, though they may appear to promote diversity, can fail to be inclusive of all women or all employees.

How intersectionality complements work to promote diversity and inclusion

Many workplaces are already undertaking important work in promoting diversity and inclusion through their policies. As highlighted by the manufacturing company example above, applying an intersectional approach is different from promoting diversity, because it considers more than one form of privilege and/or discrimination at the same time.

An intersectional approach to workplace equality and respect firstly requires that a diversity of employees and stakeholders are considered in your initiatives. It then also requires that initiatives consider the intersection of different forms of discrimination that might affect groups of people in the workplace. For example, your workplace diversity policy might aim to increase the number of women in leadership, or it might seek to create a work culture where all LGBTIQ+ identifying employees feel safe and valued at work. An intersectional approach addresses both the impact of gender alongside other forms of identity and social status, such as cultural background, and can consider whether women whose second language is English face structural or cultural barriers in the workplace.

Fact sheet 3: Impacts of domestic and family violence on women

*This fact sheet is adapted from the Western Australian Government's Impacts of family and domestic violence on women fact sheet.*¹⁶¹

Impacts of domestic and family violence on women¹⁶¹

Domestic and family violence has short- and long-term physical, emotional, psychological, financial and other effects on women. Every woman is different and the individual and cumulative impact of each act of violence depends on many complex factors. While each woman will experience family and domestic violence uniquely, there are many common effects of living with violence and living in fear.

The obvious physical effects of domestic and family violence on women are physical injury and death. Yet there are also other effects on women's physical health — such as insomnia, chronic pain, physical exhaustion, and reproductive health problems — that are not necessarily the result of physical injuries. Women experiencing domestic and family violence have higher rates of miscarriage, most probably because pregnancy is often a time when violence begins or is exacerbated.

Women experiencing domestic and family violence are more likely to experience depression, panic attacks, phobias, anxiety and sleeping disorders. They have higher stress levels and are at greater risk of suicide attempts. They are at increased risk of misusing alcohol and other drugs, and of using minor tranquillisers and pain killers.

Women who experience domestic and family violence are often unable to act on their own choices because of physical restraint, fear and intimidation. They often live in persistent fear of further violation.

They are frequently silenced and unable to express their point of view or experience. Women often make their partners' needs and feelings the constant focus of their attention as a survival strategy, which may result in an inability to attend to their own and their children's health and wellbeing.

Women who experience domestic and family violence often experience social isolation, including from their own extended family. Isolation can be a form of controlling behaviour or a consequence of women's stress, anxiety, shame, physical exhaustion, substance abuse, physical injuries and fear.

Seeing the effects of violence on their children can be profoundly distressing for women. They may feel or be unable to protect their children; this can have serious effects on their identity and confidence as mothers. Women's capacities to parent their children can be affected by the physical, emotional and cognitive effects of their own experiences of the violence, and by men's deliberate attempts to undermine their confidence and ability as mothers.

Women's resistance to the violence¹⁶²

Although women experience a multitude of harmful effects from their partners' violence, they are not passive recipients of abuse and violence — they do not 'just go along with it' or 'let it happen'. Victims of domestic and family violence always try to reduce, prevent or stop the violence in some way. It is important for service providers to uncover the many ways in which women creatively and strategically resist the violence in an effort to escape the violence, retain their dignity and to make a better life for themselves and their children.

161 WA Government adapted from No to Violence (2005) *Men's behaviour change group work: A manual for quality practice* [PDF 184KB]¹⁶¹, No to Violence, Melbourne.

162 WA Government adapted from Weaver J, Todd N, Ogden C and Craik L (2007) *Honouring resistance: How women resist abuse in intimate relationships*¹⁶², Calgary Women's Emergency Shelter, Alberta, Canada.

A victim's resistance to the violence may not make the violence stop. A victim's resistance may not be overt or visible. It is often dangerous for victims of domestic and family violence to openly resist the perpetrator. Victims may only resist the violence in their thoughts or through small acts that may go unnoticed. Therefore, to some the victim may appear 'passive'. A victim may resist the violence through overt acts and behaviour, such as 'hitting back', by not doing

what the perpetrator wants her to do, or by numbing her feelings. These behaviours may then be labelled as 'dysfunctional' or the victim may be considered to be 'just as violent'.

The meanings of the behaviours used to resist the violence are unique to each woman, and are set in the context of her own experience and understanding of the violence.

Victim-survivor's resistance to violence

What the perpetrator does	Examples of how a victim may show resistance
Tries to isolate the victim	Retains some relationships with others and remembers good times with family or friends.
Tries to humiliate the victim	Thinks or acts in ways that sustain her self-respect and dignity and not 'stooping' to the perpetrator's level of behaviour.
Tries to control the victim	Thinks or acts in ways that show she refuses to be controlled, for example, not doing what the perpetrator wants her to do, or doing it in a very exaggerated way.
Says that they are both responsible for the violence	Thinks or acts in ways that remind herself that he is solely responsible for his violence, for example, calling the police after a physical assault, or telling herself that he is choosing to use the violence.
Makes excuses for the violence	Thinks or acts in ways that show herself that the violence is wrong or that there is no excuse for the violence, for example, writing down all the acts of violence in a journal.
Tries to hide the violence	Thinks or acts in ways that expose the violence, for example, telling other people about his use of violence.

References

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Fact sheet 4: Impacts of domestic and family violence on children and young people

This fact sheet is adapted from the Western Australian Government's Impacts of family and domestic violence on children fact sheet. [➤](#)

There are many ways that children are exposed to domestic and family violence — beyond hearing or seeing the violence. For this reason, when it occurs in a family with children, domestic and family violence is always child abuse.

A recent review by the Australian Domestic Violence Clearinghouse found that ‘more than two decades of international research definitively shows that infants, children and adolescents experience serious negative psychological, emotional, social and developmental impacts to their wellbeing from the traumatic ongoing experiences of domestic violence’.¹⁶³ These impacts are often cumulative.

Research also shows that domestic and family violence affects unborn children — family violence often commences or intensifies during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death. Infants and young children exposed to domestic and family violence are also more likely to miss key developmental experiences, which — because they are foundational — can have a cascading effect on their further developmental progress. In addition to physical injury and death at the hands of male family members, children may manifest physical symptoms of stress or distress, for example bedwetting, stomach upsets and chronic illnesses.

The effects of domestic and family violence vary from child to child and are impacted by other factors, such as poverty or marginalisation on the basis of culture or race. The secondary effects of violence, for example unstable housing, lack of access to education, and poor access to antenatal and postnatal care, can also significantly impact on children's safety and wellbeing.

Babies and toddlers who experience domestic and family violence often cry more than other infants and show signs of anxiety and irritability. They frequently have feeding and sleep difficulties. They are often underweight for their age and have delayed mobility. They often react to loud noises and are very wary of new people. They might be very demanding or very passive.

Pre-school aged children lack the cognitive maturity to understand the meaning of what they observe and the verbal skills to articulate their feelings. They exhibit their emotional distress by ‘clinginess’, eating and sleeping difficulties, concentration problems, inability to play constructively and physical complaints. They sometimes have symptoms similar to post-traumatic stress disorder in adults, including re-experiencing events, fearfulness, numbing and increased arousal. Immature behaviour, insecurities and reduced ability to empathise with other people are common for this age group. Frequently, children have adjustment problems, for example, difficulty moving from kindergarten to school.

As they get older, children start to observe patterns or intentions behind violent behaviour. They often wonder what they can do to prevent it and might attempt to defend themselves or their mother. Pre-adolescent school-aged children have the capacity to externalise and internalise their emotions. Externalised emotions might manifest in rebelliousness, defiant behaviour, temper tantrums, irritability, cruelty to pets, physical abuse of others, limited tolerance and poor impulse control. Internalised emotions might result in repressed anger and confusion, conflict avoidance, overly compliant behaviour, loss of interest in social activities, social competence, and withdrawal, or avoidance of peer relations. Overall functioning, attitudes, social competence and school performance are often negatively affected, and children often have deficits in basic coping and social skills. The low self-esteem engendered by experiences of violence is exacerbated by these other effects.

163 Sety M (2011) *The impact of domestic violence on children: a literature review* [PDF 342 KB]. [➤](#)

Adolescents who have experienced domestic and family violence are at increased risk of academic failure, dropping out of school, delinquency, eating disorders and substance abuse. They frequently have difficulty trusting adults and often use controlling or manipulative behaviour. Depression and suicidal ideation or behaviours are common. Adolescents are also at greater risk of homelessness and of engaging in delinquent and/or violent behaviour.

Children’s anger at their mother tends to increase with age. Older children and adolescents commonly see their mother as causing or being complicit in the violence or blame her for ‘failing’ to protect them or for not taking them away from the abusive situation.

Impacts of domestic and family violence on children and young people

Age of child	Babies and toddlers	Preschoolers	School age/ pre-adolescent	Adolescents
Impacts of family and domestic violence	<ul style="list-style-type: none"> often cry more than other babies and show signs of anxiety or irritability frequently have feeding and sleep difficulties are often underweight for their age may have delayed mobility often react to loud noises and are wary of new people, may be very demanding or very passive may acquire physical injuries from being held in a mother’s arms whilst the mother is being assaulted 	<ul style="list-style-type: none"> clinginess eating and sleeping difficulties concentration problems inability to play constructively physical complaints fearfulness numbing increased arousal adjustment problems (for example, when moving from kindergarten to school) 	<ul style="list-style-type: none"> rebelliousness defiant behaviour temper tantrums irritability cruelty to pets physical abuse of others limited tolerance overly compliant behaviour loss of interest in social activities withdrawal avoidance of peer relations school performance affected negatively self-harm 	<ul style="list-style-type: none"> increased risk of academic failure dropping out of school delinquency/offending eating disorders substance misuse depression suicide ideation difficulty trusting adults use of controlling behaviours homelessness violent behaviour violence towards a parent (particularly their mother) teen pregnancy

Factors contributing to children's ability to cope with the violence

While the detrimental impacts for children living and experiencing family and domestic violence are well documented, not all children are adversely affected or affected in the same way. It is important to consider how children have coped with the violence, what skills and understanding they have developed, and what resilience factors have assisted their coping.

Factors contributing to a child's ability to cope with the violence include:

- the mother's responses to the violence and the supports that she receives from family, friends, community and the broader service system when seeking assistance for the violence
- the availability and responsiveness of a support system for the child within the family structure
- the availability and responsiveness of a support system outside of the family structure
- strong relationships with friends, peers, and community
- involvement in extracurricular school activities or cultural activities
- the child's own ability and strengths to handle stressful and frightening situations.

Responsibility for protecting children

When children are not safe due to domestic and family violence, this is often attributed to the mother for not leaving the relationship or not managing the perpetrator's behaviour nor taking active steps to protect the child. This effectively holds the mother responsible for protecting the child from the perpetrator's use of violence. It contributes to the pervasiveness of 'mother blame' that permeates the service system.

Holding mothers responsible for the safety of children has the effect of relieving the perpetrator of any accountability for the impacts of the violence on children. Perpetrators become invisible to the service system when the sole responsibility for keeping children safe is placed with the mother. This invisibility within the service system allows perpetrators to continue to use violence against women and children with impunity. Service providers inadvertently collude with the perpetrator when they fail to hold them accountable for the impact they have on the safety and wellbeing of children.

References

Western Australian Government (2013) *Perpetrator accountability in child protection practice: a resource for child protection workers about engaging and responding to perpetrators of family and domestic violence*[>], Department for Child Protection, Western Australian Government.

No to Violence (2005) *Men's behaviour change group work: a manual for quality practice* [PDF 184KB][>], No to Violence, Melbourne.

Victorian Government (2013) *Assessing children and young people experiencing family violence: a practice guide for family violence practitioners*[>], Department of Human Services, Victorian Government.

Fact sheet 5: ACT Key Risk Factors

Descriptions of the risk factors are drawn from MARAM, the ANROWS National Risk Assessment Principles for family and domestic violence, and the Northern Territory Domestic and Family Violence Risk Assessment and Management Framework.

Risk factor	Description
Recent, pending or planned separation	<p>Women are most at risk of being killed or seriously harmed during and/or immediately after separation.</p> <p>The NSW Domestic Violence Death Review Team recorded that 65% of female victims killed by a former partner between 2000 and 2014 had ended their relationship within three months prior to the homicide.</p>
Assaulted while pregnant or with a new baby	<p>Violence often begins when women are pregnant and where it was previously occurring, it often escalates in frequency and severity.</p> <p>Family violence during pregnancy is regarded as a significant indicator of future harm to the woman and child victim. This factor is associated with control and escalation of violence already occurring.</p>
Escalation in severity and/or frequency	<p>The escalation in frequency and severity of violence over time is linked to lethality and often occurs when there are shifts in other dynamic risk factors, such as the attempts by the victim to leave the relationship.</p> <p>Dwyer and Miller (2014) found that police investigations and family, criminal or civil court proceedings can trigger an escalation in the aggressive and violent behaviour of the perpetrator and heighten risk to the partner and children. Transition points such as this should be treated with great caution.</p>
Strangulation and/or choking	<p>Strangulation is one of the most lethal forms of intimate partner violence.</p> <p>The seriousness of strangulation as an indicator of future lethality is often misidentified, or not responded to proportionately, as a consequence of the often minimal visibility of physical injury. However, many victims suffer internal injuries which may result in subsequent serious or fatal harm.</p> <p>Most perpetrators do not strangle to kill but to show that they can kill. Non-lethal strangulation is a powerful method of exerting control over victims. Through credible threat of death, perpetrators coerce compliance.</p>

Risk factor	Description
Coercive control	<p>Elliott (2017) found through a synthesis of key empirical research, that coercive control is a gendered pattern of abuse, and is the primary strategy used to coerce and exercise control over female survivors by a current or former male partner. Understanding violence as coercive control, highlights that it is ongoing, cumulative, chronic and routine.</p> <p>Coercive and controlling patterns of behaviours are particularly dangerous and can heighten the risk of lethality, in contexts where other high-risk factors are present, such as attempts by the victim to leave the relationship.</p> <p>A perpetrator's obsessive and/or excessive behaviour when experiencing jealousy is often related to controlling behaviours founded in rigid beliefs about gender roles and ownership of victims and has been linked to violent attacks.</p> <p>Coercive control can include isolating the victim from family and friends.</p>
Perpetrator has threatened to harm or kill the victim and/or the children	<p>Perpetrators who threaten to harm or kill their partner or former partner, themselves or others including their children, are particularly dangerous.</p> <p>Campbell et al. (2003) found that women whose partners threatened them with murder were 15 times more likely than other women experiencing abuse to be killed.</p>
History of domestic and family violence	<p>The most consistently identified risk factor for intimate partner lethality and risk of re-assault is the previous history of violence by the perpetrator against the victim.</p>
Sexual violence	<p>Intimate partner sexual violence (IPSV) is a uniquely dangerous form of exerting power and control due to its invasive attack on victims' bodies and the severity of mental health, physical injury and gynaecological consequences.</p> <p>Campbell et al. (2003) found that IPSV was the strongest indicator of escalating frequency and severity of violence.</p> <p>Heenan (2004) found that Australian domestic violence workers believe that 90–100% of their female clients have experienced IPSV.</p> <p>More than other factors, IPSV is under-reported by victims. Shame and stigma caused by commonly held assumptions that discussing sex or sexual assault within relationships is 'taboo', are significant barriers to seeking help for IPSV.</p>

Risk factor	Description
Stalking	<p>Stalking behaviours (repeated, persistent and unwanted) including technology-facilitated surveillance, GPS tracking, interferences with property, persistent phoning/texting and contact against court order conditions, increases risk of male-perpetrated homicide.</p> <p>The vast majority of perpetrators of stalking, and the most dangerous, are intimate partners of the victim, and not strangers.</p> <p>Stalking when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking behaviour and obsessive thinking are highly related behaviours. Technology-facilitated abuse, including on social media, surveillance technologies and apps is a type of stalking.</p>
Access to and/or has made threats with weapons	<p>A weapon is defined as any tool or object used by a perpetrator to threaten or intimidate, harm or kill a victim or victims, or to destroy property. Perpetrators with access to weapons, particularly guns and knives, are much more likely to seriously injure or kill a victim or victims than perpetrators without access to weapons.</p>
Breach of orders	<p>Breaching a court order, conditions of parole or any other protection order, indicates a disregard for the law and authority. Such behaviour is a serious indicator of increased risk of future violence.</p> <p>Breaching an intervention order, or any other order with family violence protection conditions, indicates the accused is 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.</p>
Threats or harm to pets	<p>Cruelty and harm directed to pets and other animals can indicate risk of future or more severe violence and are often used as a control tactic by perpetrators.</p>
Perpetrator misuse of drugs and alcohol	<p>Perpetrators with a serious problem with illicit drugs, alcohol, prescription drugs or inhalants can lead to impairment in social functioning and creates an increased risk of family violence. This includes temporary drug-induced psychosis.</p>
Perpetrator mental illness and/or threatened suicide	<p>Threats or attempts to self-harm or commit suicide are a risk factor for murder-suicide. This factor is an extreme extension of controlling behaviours.</p>
Victims' perception of risk	<p>Victims know their perpetrator best and can often accurately predict their own level of safety and risk, including the risk of re-assault. Practitioners need to be aware that sometimes victims may minimise their risk as a result of the perpetrators abuse tactics which can create fear, confusion or denial.</p>

Fact sheet 6: Structured professional judgement

This fact sheet is adapted from MARAM foundation knowledge guide pp. 35–37.

The practice model of structured professional judgement enables professionals to assess information to determine the level or seriousness of risk. Professionals are asked to bring their experience, skills and knowledge to the risk assessment process to make an assessment.

Risk assessment relies on you or another professional ascertaining:

- a victim-survivor's self-assessment of their level of risk, fear and safety
- identifying the evidence-based risk factors that are present.

You can gather information to inform this approach from a variety of sources, including:

- interviewing or 'assessing' the victim-survivor directly
- requesting or sharing, as authorised under applicable legislative information-sharing schemes, with other organisations about the risk factors present or other family violence risk-relevant information about a victim-survivor or perpetrator's circumstances.

You should consider this information and apply your professional judgement to each of the elements. This is the act of you analysing and interpreting information to determine the level of risk.

Risk assessment is a point-in-time assessment of the level of risk. Risk is dynamic and can change over time, which means that risk should be regularly reviewed, and any changes should inform future assessment.

Model of structured professional judgement



Your assessment of the level or seriousness of risk, as well as appropriate risk management approaches must be informed by an intersectional analysis. You can also take into account relevant information about a victim-survivor or perpetrator's circumstances.

Best-practice approaches to risk assessment with victim-survivors enables them to share their stories with you by you believing them about:

- their experience of violence
- the relationship
- how this has impacted any children in the family (that is, understanding risk experienced by children as victim-survivors)
- how they are survivors in their own right, which may also be informed by direct assessment (of children)
- attitudes, beliefs and behaviours of the perpetrator.

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. By taking a person- or victim-centred approach to risk assessment and management and listening to and believing the victim-survivor you can recognise the victim-survivor as expert in their own safety, with intimate knowledge of their lived experience of violence.

Fact sheet 7: Risk management conversation guide

Conversations about the current situation and circumstances are the primary way to develop safety planning actions. For example, a discussion about threats or harm to pets could include a discussion about a friend who could take the pets at short notice, that can then be included as an action in the safety plan.

This is not meant to be used as a checklist, nor is the list exhaustive; the conversation guide is simply some suggestions for areas to discuss during risk management conversations. Many of the possible actions are centred around ensuring the woman understands the risks she may be facing, derived from what we know about evidence-based risk factors. Remember that:

Risk identification and safety planning may not be an exact science or a perfect solution; but working with a woman to undertake a thorough exploration of her risk and a collaborative safety planning process can do much to empower her to keep herself and her children safe and to move forward in their lives.¹⁶⁴

Most of the content in the conversation guide can be attributed to the Ending Violence Association of British Columbia and Community Coordination for Women's Safety Canada.

Risk area	Possible actions for you to suggest or help her to take
Relationship	<ul style="list-style-type: none"> • Discuss any safety strategies she already has in place. • What other steps might she be able to take? • You might need to discuss the known risks for women at the time of leaving. • Discuss any ways she thinks you might be able to support her to build on her current safety strategies.
Escalating violence	<ul style="list-style-type: none"> • You might suggest that the woman uses a calendar to better track incidents of violence to enable her to see if they are escalating in frequency or severity. • Discuss whether she can recognise when the violence is escalating — for example, the perpetrator drinking more, complaining more. Recognising patterns might help her recognise when a violent episode is going to occur.
Children	<ul style="list-style-type: none"> • Discuss the reality that if she is pregnant or has just given birth it is a time of high risk. • Let her know that threatening, stalking or harassing the children can be part of a pattern of abuse and that any threats to harm or kidnap the children should be taken seriously. • Discuss the possibility of needing to notify school or day care about the situation including giving them a copy of any family violence orders – discuss supporting her to ensure that the school or day care know what to do if the perpetrator arrives to pick up or see the children. • Clarify that she understands your agency's position on notification to child protection if you come to believe the children need protection.

¹⁶⁴ Ending Violence Association of BC (2013) *Safety planning across culture and community: a guide for front line violence against women responders*, p. 55.

Risk area	Possible actions for you to suggest or help her to take
Perpetrator — relationship	<ul style="list-style-type: none"> • Discuss with her the increased risks of ongoing and/or escalating violence associated with kinds of violence such as strangling, choking, sexual coercion or abuse. • If she has not been recording/diarying threats and incidents of violence discuss with her the possibility of doing that and where to keep the notes. • Discuss with her the value in reporting to police and or in obtaining a protection order. • Discuss the dangers of obsessive, jealous and controlling behaviour on future likelihood of violence. • Again, remind her that taking notes about incidents and behaviours may be useful — including keeping harassing texts, emails and phone messages. • Discuss with her whether she needs to tell her employer or co-worker/s. • Pets — discuss any threats he has made to pets and options for keeping them safe and/or getting them out quickly if necessary. • Immigration status — if he has threatened her immigration status, discuss placing copies of her immigration papers in a safe and secure place.
Protection orders	<ul style="list-style-type: none"> • If there are orders in place suggest that she carries a copy of the order and/or places copies of the order with safe people. • If there are no orders in place, discuss and explain the value of an order and the support available to help her obtain one.
Perpetrator — other factors	<ul style="list-style-type: none"> • Discuss that a previous history of domestic violence is quite strongly associated with future domestic violence. • Discuss that a previous history of violence to people other than partner is also associated with greater likelihood of domestic violence. • While drugs and alcohol and/or mental health issues do not cause domestic violence, they can indicate periods of greater risk. Discuss what she has observed, what strategies are in place and what additional strategies you might be able to develop. • Unemployment — may indicate a greater risk of committing further violence. • Financial pressures — can also indicate greater risk. <p>These factors can prompt a discussion about whether she is feeling responsible for his living situation and whether this or guilt may constitute a pressure to stay with him or return to him. Of course, acknowledge the feelings and reassure her she is not responsible for his living situation.</p>

Risk area	Possible actions for you to suggest or help her to take
Victim safety features	<p>The woman's social locations will affect her risk and safety planning needs. You need to try to find what communities and social locations she identifies with. Some of the things you might need to consider and discuss include:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander women have understandable concerns about child notification and removal that should be discussed. • Aboriginal and Torres Strait Islander people have experienced a history of colonisation that can make them distrustful of government and community services. • Discuss that some Aboriginal and Torres Strait Islander women want a specific Aboriginal and Torres Strait Islander service while others prefer a non-Aboriginal and Torres Strait Islander service. • Concerns for a member of the LGBTIQ+ community may include that the partner may access LGBTIQ+ services or fears that the partner may 'out' them to friends or family. • Is her wider family/community supportive of her or does she feel pressure to stay with the perpetrator? • Are there any vulnerabilities that arise because of her age or physical ability? • Are there steps she may not have already taken to mitigate the risks caused by poverty? • Potential risk and impact of homelessness.
Her perceptions of the violence	<ul style="list-style-type: none"> • If the victim minimises the violence and risk, you might need to discuss the nature and dynamics of domestic violence. You may suggest some reading materials that she can either read at your service (if it is unsafe to take the materials home) or take them with her. You might also talk about the experiences of other women who have been in similar circumstances. • If she has indicated she thinks violence might continue and/or escalate, discuss with her what she thinks he might be capable of. • If she fears for the safety of other people be sure to include them in her safety planning. • If appropriate make a referral to a counsellor or service with expertise in working with victims of domestic violence.

Risk area	Possible actions for you to suggest or help her to take
Reluctance to leave or involve authorities	<ul style="list-style-type: none"> • Carefully and sensitively (particularly non-judgementally) explore her reasons for not wanting to report to police or seek to leave the situation. Provide reassurances about these reasons where possible. Offer to accompany her to police or medical support, explain processes such as protection orders and crisis services. Support her choices and at the same time continue to gently explore her options, her needs, her fears and the risk and encourage her to report or seek help to keep herself safe (see Key component 3: Risk assessment if you believe children are at risk). • Where relevant, provide information such as the Women’s Legal Centre Family Violence Order guide.
Level of current support	<ul style="list-style-type: none"> • Fully explore who and what supports she currently has in place and whether these could offer more support if she asked. Explore how she might go about that.
Availability and accessibility of services	<ul style="list-style-type: none"> • Explore with the victim the services she might require and then discuss access to and availability of these. • Consider alternative housing options for the future including lodging a public/social housing application form or rental bond loan, Safer Families Grants, and so on. • Discuss sharing information across services to improve coordination and obtain written permission to share information where appropriate. • If it all possible, offer to act as a case manager to help coordinate services and ensure they are working together. • Once the range of services required has been discussed, work with her to access the services she needs. For some women, just providing them the numbers may be enough support. Other women may need you to call for them and then hand them the phone. Others might just need a list of services and a plan for contacting them.
Technology	<ul style="list-style-type: none"> • It is important to undertake some level of audit of phones and computers if stalking is a possibility. • See ACT Women’s Legal Centre Technology safety page > for more information.

There may be a number of other things to consider in your discussions with a victim of domestic and family violence. This table is just meant as a guide to some of the things you may need to know to complete a safety plan with the victim. Specialist services such as DVCS or 1800 RESPECT can provide you with advice if you feel unsure about your skills at safety planning or are concerned for the victim.

See Practice guide 3: Safety plan.

Fact sheet 8: Risk factors for children and young people

Adapted from Victorian Government MARAM practice guides, *foundation knowledge guide: guidance for professionals working with child or adult victim-survivors, and adults using family violence*, pp. 33–35.

Risk factors specific to children caused by perpetrator behaviours. These are in addition to the risk factors for adult or child victims in [Fact sheet 5: ACT Key Risk Factors](#)).

<p>Exposure to family violence</p>	<p>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, include 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.</p>
<p>Sexualised behaviours towards a child by the perpetrator</p>	<p>There is a strong link between family violence and sexual abuse. Perpetrators who demonstrate sexualised behaviours towards a child are also more likely to use other forms of violence against them, such as:¹⁶⁵</p> <ul style="list-style-type: none"> • talking to a child in a sexually explicit way • sending sexual messages or emails to a child • exposing a child to sexual acts (including showing pornography to a child) • having a child pose or perform in a sexual manner (including child sexual exploitation). <p>Child sexual abuse also includes circumstances where a child may be manipulated into believing they have brought the abuse on themselves, or that the abuse is an expression of love, through a process of grooming.</p>
<p>Child intervention in violence</p>	<p>Children are more likely to be harmed by the perpetrator if they engage in protective behaviours for other family members or become physically or verbally involved in the violence. Additionally, where children use aggressive language and behaviour, this may indicate they are being exposed to or experiencing family violence.</p>
<p>Behaviour indicating non-return of child</p>	<p>Perpetrator behaviours including threatening or failing to return a child can be used to harm the child and the affected parent.¹⁶⁶ 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 affected parent when children are in the perpetrator’s care. This risk arises from or 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.</p>

165 These examples of sexualised behaviour toward children are crimes

166 This refers to behaviours where this is used as a tactic of a perpetrator for power and control, not actions of a parent/carer to keep their child/children safe from a perpetrator.

Undermining the child–parent relationship	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.
Professional and statutory intervention	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.

There is evidence the following child circumstance factors may indicate the presence or escalation of family violence risk. If any of these are present, you should undertake an assessment of risk for children:

History of professional involvement and/or statutory intervention	A history of involvement of child protection, youth justice, mental health professionals, or other relevant professionals may indicate the presence of family violence risk, including that family violence has escalated to the level where the child requires intervention or other service support. ¹⁶⁷
Change in behaviour not explained by other causes	A change in the behaviour of a child that cannot be explained by other causes may indicate presence of family violence or an escalation of risk of harm from family violence for the child or other family members. Children may not always verbally communicate their concerns, but may change their behaviours to respond to and manage their own risk, which may include responses such as becoming hypervigilant, aggressive, withdrawn or overly compliant.
Child is a victim of other forms of harm	Children’s exposure to family violence may occur within an environment of polyvictimisation. Child victims of family violence are also particularly vulnerable to further harm from opportunistic perpetrators outside the family, such as harassment, grooming and physical or sexual assault. Conversely, children who have experienced these other forms of harm are more susceptible to recurrent victimisation over their lifetimes, including family violence, and are more likely to suffer significant cumulative effects. Therefore, if a child is a victim of other forms of harm, this may indicate an elevated family violence risk.

167 This is where family violence is established as present through risk assessment. In some instances, engagement with, for example, child protection, has been instigated as a controlling behaviour by one party over another.

Fact sheet 9: When men are labelled as victims

Extract from Vlais (2018) *Guidelines for identifying and responding to people who cause family violence harm*. North West Metropolitan Region Primary Care Partnerships, p 10–11.

Men of course can genuinely be victim-survivors of domestic and family violence, often from other males' behaviour. Approximately 40–50% of male victims experience violence from a male perpetrator, such as a son, father or brother, or from a male intimate partner.¹⁶⁸

Men can be victims of women's use of violence too. However, studies in several jurisdictions show that approximately 15–50% of men assessed by police to be the victim of a female intimate partner's use of violence, are actually the perpetrator in the relationship.¹⁶⁹ The 'nice guy' effect, combined with the use of force by some women against the perpetrator to defend themselves and their children or to attempt to restore some of the dignity they've lost due to being entrapped by his coercive control, means that men can often be incorrectly labelled (by police and others) as victims.

Perpetrators who are incorrectly identified as victims can use their victim status to further harm and control the true victim in the relationship. He can use that status to hide his behaviour from authorities, gain unsafe levels of access to their children through family law and other means, and isolate her from police and support services.

It is therefore important to be cautious and to keep an open mind when a male client claims to be a victim of a woman's use of family violence, even if police or other services have identified him as such. Obtain a secondary consultation with the Men's Referral Service if you are feeling unsure. Look for the following signs, amongst others, that might indicate he is not the true victim:¹⁷⁰

- any injuries that he sustained are consistent with his partner acting in self-defence
- has a history of one or more intervention orders against him, and/or has any previous arrests or convictions for family violence or other violence-related crimes
- shows signs of using a range of tactics to control his partner's/family member's life
- makes most or all the important decisions in the relationship
- does not appear to be afraid of his partner/family member
- rather than making excuses for his partner/family member's behaviour, as victims often do, is forthright in criticising her and focusing on her faults
- shows little empathy with her needs and emotional responses
- conveys a sense of ownership, entitlement, jealousy or obsession about his partner/family member
- denies any wrong-doing and takes no responsibility for the situation (victims often wrongly take some or most responsibility for the violence they are experiencing).

168 State of Victoria (2016) Victorian Royal Commission into Family Violence: Report and recommendations[>]. Vol. 5.

169 Derived through two large-sample studies conducted in the UK, two in NSW and one in Victoria. Page 11 of 33 in Vlais (2018) *Guidelines for identifying and responding to people who cause family violence harm*.[>]

170 Adapted from a more comprehensive list on pages 194–197 of *Towards Safer Families: A Practice Guide for Men's Domestic Violence Behaviour Change Programs*.[>]

Fact sheet 10: Determining the primary aggressor

Adapted from Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework — Second edition p 69.

The primary aggressor is defined as the person who poses the most serious and ongoing threat to safety and wellbeing. Although the term ‘primary’ aggressor may imply ‘two’ aggressors, in many or most situations the violence is used solely by one person.

In some situations, it is difficult to establish whether a person is the perpetrator of family and domestic violence or whether a person is in need of safety and protection from domestic and family violence. For example, adults in a relationship might claim to be experiencing violence from each other, or a man might claim to be a victim of his female partner.

It is important in these situations to remember domestic and family violence involves an ongoing pattern of power and coercive control and to take into account gendered power dynamics. Domestic and family violence is different to relationship conflict.

There are a number of issues to explore when trying to determine who the primary aggressor is:

Context, intent and effect

Victim-survivors may use a number of behaviours to survive, or in retaliation to violence and abuse. In these circumstances it will be important to identify the behaviours within the context of a pattern of systematic power and control, for example:

- the context in which the behaviour takes place, for example, what took place before and afterwards, or where the violence took place
- the intent of using the violence, for example, to pre-empt worse violence or to punish another person
- the effect the violence has on a person, for example, is the victim feeling scared?

Agency

Agency refers to the ability to make decisions for oneself. Exploring the extent of a person’s agency is often useful. Victims of family and domestic violence are more likely to report not being involved in decision making, or that their views or preferences are often disregarded.

Assertion of will

It can be helpful to explore what happens in the relationship when there are differing wants or needs, and how, if at all, compromises are made. Assertion of will refers to a person doing what they want regardless of the other person’s wishes.

Empathy

Victims of violence are likely to make excuses for and empathise with the perpetrator of violence. Perpetrators of violence are often unable to empathise with their partner’s emotional experiences.

Entitlement

Entitlement is an attitude created by a lack of empathy. It allows someone to assert their will over another. Victims of domestic and family violence are less likely to demonstrate entitlement thinking and are more likely to downplay the violence used against them.

Fear

Behaviours become controlling when they instil fear. It can be helpful to explore the extent of a person's fear, what they are fearful of and how the fear impacts on their behaviour and day-to-day life.

While there is no definitive set of indicators that can be used to determine the primary aggressor, a man who claims to be the victim-survivor of domestic and family violence is more likely to be the primary aggressor if he:

- refers to his partner in aggressively critical or demeaning terms, as a character attack and out of righteous anger, rather than fear-based anger or anger about the violence
- seems overly calm and confident, and has no fear or apprehension about the incident or any civil (protection order) or criminal court process that might result
- presents as overly charming or charismatic
- has a history of one or more intervention orders against him for his use of violence or for stalking, has a current order, and/or has any previous arrests or convictions for domestic and family violence or other violence-related crimes (he might be vague about these situations, not supplying many details or using language like 'I think I've been interviewed by the police before')
- discusses the incident in vague and general terms rather than providing specifics
- describes events or circumstances that are inconsistent with the known facts
- reports facts that are inconsistent with his size or that of his partner
- has or had injuries that are more consistent with him being the aggressor (for example, scratches around arms and hands, bruised hands or feet), and which are different to the injuries sustained by his partner
- conveys through his use of language, his account of events and/or description of his relationship(s) a sense of ownership, entitlement, privilege, jealousy or obsession about his partner
- is forthright, critical and opinionated about ways that 'the system' (for example, courts, police) responds to domestic and family violence
- focuses on his rights and how he feels they are being violated — victims will generally not feel sufficiently empowered to talk about their rights or how these rights are being violated
- appears to regard children as his property, believes his children need to show respect and to be 'taught lessons', appears unable to focus on children's needs
- tries to convince the assessor that he is the injured party
- tries to ally with the assessor and subtly or grossly invites the assessor to collude with his story, using minimisation, denial, or other-blaming to confuse what really happened
- evades questions, attempts to control the conversation to discuss what is convenient to him, or diverts the assessor from asking pertinent questions (victims are more likely to be feeling disempowered, unsure of themselves and hesitant)
- leaves the assessor feeling manipulated through verbal tactics of persuasion
- appears to have power and control over his partner
- appears to have a second motive for the allegations, such as a Family Court matter or an affair, and/or appears to be smug about getting his partner into trouble
- denies any wrong-doing and takes no responsibility for the situation (victims often wrongly take some or most responsibility for the violence they are experiencing)
- has trouble empathising with his partner's emotional experiences
- appears to assert his will over his partner without empathising or considering the consequences to her.

Service providers need to be aware of the potential dangers of incorrectly identifying the primary aggressor in situations of violence. This includes inadvertently colluding with the perpetrator of the violence, with the dangerous consequence of exposing the adult victim and child to an increased risk of violence. There are a number of ways that a person may be wrongly identified as the primary aggressor:

- **Assuming both are equally violent or equally at risk.** It is very uncommon for both people in an intimate relationship to be using and experiencing violence of equal severity, risk and consequences. There are a small proportion of situations where the violence is mutual, with both people using violence against each other (apart from when the victim is using violence to defend herself). However, in situations where men claim that violence is mutual, they are often the primary aggressors.
- **Incorrectly identifying the person experiencing violence as the perpetrator.** Where women are using violence in self-defence or to prevent an impending attack, to defend children or others, or as an act of resistance or retaliation they are often wrongly identified as the primary aggressor. The risk of wrongly identifying the victim as the perpetrator is increased when the victim does not want to identify themselves as the victim. This can lead to a number of consequences for the victim including further isolation, losing the care of her children, increased use of coping mechanisms like alcohol or drug use, difficulty accessing services or reporting future violence, and an increased risk of harm.

- **Incorrectly identifying the perpetrator as the victim.** This can occur when the victim engages in acts of violence in self-defence or to prevent an impending attack, to defend children or others, or as an act of resistance or retaliation. In such cases the primary aggressor can use the victim's violent act, and any injuries sustained as a result of this violence from the victim, to hide their own abusive and violent behaviour. In these situations, the perpetrator may be referred to inappropriate victim-focused services, the perpetrator may gain confidence and increase the severity of violence and the victim-survivor and children may be placed in danger.

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RESOURCES

Abbreviations

ANROWS	Australia's National Research Organisation for Women's Safety
COAG	Council of Australian Governments
CYPS	Child and Youth Protection Services (ACT)
DFV	domestic and family violence
DVCS	Domestic Violence Crisis Service
EAP	Employee assistance program
ECAV	Education Centre Against Violence NSW Health
GP	general practitioner (doctor)
IPSV	intimate partner sexual violence
LGBTIQ+	LGBTIQ+ is an umbrella term respectfully used to refer to the diversity of individuals that are lesbian, gay, bisexual, transgender, intersex and/or queer. It is also intended to capture diverse sexualities and gender identities, including (but not limited to) people who are agender, non-binary, gender fluid, asexual and pansexual, as well as individuals who prefer to use specialised personal terms to describe their own sex, gender or sexuality.
MARAM	Multi-Agency Risk Assessment and Management Victoria
MBCP	Men's Behaviour Change Program
WESNET	Peak body for specialist women's domestic and family violence services that provides a range of resources and support and training around technology and safety in the context of domestic and sexual abuse
WHO	World Health Organization

Glossary

agency	The ability to make decisions for oneself.
coercive control	<p>Coercive control is a strategy some perpetrators use to dominate their intimate partners and maintain their privileges. It usually includes some combination of isolation, degradation, micromanagement, manipulation, stalking, physical abuse, sexual coercion, threats and punishment. Not all of these tactics are always present. For instance, an abuser may use no physical violence and control his partner through other means.</p> <p>Coercive controllers use particular techniques — isolation, gaslighting, surveillance — to strip the victim of their liberty, and take away their sense of self ... It is a strategic campaign of abuse held together by fear.</p> <p>Sometimes known as ‘intimate terrorism’.</p>
child	A person aged under 18 years of age.
domestic and family violence	<p>Behaviour that controls or dominates a family member and causes them to fear for their own or another person’s safety or wellbeing.</p> <p>Violent or threatening behaviour, or any other form of behaviour that coerces or controls a family member or causes that family member to be fearful.</p>
family ecology	Family ecology is a way of describing all the interactions within and between the different people and environments of a family, and recognising that child development is affected by the environments in which it occurs.
gaslighting	Trying to make someone feel they are crazy ‘often’ or ‘all the time’.
identifying	The process of sensitively asking questions when you suspect a woman is experiencing domestic violence.
intersectionality	<p>The complex, cumulative way in which the effects of multiple forms of discrimination combine, or intersect.</p> <p>A term that is used to describe how multiple forms of exclusion can impact on a person’s individual experience of marginalisation’.</p>
needs assessment	Assessment of the range of issues that could impact on a victims ability to secure and maintain safety. Would usually include at least an assessment of health, legal, housing and finance needs.
out, outing	Outing is the act of disclosing a gay, lesbian, bisexual or transgender person’s sexual orientation or gender identity without that person’s consent.
perpetrator accountability	<p>The ability of family violence systems agencies to work together to keep the perpetrator within view, so as to assess, monitor and manage dynamic risk ... perpetrator accountability is seen less as a set of singular actions or consequences ... and more as an ongoing response that flips the systems focus from solely protecting victims from risk towards also responding to and containing risk at its source.</p> <p>This means ensuring that in every interaction the system has with either a victim or a perpetrator, full responsibility for the violence is held with the perpetrator.</p>

primary aggressor	The person who poses the most serious and ongoing threat to safety and wellbeing.
risk assessment	<p>The process of identifying if a person is at risk of family violence and then determining the seriousness, including the likelihood that they will be affected by violence or, if violence is already occurring, that it will escalate. Determining seriousness of risk is undertaken through structured professional judgement with an intersectional lens, and by using relevant risk assessment approaches.</p> <p>The purpose of risk assessment is to determine the risk and safety for the adult victim and children, taking into consideration the range of victim and perpetrator risk factors that affect the likelihood and severity of future violence.</p>
risk assessment framework	A broad approach that includes ensuring the service system is able to identify and support victims early in the life of the violence and that workers have access to tools to help assess the level of risk of violence and assist victims to respond to and manage that risk.
risk assessment tool	A tool which (in the main) assesses for an individual's risk of victimisation, harm and/or lethality and/or escalation of violence. Some tools assess the likelihood of perpetration or reoffending or escalation.
risk management	A broad term used to encompass responses to family and domestic violence that aim to promote victim safety and perpetrator accountability. Risk management or responding to risk is understood as a fundamental and requisite part of working with victims and their children regardless of their level of risk.
screening	The systematic routine of asking every woman who uses the service the same key questions about domestic and family violence. The goal is to identify those at risk (early in the life of the violence) who need further assessment and support to reduce the likelihood of further and/or escalating violence. Screening, that is asking all clients a few key questions about violence and safety, takes the responsibility for deciding who might need to be asked about domestic violence off the practitioner.
self-determination	First Nations people have the right to self-determination which is an ongoing process of choice to ensure that Aboriginal and Torres Strait Islander communities are able to meet their social, cultural and economic needs.
Tier 1 and 2 training	Two levels of the training program provided to frontline ACT Government employees on identifying and responding to domestic and family violence.
weapon	Any tool or object used by a perpetrator to threaten or intimidate, harm or kill a victim or victims, or to destroy property.
young person	A person aged 12 to 17 years (<i>Children and Young People Act 2008 ACT</i>)

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