



Government of **Western Australia**
Department for **Child Protection**
and **Family Support**

Western Australian Family and Domestic Violence
**COMMON RISK ASSESSMENT AND
RISK MANAGEMENT
FRAMEWORK**

Second edition

Freedom From **FEAR**



Acknowledgements

The Department for Child Protection and Family Support acknowledges that the following publications have informed the second edition of the *Western Australian Common Risk Assessment and Risk Management Framework*:

- New South Wales Government (2014) *Domestic and Family Violence Framework for Reform*; and
- Victorian Department of Human Services (2012) *Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1–3*.

This document may be reproduced and copied for the purposes of information sharing and professional development with credit to the Department for Child Protection and Family Support, Family and Domestic Violence Unit.

The Western Australian Common Risk Assessment and Risk Management Framework remains a dynamic operating framework. For currency please go to the Department for Child Protection and Family Support website at www.cpfs.wa.gov.au.

Suggested reference

Department for Child Protection and Family Support (2015). *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework (2nd ed.)*, Perth, Western Australia: Western Australian Government.

Disclaimer

The information contained in this manual was current at the time of publication. Certain aspects and details of the service system may change, however the principles, values and key elements of practice outlined herein will endure.

Contents

SECTION 1 The Framework	5
Introduction	7
Developing the second edition	7
Terminology	8
About family and domestic violence	10
Integrated response to family and domestic violence	10
Key components of the Framework	12
A common definition and understanding of family and domestic violence	13
A commitment to perpetrator accountability	13
A response continuum	14
Shared principles	15
Common minimum standards and practice requirements	16
Minimum standard and practice requirements for screening	16
Minimum standard and practice requirements for risk assessment	18
Minimum standard and practice requirements for risk management	20
Minimum standard and practice requirements for information sharing	22
Minimum standard and practice requirements for referral	24
SECTION 2 Practice Guides	25
Overview	27
Practice guide 1: Screening	28
The screening process in practice	30
A commitment to perpetrator accountability – screening	34
Determining the primary aggressor	34
Practice guide 2: Risk assessment	36
Risk assessment in practice	38
Approaching risk assessment in practice – adult victims	39
Approaching risk assessment in practice – children as victims	41
Determining the level of risk	42
A commitment to perpetrator accountability – risk assessment	43
Practice guide 3: Risk management	44
Risk management in practice	45
A commitment to perpetrator accountability – risk management	46
Practice guide 4: Information sharing	48
Information sharing in practice	49
A commitment to perpetrator accountability – information sharing	50
Practice Guide 5: Referral	51
Referral in practice	52
A commitment to perpetrator accountability – referral	53
References	55

SECTION 3 RESOURCES	57
Fact Sheet 1 Forms of family and domestic violence.....	59
Fact sheet 2 Indicators of family and domestic violence.....	63
Fact Sheet 3 Perpetrator characteristics.....	65
Fact Sheet 4 Determining the primary aggressor	69
Fact Sheet 5 Key risk factors.....	72
Fact Sheet 6 Impacts of family and domestic violence on women.....	76
Fact Sheet 7 Impacts of family and domestic violence on children.....	78
Fact Sheet 8 Responding to diversity	81
Fact Sheet 9 Information sharing	87
Practice Tool 1 Common screening tool.....	88
Practice Tool 2 Common risk assessment tool	89
Practice Tool 3 Guidelines for multi-agency case management	95
Practice Tool 3.1 Multi-agency case management meeting agenda	101
Practice Tool 3.2 Multi-agency case management client consent form for information sharing ..	102
Practice Tool 3.3 Multi-agency case management confidentiality declaration.....	103
Practice Tool 3.4 Family and domestic violence multi-agency safety plan	104
Practice Tool 4 Personal safety plan template	107
Practice Tool 5 Referral form template.....	115



SECTION 1
The Framework



Introduction

Developing the second edition

The first edition of the *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework* (the Framework) was released in 2011.

It is now included alongside service specifications for community sector service contracts managed by the Department for Child Protection and Family Support, has been progressively included into the policy and practices of legal and statutory agencies/authorities and is increasingly being used by a range of mainstream service providers.

The implementation of the Framework was evaluated in 2013. The evaluation showed a positive impact on practice in relation to screening, risk assessment and improved knowledge and confidence when responding to family and domestic violence. The evaluation also highlighted the increased awareness and understanding, among service providers, of the importance of the Framework as the central element in the integrated response to family and domestic violence across Western Australia.

This second edition extends the original Framework and focuses on:

- updating the policy context for the Framework in Western Australia;
- incorporating recommendations from the 2013 evaluation, including developing information and resources to strengthen information sharing, referral pathways and collaborative case management;
- increasing the awareness and understanding about the role of the Framework in supporting an 'integrated response';
- strengthening practice guidance about engaging and responding to perpetrators for the purpose of assessing and managing risk; and
- modifying the risk assessment tool to better align with the risk assessment process, with provision made for the recording of the victim's assessment of the level of risk and professional judgement.

The second edition of the Framework comprises three sections:

Section 1 The Framework: outlines the current policy context and service system, and describes the components of the Framework, including a common definition and understanding of family and domestic violence, a commitment to perpetrator accountability, the response continuum, underlying principles and common minimum standards and practice requirements.

Section 2 Practice guides: provides practice guidance on screening, risk assessment, risk management, information sharing and referral to support implementation of the Framework in practice across the Western Australian service system.

Section 3 Resources: includes family and domestic violence fact sheets and key practice tools.

Terminology

Family and domestic violence	<p>A key characteristic of family and domestic violence is an ongoing pattern of behaviours intended to coerce, control and create fear. These behaviours may take a number of forms, including, but not limited to, physical, sexual, emotional and psychological abuse.</p> <p>While both men and women can be victims and perpetrators of family and domestic violence, statistics and research overwhelmingly shows that family and domestic violence is mainly perpetrated by men against women and children.</p>
Victim	<p>Refers to a person who has experienced family and domestic violence. The terms 'victim', 'adult victim' 'woman', or 'women and children who have experienced violence' may be used interchangeably in this resource. The word victim is not intended as a totalising label, but is used for expediency and to represent the person to which harm has occurred.</p>
Perpetrator	<p>Refers to a person who is reasonably believed to be using family and domestic violence. The term 'perpetrator', 'man' or 'man using violence' may be used interchangeably in this resource. The term perpetrator is not intended at a totalising label, but is used for expediency and to represent the person who is causing the harm.</p>
Children	<p>Includes infants, children and young people under the age of 18.</p>
Service provider	<p>Refers to all government agencies and community sector services that provide, or may provide, a service to family and domestic violence victims and/or perpetrators.</p>
Perpetrator accountability	<p>Prioritising the safety of women and children while holding perpetrators responsible for their use of violence. In practice, accountable service responses to men using violence provide consistent and constant messages that violence is not justifiable, normal or excusable.</p>
Primary aggressor	<p>The person who poses the most serious, ongoing threat.</p>
Integrated response	<p>Government and community sector service providers working in a coordinated and collaborative manner to provide holistic, safe and accountable responses to victims and perpetrators of family and domestic violence, with the aim of creating streamlined pathways through the service system and seamless service delivery between service providers.</p>
Service system	<p>The network of government and community sector service providers in Western Australia. Broadly grouped into three categories: family violence services, mainstream services and legal and statutory services.</p>
Screening	<p>Screening is a process of enquiry using a standard set of questions or a screening tool to determine whether a person is experiencing family and domestic violence. The purpose of screening is to facilitate early intervention and effective service responses for victims and accountability for perpetrators.</p>

Risk assessment	Risk assessment is the process of identifying the presence of a risk factor or factors. Risk and safety for a victim is determined by considering the range of family and domestic violence victim and perpetrator characteristics (risk factors) that affect the likelihood and severity of future violence. Risk assessment is an ongoing process and is the key determinant of an effective response to keep women and children safe and hold perpetrators accountable.
Risk management	Risk management is a broad term used to encompass responses to family and domestic violence that aim to promote victim safety and perpetrator accountability.
Information sharing	Exchange of relevant information within or between services for the purpose of preventing or reducing a serious threat to a person's safety.
Referral	Making contact with or providing information to a service provider for the purposes of accessing service provision, on behalf of an adult or child victim, or perpetrator of family and domestic violence.
Warm referral	Involves contacting a service provider for or with the person needing a service. Warm referral also involves a certain level of follow up, in which the initial service provider checks to make sure that the referral has been successful and that the person is receiving the required support from the service provider to which the person was referred.
Violence	Family and domestic violence often takes the form of behaviours that are not physical in nature, but affect others' health, wellbeing, freedom, sense of safety and autonomy. The term 'violence' is used to cover a wide range of behaviours that violate the right of another person to safety, autonomy and wellbeing. This term is used interchangeably with family and domestic violence.
Informed consent	Informed consent refers to the victim or perpetrator understanding the purpose of the request for information, the type of information that will be shared, and the likely outcomes of sharing the information. Obtaining informed consent to share information is considered good practice. However, where there are concerns related to the safety and wellbeing of an adult or child victim, consent to share relevant information is 'assumed'. Service providers should not preclude the sharing of relevant, safety-focused information on the basis of 'no' or 'unknown' consent.

About family and domestic violence

Family and domestic violence is prevalent in all communities, cultures and countries, and exists across all social and economic boundaries (World Health Organization 2013). In Australia, anywhere between one in three (Mouzos & Makkai 2004) and one in five women (ABS 2005; 2012) experience violence by an intimate partner or family member, and one in four children witness this abuse while they are growing up (Indermaur 2001). For Aboriginal women and children, the rates of family and domestic violence are even higher, with up to one in two experiencing family violence (Mouzos & Makkai 2004; AIHW 2006).

The impacts of family and domestic violence for adult and child victims can be profound, affecting all aspects of health and wellbeing. Family and domestic violence is the leading cause of: perceived and actual threats to safety for women and children (ABS 2005; 2012); non-accidental injury and death for women aged between 15 and 44 (VicHealth 2004); homelessness for women and children (Tually, Faulkner, Cutler & Slatter 2008); mental health and substance misuse issues for women (Golding 1999; Keys & Young 1998); and physical and emotional harm (or risk of) for children (Humphreys 2007).

The prevalence of family and domestic violence and the pervasiveness of its effects on the health and wellbeing of victims mean that responses can be complex, involving multiple services, including child protection, police, courts, corrections, housing and specialist family and domestic violence services. The involvement of different service providers can lead to strong, coordinated and collaborative responses that have the collective capacity to keep victims safe and hold perpetrators to account. However, when service providers do not work together, this can exacerbate risk and increase the vulnerability of victims. Domestic violence homicide reviews have repeatedly demonstrated that fragmented or siloed service responses lead to victims falling through the gaps between services; counterproductive information or responses; victims feeling disillusioned, further disempowered and overwhelmed; perpetrators becoming lost or invisible to the system; and service providers making decisions without a full understanding of the risk or the involvement of other services (Pence, Mitchell & Aoina 2007; Ombudsman 2013; Walsh et al. 2012).

Integrated response to family and domestic violence

To provide an effective response to family and domestic violence, a key strategy included in *Western Australia's Strategic Plan for Family and Domestic Violence 2009–2013* was to 'develop a state wide integrated response to those experiencing family and domestic violence'. This strategy has subsequently been reiterated in *Western Australia's Family and Domestic Violence Prevention Strategy to 2022* and the *National Plan to Reduce Violence against Women and their Children 2010–2022*. 'Integrated response' in this context refers to government agencies and community sector services working in a coordinated and collaborative manner to provide holistic, safe and accountable responses to victims and perpetrators of family and domestic violence; streamlined pathways through the service system and seamless service delivery between service providers.

As a key element in an integrated response the Framework sets common minimum standards and practice requirements for screening, risk assessment, risk management, information sharing and referral in cases of family and domestic violence.

The integrated response to family and domestic violence in Western Australia is supported and formalised through: across government governance arrangements, strategic policy, formalised partnerships and accountability/monitoring.

Governance

The Department for Child Protection and Family Support convenes the Family and Domestic Violence Senior Officers' Group (SOG). The SOG includes representatives from state and Commonwealth government departments that have a role in responding to family and domestic violence, and the community sector through the Women's Council for Domestic and Family Violence Services. The role of the SOG is to plan, implement and monitor policy and strategies to support an integrated response to family and domestic violence.

The SOG contributed to the development of, and is guided by the following strategic plans:

- *National Plan to Reduce Violence against Women and their Children 2010–2022;*
- *Western Australia's Family and Domestic Violence Prevention Strategy to 2022;* and
- *Western Australia's Strategic Plan for Family and Domestic Violence 2009–2013.*

The Senior Officers' Group receives information and advice from the Family and Domestic Violence Community Sector Roundtable which includes representatives from a wide range of specialist family and domestic violence services, and other community sector organisations.

The service system

The range of service providers that comprise the service system in Western Australia is diverse. However, these services can be broadly grouped into three categories: specialist family and domestic violence services, mainstream services, and legal and statutory services.

Figure 1: Key entry points into the family and domestic violence service system

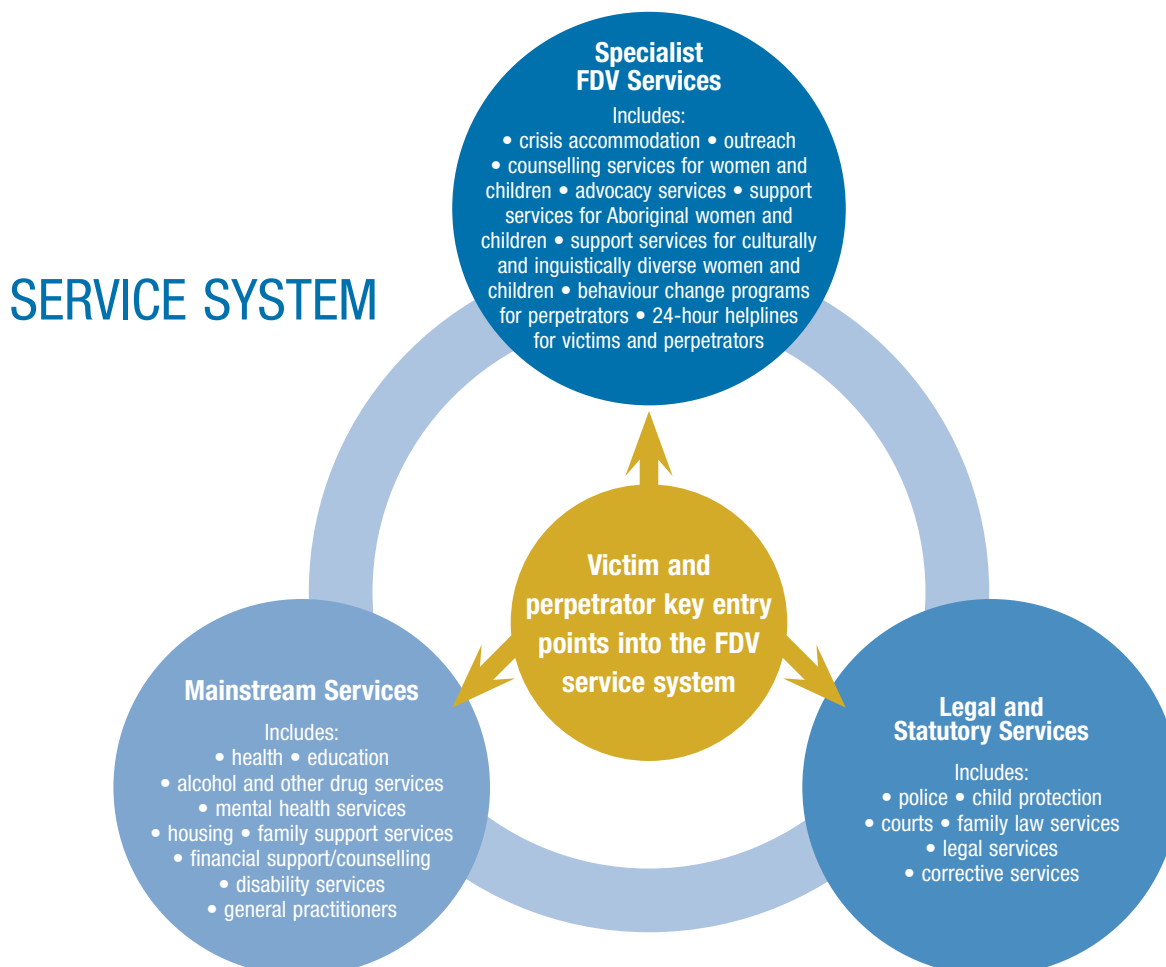


Figure 1 shows the many access points by which victims and perpetrators of family and domestic violence enter the service system in Western Australia, including:

- through direct contact with specialist family and domestic violence services, including practical support and counselling, healing services, case management, advocacy and outreach services and behaviour change programs;
- through legal and statutory services, including police, courts and correctional services, child protection and legal services; and
- through mainstream services, including education, housing, family support services, health services, mental health services, disability services, counselling, and drug and alcohol services.

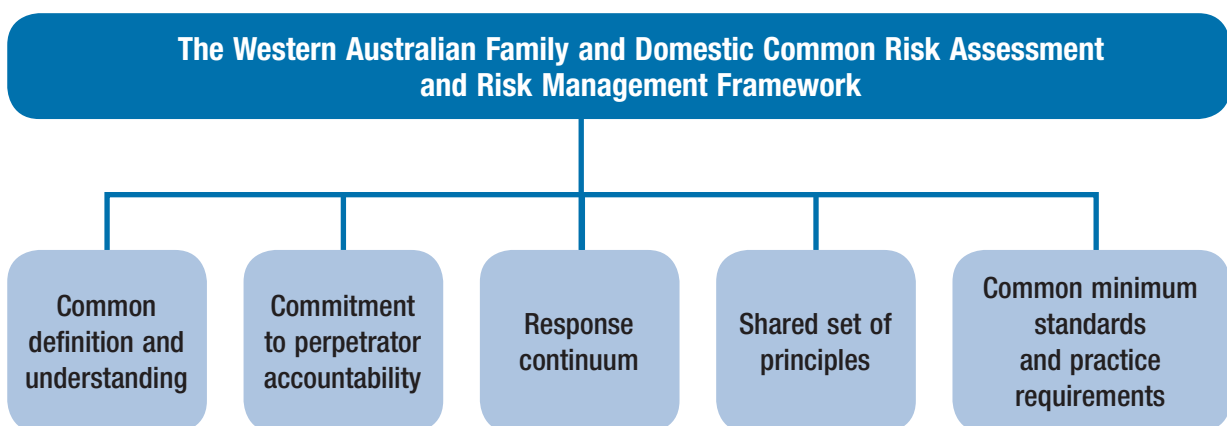
Key components of the Framework

The Framework has been developed for use by all government agencies and community sector services to promote a consistent collaborative and seamless approach to identifying and responding to family and domestic violence.

The five key components of the Framework are:

- 1 a common definition and understanding of family and domestic violence;
- 2 a shared commitment to perpetrator accountability;
- 3 recognition of a response continuum. An understanding that mainstream, statutory and specialist service providers have an important role in identifying, assessing and responding to family and domestic violence;
- 4 a set of shared principles that underpin the development and implementation of family and domestic violence policies, programs and practice; and
- 5 a set of common minimum standards and practice requirements for screening, risk assessment, risk management, information sharing and referral.

Figure 2: Key components of the Framework



A common definition and understanding of family and domestic violence

The Framework builds on a common definition and understanding of family and domestic violence to support all service providers across the service system to 'speak a common language'. How family and domestic violence is defined and understood has a profound impact on the way service providers support victims, including children, and how perpetrators are held accountable for their violence.

Family and domestic violence is considered to be behaviour which results in physical, sexual and/or psychological damage, forced social isolation, economic deprivation, or behaviour which causes the victim to live in fear. A key characteristic of family and domestic violence is the exploitation of power through the use of violence and abuse to control someone within an intimate or familial relationship.

The term 'domestic violence' usually refers to abuse against an intimate partner or ex-partner, while 'family violence' is a broader expression that can include the abuse of children, older people and other family members.

Aboriginal and Torres Strait Islander people generally prefer to use the term family violence. This concept describes a matrix of harmful, violent and aggressive behaviours. However, the use of the term family violence should not obscure the fact that Aboriginal women and children bear the brunt of family violence.

Family and domestic violence is prevalent in all communities, cultures and countries, and permeates all social and economic boundaries. However, it is mainly perpetrated by men against women, and as a result, is often referred to as a *gendered crime* or *violence against women*.

A commitment to perpetrator accountability

The prevalence of family and domestic violence and the magnitude of its effects on the health and wellbeing of adult and child victims are amplified by inconsistent responses to men using violence. This includes:

- engaging women and children around strategies to keep themselves safe in isolation of a response to the perpetrator. This often leads to men who use violence being 'invisible' to the service system, which can reduce women's confidence in the service response and exacerbate risk;
- inconsistent responses/decision making within the criminal justice system;
- siloed approaches to service delivery, including service providers working in isolation with limited to no sharing of information or case coordination;
- inadvertent collusion with perpetrators' deflections, minimisations or victim blaming;
- limited capacity to identify and respond to perpetrators of family and domestic violence when they present in non-violence related fields, for example, drug and alcohol, or mental health; and
- limited capacity to respond to men using violence who have complex or diverse needs, such as co-occurring substance misuse, mental health issues, or English as a second language.

As a result, the safety for women and children experiencing family and domestic violence is regularly undermined or compromised, with the perpetrators of the violence continuing to use violent and abusive behaviours with little consequence.

The Framework promotes an integrated approach prioritising the safety of women and children while holding men accountable for their use of violence. In practice, accountable service responses to men using violence provide consistent and constant messages that violence is not justifiable, normal or excusable.

The responses that may result from this position will vary according to the roles and responsibilities of the service provider involved. However, at a minimum these would include:

- providing consistent information and messages that violence will not be tolerated or accepted;
- not colluding with men's deflections or victim blaming;
- providing referrals to behaviour change interventions;
- sharing information about risk;
- reporting criminal offences;
- reporting concerns about child and adult victims to child protection (and/or other relevant authorities);
- participating in multi-agency case management; and
- contributing to the monitoring of a man's use of violence.

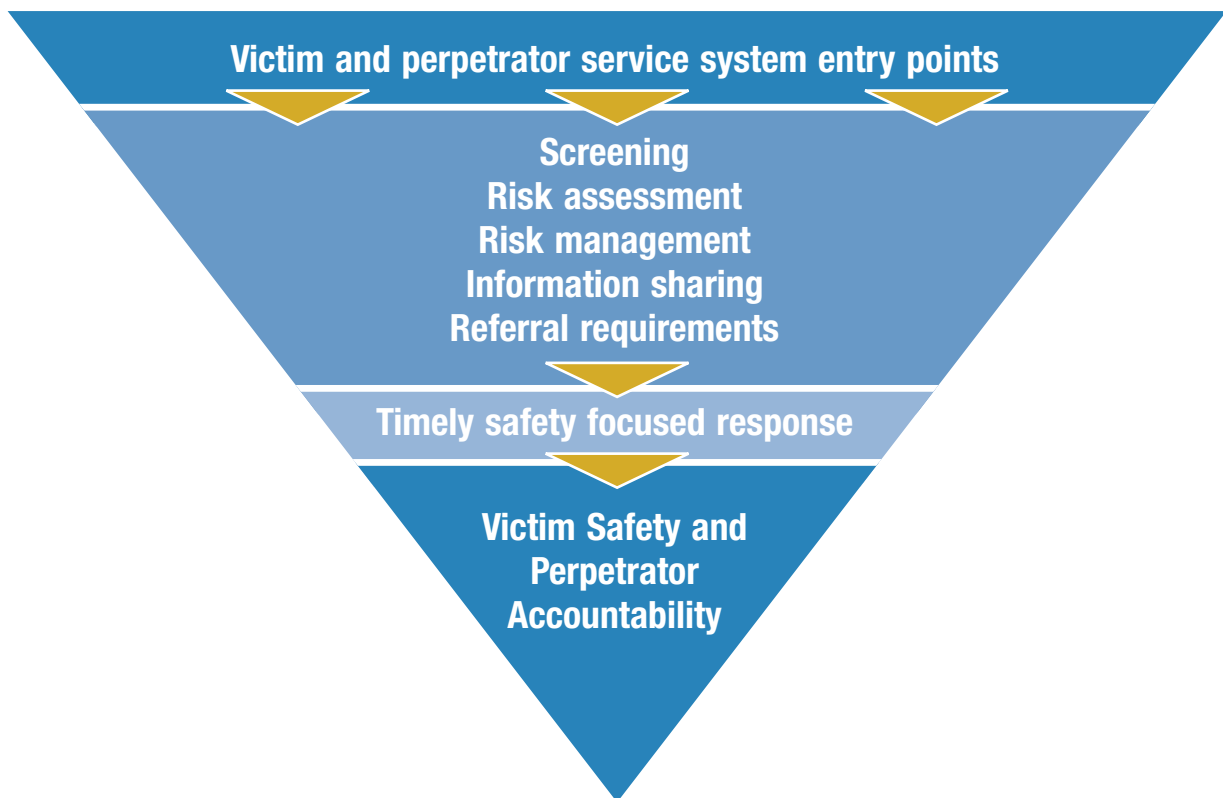
Integrated responses to family and domestic violence in Western Australia increase the collective capacity and effectiveness of the service system to identify and respond to perpetrators, and to hold them accountable for their violence and abuse.

A response continuum

There are multiple pathways through which a victim or perpetrator may enter and re-enter the family and domestic violence service system. The Framework incorporates processes that prioritise the safety of victims and hold perpetrators accountable for the violence regardless of the entry pathway.

Screening, risk assessment, risk management, the sharing of relevant information and effective referral are set on a response continuum. The commitment to these common and coordinated processes supports timely safety focused responses and prevents system fragmentation.

Figure 3: Victim and perpetrator journey through an integrated service system



Shared principles

The Framework is supported by a set of shared principles. These principles inform the development and implementation of policies, programs and practices in the area of family and domestic violence in Western Australia, and are consistent with the principles that underpin *Western Australia's Family and Domestic Violence Prevention Strategy to 2022*.

Each principle is considered of equal value and importance:

- Family and domestic violence and abuse is a fundamental violation of human rights and should not be tolerated in any community or culture.
- Preventing family and domestic violence and abuse is the responsibility of the whole community, and requires a shared understanding that it must not be tolerated under any circumstance.
- The safety and wellbeing of those affected by family and domestic violence and abuse will be the first priority of any response.
- Perpetrators of family and domestic violence and abuse will be held accountable for their behaviour, and acts that constitute a criminal offence will be dealt with accordingly.
- Responses to family and domestic violence and abuse can be improved through the development of an all-inclusive approach in which responses are integrated and specifically designed to address safety and accountability.

- An effective system will acknowledge that to achieve substantive equality, partnerships must be developed in consultation with specific communities of interest, including people with disability, people from Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds.
- Victims of family and domestic violence will not be held responsible for perpetrators' behaviour.
- Children have unique vulnerabilities in family and domestic violence situations, and all efforts must be made to protect them from short and long-term harm.

Common minimum standards and practice requirements

The Framework sets common minimum standards and practice requirements for **screening, risk assessment, risk management, information sharing** and **referral**.

These common minimum standards and practice requirements have been developed to promote responses to victims and perpetrators of family violence that are consistent, collaborative and integrated.

Minimum standard and practice requirements for screening

Screening is a process of enquiry using a standard set of questions or a 'screening tool' to determine whether a person is experiencing family and domestic violence. The purpose of screening is to facilitate early intervention, effective service responses for victims and accountability for perpetrators. Victims or perpetrators of family and domestic violence often present to services for issues other than, but often related to, family and domestic violence.

Where family and domestic violence is occurring and is not identified by a service provider, any service provision is likely to be ineffective, and may inadvertently place an adult or child victim at further risk.

Minimum standard for screening

Service providers actively screen for family and domestic violence where indicators are present.

Minimum practice requirements for screening

Safety for women and children as victims of family and domestic violence

Service providers will actively screen for family and domestic violence where indicators suggest that a woman is a victim of family and domestic violence. To support the screening process, all service providers will be familiar with the key indicators of family and domestic violence.

All service providers will have an understanding of the dynamics and forms of family and domestic violence.

If family and domestic violence is identified through the screening process, the service provider will take all necessary steps to address the immediate safety of the adult and child victims.

Safety for women and children as victims of family and domestic violence (cont.)

If family and domestic violence is part of the service provider's core business, the service provider will conduct a risk assessment and, depending on the outcome, will make arrangements for safety planning, referral and multi-agency case management as necessary.

If family and domestic violence is not part of the service provider's core business, an active or 'warm' referral for a risk assessment will be made to a specialist agency.

Service providers will make available standard information about appropriate support services and how to access them. This is particularly important where a woman is experiencing family and domestic violence, but at the time of presentation is unwilling or unable to accept a referral to support services, or where the service provider believes that the woman is experiencing family and domestic violence, but has not received a positive response to the screening questions.

Service providers will consider making a referral to police or child protection where there are critical or imminent safety concerns for the adult and/or child victim. This referral may be initiated with or without consent from the victim.

Duty of care, legal and statutory obligations will be considered by all service providers when determining the response to adult and child victims of family and domestic violence.

A commitment to perpetrator accountability

Services providers will be aware that perpetrators of family and domestic violence often present at a range of services for other concerns for example, drug and alcohol misuse, mental health concerns, anger management problems, relationship difficulties, and parenting issues.

Service providers will be familiar with the characteristics of perpetrators and the indicators of family and domestic violence.

The safety of women and children is the overriding priority in any engagement with perpetrators of family and domestic violence.

Service providers who identify a perpetrator of family and domestic violence through their service's standard intake process will provide an active referral to a family and domestic violence focussed service for perpetrators where possible and safe to do so.

Service providers who identify a perpetrator of family and domestic violence through their service's standard intake process will consider making a referral to police or child protection where there are critical or imminent safety concerns for the adult and/or child victim. This referral may be initiated with or without consent from the victim.

Minimum standard and practice requirements for risk assessment

Risk assessment is the process of identifying the presence of risk factors. Risk and safety for a victim is determined by considering the range of risk factors that affect the likelihood and severity of future violence. Risk assessment is an ongoing process, and is the key determinant of an effective response to keep women and children safe and hold perpetrators accountable.

Minimum standard for risk assessment

Service providers that have a role in responding to family and domestic violence use a common approach to risk assessment that includes key risk factors, professional judgement and the victim's assessment of the risk.

Minimum practice requirements for risk assessment

Safety for women and children as victims of family and domestic violence

Service providers that have a role in responding to family and domestic violence will use a common approach to risk assessment, taking into consideration key risk factors for family and domestic violence in their risk assessment process. The common approach includes:

- the victim's assessment of the risk;
- consideration of key risk factors; and
- professional judgement.

Service providers will use the common risk assessment tool or the key risk factors contained in the tool to inform risk assessments.

Service providers conducting risk assessments will have a sound understanding of family and domestic violence, the impacts on women and children, factors that affect risk and factors that may make some groups of people more vulnerable to family and domestic violence.

Risk will be continually monitored by service providers who have ongoing service provision with the victim, and risk assessments will be updated regularly.

Where immediate safety concerns are identified by a service provider, all necessary steps will be taken to ensure the safety of the woman and any children, and to hold the perpetrator accountable. This may include convening a multi-agency case management meeting.

Service providers will consider making a referral to police or child protection where there are critical or imminent safety concerns for the adult and/or child victim. This referral may be initiated with or without consent from the victim.

Duty of care, legal and statutory obligations will be considered by all service providers when determining the response to adult and child victims of family and domestic violence.

A commitment to perpetrator accountability

Service providers conducting assessments with perpetrators of family and domestic violence will prioritise the safety of adult and child victims.

Service providers conducting assessments with perpetrators of family and domestic violence will have a sound understanding and knowledge of perpetrator characteristics, the dynamics and key risk factors for family and domestic violence.

Service providers conducting assessments with perpetrators of family and domestic violence will use the victim's account as the primary source of information about the violence.

Where this is not possible or safe to do so, secondary sources of information will be sought regarding perpetrator behaviour, including from other service providers that have had prior contact with the victim and perpetrator.

Where the information obtained from the victim and perpetrator is contradictory, service providers will privilege the account and information provided by the adult victim.

In cases where intimate partners both present as victims/perpetrators to a service provider, the service provider will attempt to determine the primary aggressor.

Service providers will use a common assessment of risk to inform the response (risk management) to the perpetrator.

Risk will be continually monitored by service providers that have ongoing service provision with the perpetrator, and assessments of risk will be updated regularly.

Service providers will consider making a referral to police or child protection where there are critical or imminent safety concerns for the adult and/or child victim. This referral may be initiated with or without consent from the victim. All attempts will be made to contact the victim to ensure her safety.

Minimum standard and practice requirements for risk management

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

Responding to family and domestic violence must, in the first instance, focus on managing risk. Where risk is not managed and adult and child victims are not safe, it is unlikely that any other response or intervention will be effective and may compromise the safety of adult and child victims. Risk management is informed by prior risk assessment of adult and child victims, and perpetrators.

Minimum standard for risk management

Service providers work within an integrated service system response that prioritises adult and child victim safety and wellbeing, and manages risk posed by the perpetrator through interagency collaboration.

Minimum practice requirements for risk management

Safety for women and children as victims of family and domestic violence

Where risk has been assessed, service providers will work with the victim to develop, implement and monitor a personal safety plan.

Where risk has been assessed, service providers will work with children to develop a personal safety plan, where age and developmentally appropriate.

Where risk has been assessed service providers will work in collaboration to support the victim. Service providers will consider a range of risk management strategies for victims of family and domestic violence. These may include but are not limited to:

- referral to a specialist family and domestic violence service;
- supporting an application for a violence restraining order (VRO);
- reporting a breach/es of a VRO, reporting knowledge of a criminal offence to police, recording evidence;
- reporting the risk posed by the perpetrator to children to child protection;
- calling a multi-agency case management meeting for victims considered to be *at high risk of serious harm*;
- sharing information relevant to the level of risk posed by the perpetrator with other service providers engaged with the victim; and/or
- case management or referral to support services to address other co-occurring issues such as drug and alcohol problems, mental health concerns, and homelessness.

Safety for women and children as victims of family and domestic violence (cont.)

While children's safety and wellbeing is linked to the safety and wellbeing of the adult victim, children may also have differing needs related to their own safety and wellbeing. Service providers will consider a range of risk management strategies for children. These may include but are not limited to:

- referral to a specialist family and domestic violence service for children;
- taking out a violence restraining order (VRO) on behalf of the children where appropriate;
- reporting the risk posed by the perpetrator to children to child protection services;
- sharing information relevant to the level of risk posed by perpetrator to children with other service providers; and/or
- joint and/or individual case-management or referral to support services to address co-occurring issues such as drug and alcohol problems and mental health concerns.

Where a victim has been assessed as at high risk of serious harm the service provider will give consideration to calling a multi-agency case management meeting

Where the victim is unwilling or unable at the time to accept any offers of support, service providers will provide standard information (where safe to do so) to the victim about support services and how to access them. The victim will be encouraged to return to the service provider at any time.

Service providers will consider making a referral to police or child protection where there are critical or imminent safety concerns for the adult and/or child victim. This referral may be initiated with or without consent from the victim.

Duty of care, legal and statutory obligations will be considered by all service providers when determining the response to adult and child victims of family and domestic violence.

A commitment to perpetrator accountability

Service providers who have a role in working with men as perpetrators of family and domestic violence will proactively engage with the perpetrator, either through their own services or through an interagency response to mitigate the risk. Service providers will never expect the victim to manage the perpetrator's violence.

Service providers will give consideration to calling, or participate in a multi-agency case management meeting where perpetrators are considered to pose a high risk of serious harm.

Service providers will implement a range of risk management strategies for perpetrators of family and domestic violence. These may include but are not limited to:

- referral to a family and domestic violence men's behaviour change program or violence-focused individual counselling;
- civil sanctions – supporting a victim's application for a violence restraining order (VRO), or taking out a VRO on behalf of children;
- criminal sanctions – reporting a breach/es of a VRO, reporting knowledge of a criminal offence to police, recording evidence;
- statutory sanctions – report the risk posed by the perpetrator to children to child protection services;
- calling a multi-agency case management meeting for perpetrators considered to pose a high risk of serious harm;
- sharing information relevant to the level of risk posed by perpetrator with other service providers engaged with the victim;
- case-management or referral to support services to address co-occurring issues including substance misuse, mental health concerns and homelessness; and/or
- exploration of all available options for holding perpetrators accountable through the service provider's own internal policies and procedures and governing legislation.

Minimum standard and practice requirements for information sharing

Sharing information between service providers increases the capacity to assess and manage risk for women and children experiencing family and domestic violence.

Sharing relevant, timely, accurate and purposeful information between service providers is essential for informing risk assessment and risk management responses, and safe and effective referrals for adult and child victims, and perpetrators of family and domestic violence.

Minimum standard for information sharing

Service providers share relevant information to support referral, risk assessment, risk management and monitoring, prioritising the safety and wellbeing of adult and child victims, and holding perpetrators accountable.

Minimum practice requirements for information sharing

Safety for women and children as victims of family and domestic violence

Service providers will be familiar with current legislation, protocols, agency agreements, including those relevant for information sharing, and duty of care provisions.

The safety of women and children experiencing family and domestic violence will be the primary consideration when service providers request information from, or provide information to, another service provider. Safety for adult and child victims will be used as the guiding principle to inform a service provider's decisions about what information to share and for what purpose.

Service providers will share relevant information. Information is considered relevant if it supports the assessment or monitoring of risk, informs personal or multi-agency safety planning, and/or supports a victim's pathway through the service system.

If a service provider reasonably fears that providing information to another service provider may jeopardise victim safety, then this will be explained to the requesting service provider, and the parameters for information to be shared will be negotiated accordingly.

Wherever possible, service providers will seek informed consent from the victim prior to sharing any information with other service providers. However, consent is not a requirement for information sharing in circumstances of family and domestic violence where there are concerns for the safety and wellbeing of adult and child victims.

Information may be shared without victim consent if a service provider's mandate allows, or where service providers consider the victim to be *at high risk of serious harm*.

Duty of care, legal and statutory obligations will be considered by all service providers when determining whether to share information.

A commitment to perpetrator accountability

Information that is disclosed by the perpetrator to a service provider that relates to risk to the adult and/or child victim will be shared with service providers working towards victim safety.

Information related to the perpetrator of family and domestic violence may be shared for the purposes of referral to a support service with the perpetrator's consent.

Information may be shared without consent where service providers consider the perpetrator to pose a high risk of serious harm to the adult and/or child victim.

Minimum standard and practice requirements for referral

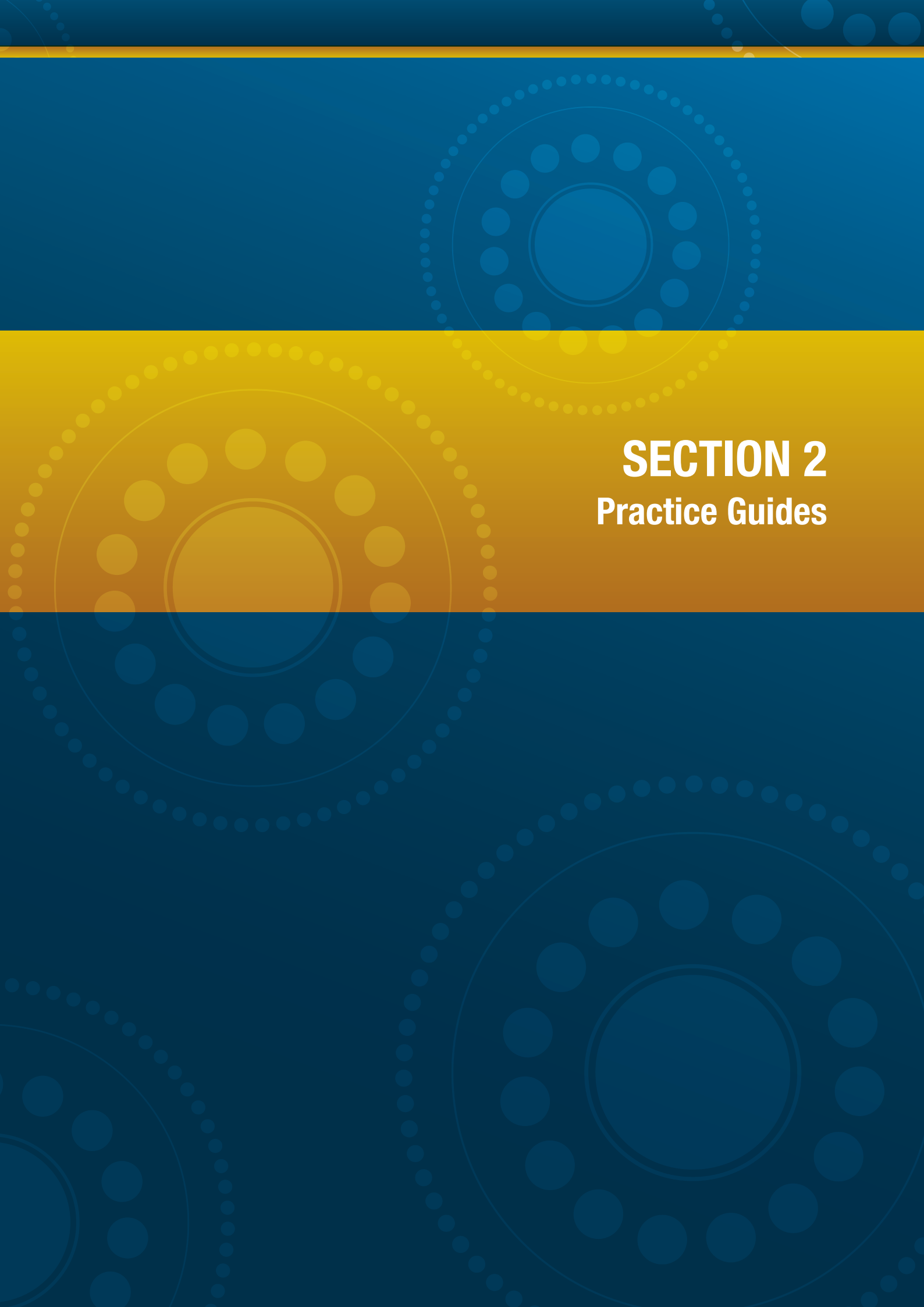
Referral to support services is an essential part of providing a seamless and wrap-around response to women and children experiencing or escaping family and domestic violence. Service providers have a responsibility to support victims and perpetrators to access appropriate services.

Minimum standard for referral

Service providers use an active referral process to support adult and child victims and perpetrators of family and domestic violence to access appropriate services.

Minimum practice requirements for referral

Safety for women and children as victims of family and domestic violence	<p>Service providers will provide victims of family and domestic violence with information about their referral options, the referral process, and seek informed consent to share information.</p> <p>Service providers will facilitate a seamless, wrap-around service for victims of family and domestic violence. This includes supporting the victim to access other services.</p> <p>Service providers will make an active referral for a victim of family and domestic violence to a receiving service provider. This is often termed a 'warm referral'.</p> <p>Where the service provider receiving the referral does not have the capacity to assist the victim, the service provider will facilitate a referral to the next appropriate service.</p> <p>Service providers will be aware of specialist and generalist services within their region to enable them to facilitate an appropriate referral for a victim of family and domestic violence, particularly where the support needed by the victim does not fall into the service provider's area of expertise.</p> <p>Service providers will facilitate referrals for children to appropriate support services to address their experiences of family and domestic violence.</p>
A commitment to perpetrator accountability	<p>Service providers will be aware of services that provide family and domestic violence focused responses to perpetrators.</p> <p>Service providers will provide perpetrators of family and domestic violence with information about their referral options, and seek consent to share information</p> <p>Service providers will provide an active or warm referral for a perpetrator of family and domestic violence to the receiving agency or service provider.</p>



SECTION 2
Practice Guides



Overview

The following practice guides have been developed to support the implementation of the *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework* (the Framework) minimum standards and practice requirements.

Practice guide 1: Screening

Practice guide 2: Risk assessment

Practice guide 3: Risk management

Practice guide 4: Information sharing

Practice guide 5: Referral

The practice guides support service providers to integrate the minimum standards and practice requirements for family and domestic violence screening, risk assessment, risk management, information sharing and referral into their existing service provision. They are intended to be used by a wide cross-section of service providers, including specialist family and domestic violence service providers; mainstream service providers with broad responsibilities for supporting individuals, families and children; and those with statutory and legal responsibilities for services and target groups that include victims and/or perpetrators of family and domestic violence.

The Framework and practice guides are multi-agency resources that can be aligned with the diverse roles and responsibilities of individual service providers. Practice guides, supported by the fact sheets and tools in Section 3 Resources, will assist front line practitioners with evidence based and family and domestic violence focused information gathering and decision making, accurate recording, a common language, shared understanding of risk and provision of a seamless wrap-around service.

Practice guide 1: Screening

Screening is a process of enquiry using a common set of questions or prompts, assisting service providers to identify women and children who may be experiencing family and domestic violence.

Screening for family and domestic violence is not a discrete, one-time event. It is an active process that may be undertaken at any time where indicators of family and domestic violence are present or become apparent. Indicators of family and domestic violence may not always be obvious to a service provider at initial presentation or intake, and may only become apparent at a second or third presentation.

In addition, women who have been screened previously and did not disclose family and domestic violence should be screened again if new indicators or information becomes available.

Screening is primarily used to identify women and children experiencing family and domestic violence, however, in the process of screening a perpetrator will often also be identified. Service providers must prioritise the safety of women and children where family and domestic violence is identified through the screening process. Holding perpetrators accountable for their violence is a necessary consideration in prioritising women's and children's safety.

Minimum Standard for screening	Service providers actively screen for family and domestic violence where indicators are present.
What is screening?	<p>Screening is a process of enquiry using a standard set of questions or 'screening tool' to determine whether a woman is experiencing family and domestic violence. It is a systematic process that facilitates early identification of women and children who are affected by family and domestic violence, often before the situation has escalated and before serious physical or psychological harm has occurred.</p> <p>Screening provides an opportunity for further action to be taken to increase safety for women and children and accountability for perpetrators.</p>

<p>Who should screen?</p>	<p>Family and domestic violence may be present, but undisclosed when a woman presents at a service for assistance with other issues such as health concerns, financial crisis, legal difficulties, parenting problems, mental health concerns, drug and/or alcohol misuse or homelessness.</p> <p>Screening where indicators of family and domestic violence are present is a minimum practice standard for all service providers. This includes:</p> <ul style="list-style-type: none"> • drug and alcohol services; • mental health services; • disability services; • educational services; • housing services; • employment services; • child protection services; • parenting services; • counselling services; • relationship services; • general practitioners; • legal services; and • family services.
<p>When should screening occur?</p>	<p>Screening for family and domestic violence should occur at the earliest possible contact with women who are entering the service system.</p>
<p>Why screen?</p>	<p>Where family and domestic violence is occurring but is not identified by a service provider, any service provision is likely to be ineffective, and may inadvertently place the adult and/or child victim at further risk.</p> <p>A victim of family and domestic violence may only come to the attention of service providers when they or their children are seriously harmed, or when someone else reports concerns to the police or child protection. It is often the case that adult and child victims in these circumstances have had contact with a range of mainstream service providers, but the family and domestic violence has not been identified.</p>
<p>Related resources</p>	<p>Fact Sheet 1 Forms of family and domestic violence</p> <p>Fact Sheet 2 Indicators of family and domestic violence</p> <p>Fact Sheet 3 Perpetrator characteristics</p> <p>Fact Sheet 4 Determining the primary aggressor</p> <p>Practice Tool 1 Common screening tool</p>

The screening process in practice

As a minimum practice requirement, screening prompts or the common screening tool for family and domestic violence will be used by all service providers.

The way in which an individual practitioner uses the screening tool will differ depending on a number of variables including each service provider's unique operating context, the setting, the victim's circumstances and the cultural context. The approach will also reflect each practitioner's own experience and their skill in creating a safe, supportive and validating environment in which the victim feels comfortable to answer the screening questions honestly.

Screening for family and domestic violence should begin with an explanation that sets the context for such personal enquiry.

I am a little concerned about you because [list family and domestic violence indicators that are present], and would just like to ask you some questions about how things are at home. Is that okay with you?

Or

When I first meet with people, I always ask them about how things are at home. Is that okay for us to talk about now?

Each screening question may be coupled with a prompt such as 'Can you tell me a little more about that?' This will assist in gathering as much current information as possible and clarify any ambiguous responses.

The screening tool should be used to guide the conversation with a woman who may be experiencing family and domestic violence. The questions on the screening tool should not be asked one by one in a survey style; rather, they should be woven into the conversation to explore the possibility of family and domestic violence being present for the woman and her children.

The information gathered during the screening process will inform the response to the woman and her children, and the information gathered will be reflective of the way in which the screening process is approached. Having a clear understanding of the forms of family and domestic violence will assist in the screening process.

It is important to remember that disclosing family and domestic always carries an element of risk for the women and children experiencing the violence. This risk may be from the perpetrator of the violence, or it may be from within the service system itself, in terms of a service provider's or individual practitioner's response to the woman's experience.

How women are asked about the violence, and how they are supported if and when they disclose the violence, can have a profound impact on any future decisions or actions that a woman may take in terms of safety for herself and her children. It may be the first time that a woman has disclosed the violence, and the impact of such disclosure on safety and wellbeing must be acknowledged and understood for each individual woman.

Practice tips

When screening for family and domestic violence, **never** conduct the conversation in the presence of the person considered responsible for the violence and abuse.

Provide a safe, comfortable and supportive environment and, where possible, conduct the screening conversation in a private room or private space.

If screening is conducted over the phone, prioritise the woman's safety. Clarify that she is alone and that it is safe to speak with her.

Exclude other family members, including children, if possible. Conduct the screening conversation alone with the woman.

Do not rush the screening process. Allow time for the woman to consider the questions. Listen carefully and validate the woman's experience.

Be aware of the emotional distress and fear that disclosing experiences of family and domestic violence may cause.

If family and domestic violence is disclosed through the screening process, proactively name the violence, and reinforce with the woman that the responsibility for the violence rests with the person using the violence.

Responding to screening in practice

There may be several outcomes from the screening process. These include:

- Family and domestic violence is not occurring.
- Family and domestic violence is occurring and the woman is willing to accept assistance.
- Family and domestic violence is occurring and the woman is unwilling or unable to accept assistance at that time.

What needs to happen: Family and domestic violence is not occurring.

If the woman's response to the screening questions indicates that family and domestic violence is not occurring, this must be respected.

Even though a woman may be experiencing family and domestic violence, she may not yet be ready to speak about the violence, or may not feel comfortable disclosing it.

It is also possible that the woman is not experiencing family and domestic violence.

Acknowledge the woman's responses, and inform the woman of the support services that are available should she ever experience family and domestic violence.

What needs to happen: Family and domestic violence is occurring.

If a woman's response to the screening questions indicates that she is experiencing family and domestic violence, a number of response options need to be considered by the service provider.

When family and domestic violence has been identified, it should never be left up to the woman to make safety arrangements for herself and her children, even if she offers or agrees to do so. Service providers must accept responsibility for assisting and supporting women and children experiencing family and domestic violence to be safe.

If family and domestic violence is part of the service provider's core business, the service provider should conduct a risk assessment and depending on the outcome, make arrangements for safety planning, referral and multi-agency case management as necessary.

If family and domestic violence is not part of the service provider's core business, an active or 'warm' referral for a risk assessment should be made to a specialist family and domestic violence service provider.

The referral, when made, should include the option to accompany the woman or if necessary provide the woman with transport to get her to the referral service provider safely.

Referral alone will generally not be a sufficient response to secure the immediate safety of a victim who self-identifies that she is at *high risk of serious harm*, and may not be a sufficient response to meet a service provider's duty of care obligations. In most cases, it will be necessary for the service provider to work with the victim to develop an interim personal safety plan to address her immediate safety.

Service providers will consider making a referral to police or child protection where there are critical or imminent safety concerns for the adult and/or child victim. This referral may be initiated with or without consent from the victim.

Where screening has identified family and domestic violence, and the woman does not feel safe to go home, a suitable response may be:

I know this is a difficult situation but you are not alone and it is not your fault.

*No one should have to feel unsafe in this way and help is available for you. I'd like to talk to you about how we can help you to be safe for now, and then to **(either)** assess the risks you are facing so that we can assist you to be safe **(or)** help you with a referral to a specialist agency that can assist you.*

There will be a number of things we/they can talk over with you that will help to keep you safe.

Can we go ahead with this for you now?

What needs to happen: Family and domestic violence is occurring, but the victim declines assistance.

A woman may disclose that family and domestic violence is occurring, but may be unable or unwilling to accept assistance at the time. Support and assistance may be declined for a number of reasons, including fear of escalating the violence, prior negative experiences with support services, embarrassment/shame, fear of having children removed from the family, or concern about the consequences for the perpetrator.

Where it is found through screening that a woman is experiencing family and domestic violence, but at the time is unwilling or unable to accept a referral to support services, the service provider must provide appropriate information about family and domestic violence support services and how to access them.

Safety for the woman and her children should be the first consideration when providing written information. The woman should also be encouraged to re-contact the service provider at any time if needed.

Service providers will consider making a referral to police or child protection where there are critical or imminent safety concerns for the adult and/or child victim. This referral may be initiated with or without consent from the victim.

Where screening has identified family and domestic violence, and the woman says that although she has been hurt or felt threatened she feels safe to go home, service providers may respond in the following way:

I know this is a difficult situation but you are not alone and it is not your fault.

I am concerned about your safety. I'd like to refer you to a service that helps women in situations like this. They can suggest ways that you can keep yourself (and children) safe so that you won't have to feel afraid.

Can I organise this for you now?

A commitment to perpetrator accountability – screening

Perpetrators of family and domestic violence often present at a range of mainstream services for concerns other than their violence; for example, drug and alcohol misuse, mental health concerns, anger management problems, relationship difficulties, or parenting issues.

When a perpetrator of family and domestic violence comes to the attention of the service provider through that service's standard intake interview, service providers must attempt to engage proactively with the perpetrator about his use of violence, where appropriate and safe to do so. Adult victim and child safety must be the first priority in any engagement with the perpetrator.

Initial conversations with perpetrators should maintain a focus on their use of and responsibility for their violence, and the impact of the violence on their partners, children and self. Engagement with perpetrators of family and domestic violence should not be, and does not benefit from being, a confrontational process. Providing an environment supportive of these accountable conversations can assist service providers to:

- provide a warm referral to a family and domestic violence behaviour change program;
- provide a warm referral to a men's domestic violence helpline; and/or
- provide information about appropriate family and domestic violence focused services.

If during these initial conversations with the perpetrator there are concerns that a woman and/or child are at *high risk of serious harm*, a referral must be made to police or child protection. This referral may be initiated without consent from the perpetrator.

A clear understanding of the forms of family and domestic violence and perpetrator characteristics will assist service providers to engage safely with perpetrators of family and domestic violence.

Determining the primary aggressor

A commitment to perpetrator accountability includes a responsibility on behalf of service providers to ensure that they determine, and hold responsible, the primary aggressor in situations where the violence may appear mutual or reciprocal.

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 family and domestic 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 that family and domestic violence involves an ongoing pattern of power and coercive control. It is different from relationship conflict.

To assist service providers to identify the primary aggressor, consideration should be given to:

- the history of violence perpetrated by one person against the other;
- the nature of the injuries sustained by each person;
- whether one person was acting in self-defence; and
- the context in which the violence took place, the intent of the violence and the effects on the person.

Dangers of incorrectly determining the primary aggressor

Service providers need to be aware of the potential dangers of incorrectly determining 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, including:

- **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 many situations where men claim that the violence is mutual, they are most often the primary aggressor.

- **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.

- **Incorrectly identifying the perpetrator as the victim**

This can occur when the victim engages in act of violence in self-defence, 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.

Practice guide 2: Risk assessment

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.

Risk assessment must be undertaken when family and domestic violence has been identified.

<p>Minimum Standard for risk assessment</p>	<p>Service providers that have a role in responding to family and domestic violence use a common approach to risk assessment that includes key risk factors, professional judgement and the victim's assessment of the risk.</p>
<p>What is risk assessment?</p>	<p>Risk assessment is the process of identifying the presence of a risk factor/s. In the context of family and domestic violence, risk and safety for a victim is determined by considering the range of risk factors that affect the likelihood and severity of future violence.</p> <p>Service providers that have a role in responding to family and domestic violence are required to use a common approach to risk assessment. The common approach includes:</p> <ul style="list-style-type: none"> • the victim's assessment of the risk; • consideration of key risk factors; and • professional judgement.
<p>Who should assess risk?</p>	<p>All service providers that have a role in responding to family and domestic violence must undertake a risk assessment where family and domestic violence has been identified.</p> <p>Service providers conducting risk assessment must have a sound understanding of family and domestic violence, its common patterns and dynamics, the impacts on women and children, factors that influence risk, groups of people who may face additional barriers to accessing support and domestic violence and perpetrator characteristics.</p>

<p>Who should assess risk? (cont.)</p>	<p>The range of service providers who should undertake risk assessment include, but are not limited to:</p> <ul style="list-style-type: none"> • police; • child protection services; • courts; • family law services; • legal services; • crisis accommodation; • outreach services; • advocacy services; • counselling services for women and children; • support services for Aboriginal women and children; • support services for women and children from culturally and linguistically diverse backgrounds; • helplines for victims and perpetrators of family and domestic violence; and • behaviour change programs for perpetrators of family and domestic violence.
<p>When should risk assessment occur?</p>	<p>Risk assessment is an ongoing process and is the key determinant of an effective response to keep women and children safe, and hold perpetrators of family and domestic violence accountable.</p>
<p>Why assess risk?</p>	<p>Risk assessment is conducted for a number of reasons including:</p> <ul style="list-style-type: none"> • evaluating the risk of re-assault for a victim; • evaluating the risk of homicide; • informing service system and justice responses; • supporting women to understand their own level of risk and the risk to children and/or to validate a woman's own assessment of her level of safety; and • establishing a basis from which a case can be monitored.
<p>Related resources</p>	<p>Fact Sheet 5 Key risk factors Fact Sheet 6 Impacts of family and domestic violence on women Fact Sheer 7 Impacts of family and domestic violence on children Fact Sheet 8 Responding to diversity Practice Tool 2 Common risk assessment tool</p>

Risk assessment in practice

Risk assessment combines three elements to determine the level of risk to a woman and her children:

- the victim's assessment of the risk;
- consideration of key risk factors; and
- professional judgement.

The victim's assessment of the risk

In many cases victims themselves are the best judges of the level of risk, because they are most familiar with the perpetrators' patterns of behaviour. Most victims have undertaken informal steps to manage the perpetrators' behaviour over a considerable period of time. It is therefore important to consider the victim's own perception of their safety before taking any action to manage the risk.

While the victim's own level of fear is a good indicator of risk, there are times when the woman may not be able to accurately assess her level of risk, for example, a woman may be misusing drugs and/or alcohol or be experiencing mental ill-health. Women may also minimise the level of risk as a coping mechanism.

Consideration of key risk factors

These evidence-based risk factors relate to known markers of serious risk or escalating risk, such as strangulation, pregnancy and recent separation. The presence of some risk factors may reflect a greater risk to the woman and children than others; for example, a history of extreme physical violence or sexual assault should be given significant weight in the assessment of risk. Insidious covert behaviours, which often take the form of psychological/emotional or spiritual abuse, are as relevant to risk assessment as are the more overt behaviours, such as physical and sexual assaults and verbal abuse.

Professional judgement

A practitioner's professional judgement is an assessment based on information gathered from the victim, and uses the knowledge, skills and experience of the service provider completing the risk assessment.

Professional judgement is informed by a sophisticated understanding of family and domestic violence that includes the woman's experience of the violence, her relationship with the perpetrator, other significant family members, the impact of the violence on her daily functioning, and the history and pattern of perpetrator behaviour. In some cases, a service provider may be aware of other factors that make the victim more vulnerable, increasing the risk to the victim's safety, such as disability, an unwillingness to engage with support services or geographical isolation.

Professional judgement considers all relevant factors, and whether these factors increase the overall risk to the adult victim and children. A professional judgement of the level of risk to a victim may override the level of risk indicated by the victim's own responses or judgement.

Risk is dynamic, and it is common for the level of risk for a woman experiencing family and domestic violence to fluctuate, including rapid escalation, as circumstances change. Service providers must complete a new risk assessment if they become aware of a change in the circumstances that may affect a victim's safety. Circumstances in which it may be appropriate to complete a new risk assessment may include when:

- the victim has separated from the perpetrator;
- the perpetrator is about to be released from custody;
- family court matters have commenced;
- the victim is pregnant or gives birth;
- the perpetrator has become aware that the victim has engaged with support services; and
- the perpetrator has returned to the victim's residence.

Approaching risk assessment in practice – adult victims

Regardless of where a victim of family and domestic violence enters the service system, she should experience the risk assessment process as respectful, collaborative, responsive to her needs and attentive to her individual circumstances, inclusive of diversity, evidence based and strengths focused.

The common risk assessment tool can be used to guide the conversation with the woman who is experiencing family and domestic violence. The risk factors on the risk assessment tool should not be addressed with the victim in a one-by-one survey style; but rather, they should be woven into a conversation that explores her experience of the violence, and her level of fear for herself and her children.

When assessing risk to women and children experiencing family and domestic violence, it is important to recognise that the use of a risk assessment tool alone cannot guarantee their safety. However, the systematic examination of common, evidence-based factors promotes a consistent approach to risk assessment and strengthens the effectiveness of integrated responses across the service system.

The information gathered during the risk assessment process will inform the response for the woman and her children. The information gathered will be reflective of the way in which the risk assessment process is approached. A woman experiencing family and domestic violence is more likely to disclose the full extent of the violence if she feels safe and supported. Having a sound understanding of the key risk factors for family and domestic will assist service providers in the risk assessment process.

Before undertaking a risk assessment it is important for service providers to ensure that the victim is aware of:

- the limits of confidentiality (that is, when the service provider may need to share information);
- the service provider's obligations in regards to mandatory reporting requirements of some child protection concerns or other reporting requirements to child protection services; and
- the service provider's policies concerning the risk assessment and risk management process, including any requirements to contact police should imminent safety concerns arise for the victim, children, agency staff or others.

Introduce the risk assessment with an explanation of the purpose of the assessment, the possible outcomes of the assessment, and any responses or actions that may be taken after the risk assessment. A suitable introduction may be:

I would like to have a talk with you to find out more about you, your family and about [the perpetrator] so that I can understand your experiences of the violence, so that together we can work out any risk to you and your children.

Once we have done that, we will need to explore what happens next to keep you and your children as safe as possible from harm.

Does that make sense? Are you okay with starting this now?

The risk assessment should be thorough and must collect as much relevant information as possible to inform an effective risk management response. The risk assessment must:

- identify risk factors;
- include the victim's own assessment of her level of risk and safety;
- gather details of the most recent family and domestic violence episode, and identify any pattern (that is, frequency, severity, times of escalation) to the violence;
- detail the history of the violence and abuse (when it started/how long it has been occurring);
- assess the risk to any children and document what children have experienced or been exposed to;
- establish a risk level and detail the rationale for the assessment—some level of professional judgement is required; and
- identify any protective factors, strengths or existing safety strategies that might mitigate current or future risk. However, while it is important to take protective factors into account, caution should be used in placing too much weight on them. Consider the victim's own view of whether the factor is or can be protective for her and her children.

The victim's own assessment of her level of risk and safety can be explored through the following questions:

How scared do you feel, given what has just happened / the last incidence?

Is the violence happening more often or getting worse?

On a scale of 1 to 10, with 1 being 'not at all scared' to 10 being 'extremely scared/terrified', where would you place yourself on that scale right now?

What are you afraid might happen?

The risk assessment process can be confronting and distressing for a victim. This may be the first time that a victim has talked openly about her experience of family and domestic violence, or she may have already had to repeat her experiences a number of times. Risk assessment must be conducted through a skilled, empathetic conversation with her. It is important to remember that disclosing family and domestic violence always carries an element of risk for the women and children experiencing the violence.

Practice tips

When undertaking a family and domestic violence risk assessment, **never** conduct the conversation in the presence of the person considered responsible for the violence or abuse.

Provide a safe, comfortable and supportive environment, and conduct the risk assessment conversation in a private room or private space.

If the risk assessment is conducted over the phone, prioritise the woman's safety. Clarify that she is alone and that it is safe to speak with you now.

Exclude other family members, including children. Conduct the risk assessment alone with the woman.

A request for the presence of a support person may be made by the victim. It is important to establish that there is no element of coercion in the presence of the support person, and that the person is an appropriate support to the victim.

Do not rush the risk assessment process. Allow time for the woman to consider the questions. Listen carefully and validate the woman's experience.

Be aware of the emotional distress and fear that disclosing experiences of family and domestic violence may cause. Understand that some questions may be intrusive and difficult for the woman to answer.

Reinforce with the woman that the responsibility for the violence rests with the person using the violence.

Conduct the risk assessment as part of a safe and accepting conversation. Ensure that the victim feels supported, and explain that you are asking for information because you are concerned for her safety.

Make sure that the woman understands the purpose of the assessment, the possible outcomes of the assessment, and any responses or actions that may be taken after the risk assessment.

Use prompting questions where needed to clarify the woman's experience of the violence.

Can you tell me a bit more about that?

Could you explain that a little more for me?

Be mindful of only seeking information that is necessary regarding the violence. Avoid asking unnecessary questions if the information is already held or the woman has answered previously.

Ensure that your risk assessment does not compound the impact of the family and domestic violence for the victim or collude with the perpetrator's narratives of the violence.

Consideration of the immediate practical needs of the victim will also assist the assessment process; for example, physical needs, financial needs, arrangements for children, dependent adults and pets and so on.

The diverse circumstances of victims must be considered in risk assessment; for example, Aboriginal and Torres Strait Islander women and children, women and children from culturally and linguistically diverse backgrounds, women with disability, and victims from rural and remote communities.

The communication needs of victims must be ascertained before a risk assessment is commenced; for example, use of interpreters or communication aides.

Approaching risk assessment in practice – children as victims

Children can be affected by family and domestic violence even if they do not see or hear it. If the victim has children in their care, the risk assessment must consider the needs of the children. The risks for children should not be assumed to be the same as the risks for the adult victim. The experience for children must be understood in the context of their development, age, their daily life and their relationship with their parents, extended family, siblings and peers.

Service providers need to determine an appropriate course of action based on their services' policies and procedures, as well as consider the rights and best interests of the children. If children are considered to be unsafe and at risk of physical, emotional or other types of harm, a referral to child protection services should be made.

It is also important to reassure the victim that she is not being held responsible for the children's experiences—the violence and its consequences for the children are the responsibility of the perpetrator. However, it is important that the adult victim understands the impact of the family and domestic violence on any children in her care. Victims may need support to increase their understanding of the effects of the violence on their children.

Where age and developmentally appropriate, children need to be provided with the opportunity to express their own needs.

Practice tips

Considerations for risk assessment involving children include:

- current functioning at home and school and other social environments;
- relationships with family members (extended, siblings) and peers;
- their own views of their needs, safety and wellbeing;
- their relationship with the perpetrator;
- relationship with the victim; and
- developmental history, including other experiences of violence, abuse and neglect.

Determining the level of risk

Determining the level of risk for a victim requires the analysis of the information that has been collected through a thorough risk assessment process.

Determining the level of risk in practice

A victim of family and domestic violence may be identified as either '*at risk of harm*' or '*at high risk of serious harm*' through the completion of the risk assessment tool.

At risk of harm means there is evidence of a risk to a victim's safety and wellbeing.

A victim is identified as *at risk of harm* if:

- one or more risk factors are checked 'yes' on the risk assessment tool;
- there is a history of violence by the perpetrator toward the adult and child victims; and/or
- the abuse is escalating.

At high risk of serious harm means there is evidence of a serious risk to a victim's safety and wellbeing, and urgent action is necessary to prevent or lessen the risk.

A victim is identified as *at high risk of serious harm* if:

- a number of risk factors are checked 'yes' on the risk assessment tool;
- there is a history of physical violence by the perpetrator toward the adult and child victims (if there are children); and/or
- in your professional judgement, including consideration of the victim's own perception of their level of risk where available, the adult and/or child victims are likely to be in grave danger if immediate action is not taken.

Risk assessment is an ongoing process, and is the key determinant of an effective response to keep women and children safe, and hold perpetrators of family and domestic violence accountable. The level of risk to the woman and her children identified through the risk assessment process will determine the response required from the service provider.

A commitment to perpetrator accountability – risk assessment

A commitment to perpetrator accountability prioritises the safety of women and children and holds men responsible for their use of violence.

In the context of risk assessment for family and domestic violence this means that service providers should:

- privilege women's and children's accounts of the violence during risk assessment, holding to account the perpetrators deflections and victim-blaming narratives; and
- proactively engage with the perpetrator where possible and appropriate. Perpetrator engagement is a dynamic and ongoing process, usually comprising a number of interventions by differing parts of the service system.

Engagement with the perpetrator as part of the risk assessment process also allows for:

- the reinforcement of the perpetrator's responsibility for the violence;
- monitoring risk factors;
- increased opportunities for scrutinising perpetrator behaviour;
- encouraging the perpetrator to take active steps to cease the violence; and
- augmenting the risk assessment conducted with women and children. While women and children should be the primary source of information regarding risks to safety and wellbeing posed by the perpetrator, it is possible through engagement with the perpetrator to gather previously unknown information relevant to risk; for example, the perpetrator may hint that he knows the victim's whereabouts, or disclose that he has started to drink more heavily.

Where service providers are engaging with perpetrators of family and domestic violence, the safety and wellbeing of adult victims and children must be prioritised.

Service providers engaging with perpetrators of family and domestic violence must have a sound understanding and knowledge of perpetrator characteristics, the dynamics and the key risk factors of family and domestic violence.

Initial conversations with perpetrators should maintain a focus on their use of, and responsibility for, their violence and the impact of the violence on their partners, children and self. Engagement with perpetrators of family and domestic violence should not be a confrontational process.

If during these initial conversations with the perpetrator there are concerns that a woman and/or child are at high risk of serious harm, a referral must be made to police or child protection. This referral may be initiated without consent from the perpetrator.

Practice guide 3: Risk management

The level of risk to the woman and her children identified through the risk assessment process will determine the response required by individual service providers and the broader service system. Risk management is required for all victims and their children, regardless of their level of risk. A proactive response to the perpetrator is central to the risk management process.

Minimum Standard for risk management	Service providers work within an integrated service system response that prioritises adult and child victim safety and wellbeing, and manages risk posed by the perpetrator through interagency collaboration.
What is risk management?	Risk management is a broad term used to encompass responses to family and domestic violence that aim to promote child and adult victim safety and wellbeing, and perpetrator accountability.
Who should manage risk?	<p>Risk management uses an integrated service system to respond to and reduce family and domestic violence. Therefore, all mainstream, legal/statutory and specialist family and domestic violence service providers across the service system may potentially be involved in risk management. This range of service providers includes, but is not limited to:</p> <ul style="list-style-type: none"> • police; • child protection services; • courts; • family law services; • legal services; • correctional services; • drug and alcohol services; • mental health services; • crisis accommodation; • advocacy services; and • behaviour change programs for perpetrators of family and domestic violence.
When should risk management occur?	Risk management should occur following, and guided by, the risk assessment.
Why manage risk?	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.
Related resources	<p>Practice Tool 3 Guidelines for multi-agency case management</p> <p>Practice Tool 4 Safety plan template</p>

Risk management in practice

Risk management is a dynamic, active and collaborative process. Key elements of risk management include the information sharing relevant to risk and safety, and timely and appropriate referral to services.

Risk management is an important mechanism by which the danger posed by the perpetrator to the adult victim is monitored by the service system.

At risk of harm

Where a victim has been assessed as being *at risk of harm*, service providers must consider a range of risk management strategies. These may include but are not limited to:

- working with the victim to develop, implement and monitor a personal safety plan;
- referral to a specialist family and domestic violence service;
- supporting an application for a violence restraining order (VRO);
- reporting a breach/es of a VRO, reporting knowledge of a criminal offence to police, recording evidence;
- reporting the risk posed by the perpetrator to children in the family to child protection services;
- sharing information relevant to the level of risk posed by the perpetrator with other service providers engaged with the victim; and/or
- case management or referral to support services to address co-occurring issues such as drug and alcohol problems, mental health concerns and homelessness.

Service providers must treat children as victims in their own right. While children's safety and wellbeing is linked to the safety and wellbeing of the victim, children may also have differing needs related to their own safety and wellbeing. Service providers must consider a range of risk management strategies for children. These may include but are not limited to:

- working with the child/ren to develop, implement and monitor a personal safety plan (where age and developmentally appropriate);
- referral to a specialist family and domestic violence service for children;
- taking out a violence restraining order (VRO) on behalf of the child/ren where appropriate;
- reporting the risk posed by the perpetrator to children to child protection services;
- sharing information relevant to the level of risk posed by the perpetrator to children with other service providers; and/or
- case management or referral to support services to address co-occurring drug and alcohol problems, mental health concerns, abuse and neglect.

At high risk of serious harm

Where a victim has been assessed as being *at high risk of serious harm* the service provider may call a multi-agency case management meeting. Service providers must address any immediate safety concerns in the first instance.

Multi-agency case management is an integrated, interagency approach to supporting victims at high risk of serious injury, harm or death due to family and domestic violence. The approach includes information sharing between agencies and the development of a multi-agency safety plan to reduce the identified risks. It is designed to be a short-term, coordinated response that works to reduce the high risk to adult victims and children. The overriding priority of multi-agency case management is the safety of victims and children.

The aims of multi-agency case management are to:

- clarify and strengthen the understanding of the risks posed by the perpetrator of family and domestic violence;
- jointly construct and implement a multi-agency safety plan that includes actions to manage the high risk posed by the perpetrator, strategies to increase the safety of the adult victim and children, and support for the adult victim and children through access to specialist, legal/statutory, or mainstream service providers;
- support a criminal justice system response to perpetrators;
- reduce repeat victimisation;
- reduce re-offending by the perpetrator;
- improve service provider and service system accountability; and
- improve support for service providers and their staff involved in high risk cases of family and domestic violence.

Multi-agency case management does not replace the work of individual service providers; nor does it eliminate the need for service providers to work in collaboration outside of the meetings.

A commitment to perpetrator accountability – risk management

A proactive response to perpetrators of family and domestic violence is part of the risk management process. Increasing the safety of adult victims and children includes interventions with perpetrators.

Perpetrators of family and domestic violence are unlikely to change their behaviour without targeted intervention. The violence will often continue within the existing relationship, escalate after separation and resume in a new relationship.

Risk management and perpetrator accountability is best achieved within an integrated service system response. Service providers must consider a range of risk management strategies for perpetrators of family and domestic violence. These may include but are not limited to:

- referral to a family and domestic violence men's behaviour change program or violence-focused individual counselling;
- civil sanctions, for example, supporting an application for violence restraining order (VRO);
- criminal sanctions, for example, reporting a breach/es of a VRO, reporting knowledge of a criminal offence to police, recording evidence;
- statutory sanctions, for example, report the risk posed by the perpetrator to children to child protection services;
- call a multi-agency case management meeting for perpetrators considered to be high risk;
- share information relevant to the level of risk posed by the perpetrator with other service providers engaged with the victim;
- case management or referral to support services to address co-occurring issues such as drug and alcohol problems, mental health concerns, and homelessness; and
- exploration of all available options for holding perpetrators accountable through the service provider's own internal policies and procedures and governing legislation.

Intervening with perpetrators can be a risk in itself. Family and domestic violence can often escalate once the perpetrator's violence becomes known to others. Any response to family and domestic violence should anticipate an escalation in the violence once it has been disclosed.

A perpetrator's refusal or unwillingness to be referred to appropriate behaviour change programs or violence-focused services may indicate a significant risk of continued use of violence. This is important information to know, and should be shared with service providers who are involved in supporting the victim.

The risk management of perpetrators of family and domestic violence is a responsibility shared by all service providers across the service system.

Practice guide 4: Information sharing

Information sharing is a central component of effective risk assessment and management. Sharing information between service providers increases the capacity to assess and manage risk for women and children experiencing family and domestic violence.

The safety of women and children experiencing family and domestic violence is central to any decision about whether information is to be shared.

In Western Australia the sharing of information is underpinned by legislation and formal agreements between service providers, including memoranda of understanding and schedules for cases involving family and domestic violence.

Minimum Standard for information sharing	Service providers share relevant information to support referral, risk assessment, risk management and monitoring, prioritising the safety and wellbeing of adult and child victims, and holding perpetrators accountable.
What is information sharing?	Sharing relevant, timely, accurate and secure information between service providers is essential for informing risk assessment and risk management responses, and safe and effective referrals for adult and child victims, and perpetrators of family and domestic violence.
Who should share information?	All service providers are responsible for sharing information, including mainstream, statutory and legal, and specialist family and domestic violence services. Wherever possible, service providers should seek informed consent from the victim prior to sharing any information with other service providers. However, consent is not a requirement for information sharing in circumstances of family and domestic violence where there are concerns for the safety and wellbeing of adult and child victims.
When should information be shared?	Information may be exchanged at the request of one service provider to another as part of a risk management strategy, or by joint initiative, for example, a multi-agency case management meeting.
Why share information?	Sharing information between service providers assists adult victims and children of family and domestic violence to receive timely and appropriate support; enhances their safety and wellbeing; and promotes perpetrator accountability. It enables early intervention and prevention strategies to be implemented, and provides clearer roles and responsibilities for service provider intervention. Information sharing between service providers increases the confidence of victims that their experience of family and domestic violence is understood; that their safety and wellbeing is being prioritised; and reduces the need for victims to repeat their information.
Related resources	Fact Sheet 9 Information Sharing

Information sharing in practice

Family and domestic violence is a multi-faceted issue requiring a coordinated and integrated response from service providers. In this context, it is important that service providers share information to promote the safety of adult and child victims and the accountability of perpetrators.

Wherever possible, service providers should seek informed consent from the adult victim prior to sharing any information with other service providers. Informed consent means that the victim understands the purpose of the request for information and the likely outcomes of sharing the information, and agrees to the information being shared.

However, consent is not a requirement for information sharing in circumstances of family and domestic violence where there are concerns for the safety and wellbeing of adult and child victims.

There may be times when it is not possible to seek consent, such as when a victim cannot be contacted, or contacted in a timely manner; or when it might increase the risk to a victim. Information sharing may also occur without consent when there is:

- a high risk of serious harm to the safety and wellbeing of an adult victim or child;
- a serious risk to public safety; and/or
- suspicion of an unlawful activity.

Information that can be shared is unique to each victim's circumstance and may include, but not necessarily be limited to, the following:

- the risk assessment—the information and circumstances that have led the referring agency to assess the woman and children to be at risk of harm;
- basic demographic information (for example, names, ages and addresses of the victim, children and perpetrator);
- known details of family circumstances, including any criminal and civil history of violence;
- information provided by the victim or another party who is concerned about the victim;
- any significant issues that might be contributing to the risk of harm (for example, cultural factors, mental ill-health, disability, substance misuse or other medical issues);
- criminal histories that are relevant to understanding client risk or vulnerability;
- details of any violence restraining orders that are in place;
- any information that might contribute to reducing the risk of harm to the adult victim and children; and
- any other information that indicates a potential risk of harm to a worker or other member of the public.

Professional judgement is an important guide when making a decision about when and what information is relevant to share.

Information may be exchanged verbally, in writing or electronically. Where information is exchanged verbally, agencies should note, in writing, as soon as is practicable, that the information exchange has occurred.

A commitment to perpetrator accountability – information sharing

Information sharing enhances the capacity of the service system to hold perpetrators accountable for their violence.

Wherever possible, service providers should seek informed consent from the perpetrator prior to sharing any information with other service providers. However, consent is not a requirement for information sharing in circumstances of family and domestic violence where there are concerns for the safety and wellbeing of adult victims and children.

Information may be shared without perpetrator consent if service provider mandates allow, or where service providers consider the adult or child victim to be at risk of harm from the perpetrator.

Where a perpetrator of family and domestic violence refuses to consent to the sharing of information (for example, to facilitate an active referral) this should be considered as an indication of a significant risk of further violence.

Practice guide 5: Referral

Service providers must be clear about their area of expertise and their understanding of family and domestic violence, and make appropriate referrals to provide victim support and/or to facilitate perpetrator accountability.

Minimum Standard for referral	Service providers use an active referral process to support adult and child victims and perpetrators of family and domestic violence to access appropriate services
What is referral?	<p>Referral is the process of making contact with, or providing information to a service provider for the purposes of accessing service provision on behalf of a victim, child or perpetrator.</p> <p>A warm referral involves contacting a service provider with, or on behalf of, a person requiring a service. Warm referral includes an element of follow-up, in which the referring service provider confirms that the referral has been successful.</p>
Who should refer?	<p>All referrals should be made in consultation with the victim (or perpetrator). Informed consent to refer is required, except when there are safety and wellbeing concerns for the victim and/or children, or others.</p>
When should referral occur?	<p>Referrals to other services may be necessary when the service provider considers that:</p> <ul style="list-style-type: none"> • the life of the victim or child is at risk if they stay in the current environment; • a crime has been, or is likely to be, committed (criminal offences include physical and sexual assault, threats, property damage, stalking, breach of protection orders and deprivation of liberty); • urgent psychiatric or medical care is required; • other factors, such as drugs and alcohol, are contributing to risk and compromising safety; • appropriate cultural support is required; • interpreter services are needed for women from culturally and linguistically diverse backgrounds; • people with a disability require advocacy or practical support. • legal advice is required to ensure victim safety and wellbeing; • a violence restraining order (VRO) or other criminal justice response is required; • the perpetrator requires help and support to stop using violence; • counselling support is required for the adult victim and children; and/or • the safety or wellbeing of the adult victim or children is being compromised.

Why refer?

Referral to support services is an essential part of providing a seamless and wrap-around response to women and children experiencing or escaping family and domestic violence. Service providers have a responsibility to support victims and perpetrators to access appropriate services.

It is important to understand that referral alone will generally not be a sufficient response to secure the immediate safety of a victim who self-identifies that they are at high risk of harm, and may not be a sufficient response to meet the service provider's duty of care. In most cases, it will also be necessary for the service provider to work with the victim to develop an interim personal safety plan to ensure their immediate safety.

Related resources

Practice Tool 5 Referral template

Referral in practice

Service providers must work with the victim of family and domestic violence to determine the most appropriate services for referral. A risk assessment, plus a holistic consideration of the victim's circumstances, will assist in this process.

Outside of immediate safety concerns, a victim's practical circumstances also need to be addressed. This may include financial assistance, accommodation, childcare or medical assistance.

The option for referral to appropriate service providers should be introduced to the victim with an explanation of the purpose of the referral/s, the possible outcomes of the referral/s and any responses or actions that may be taken after referral.

Practice tips

Any person being referred, including adult victim, perpetrator, or child, is entitled to know:

- why they are being referred;
- the benefits, for themselves and others, of being referred;
- any risks associated with referral;
- their responsibilities in relation to the referral;
- the referrer's responsibilities and processes for referral;
- what to expect from the referral; and
- what information will be shared to facilitate the referral.

Referral should be an active process. This is often referred to as 'warm' referral.

A 'warm' referral involves contacting a service provider for or with the victim needing a service, rather than just providing contact information to the victim and recommending that they contact the service provider directly. Warm referral also involves a certain amount of follow up, in which the initial service provider checks to make sure that the referral has been successful and that the victim is receiving the required support from the service provider to which the person was referred.

A referral, when made, should also include the option to accompany the victim if required or if necessary provide the victim with transport to get to the referral agency safely.

Where a victim declines, is unwilling or unable to accept a referral to support services, this decision must be respected. Victims of family and domestic violence may decline offers of assistance and support for a number of complex reasons, including (but not limited to) concerns related to culture, religious beliefs, fear, finances, previous experience with support agencies, concern about losing children or a combination of any of these and other factors.

If a victim of family and domestic violence indicates that they do not want assistance:

- provide them with written information and contact details for support services, where considered safe to do so;
- discuss safety planning;
- attempt to arrange ongoing opportunities to remain in contact with the victim, perhaps by scheduling other appointments or telephone contact times. These times may be used to continue to encourage a victim to accept referral to appropriate support services for their own safety and wellbeing; and
- determine an appropriate response to address the safety and wellbeing of any children who are also experiencing the violence. This may include a referral to child protection services without the victim's consent. Concerns for the safety and wellbeing of any children should be discussed with the victim. While many women can and do keep their children safe from the perpetrator's violence, consideration needs to be given to the capacity of the woman to continue to protect children without the assistance of support services.

A commitment to perpetrator accountability – referral

Referral is a key element of a commitment to perpetrator accountability for all service providers who may have contact with perpetrators of family and domestic violence. Referral reinforces with the perpetrator that the violence is unacceptable and needs to stop.

Perpetrators often present with issues that coexist with their use of violence, for example, alcohol and drug misuse or mental health concerns. These coexisting issues are not to be blamed for the violence, but they may exacerbate the violence or act as a barrier to accessing the service system or making behavioural change.

The primary focus of referral for perpetrators of family and domestic violence should be the violence itself. Coexisting issues may be addressed simultaneously, where appropriate.

Coexisting issues should only be addressed as a priority where they appear to preclude a man from participating in a behaviour change program or individual violence-focused counselling. The cessation of the violence is the primary focus of any intervention or referral for perpetrators of family and domestic violence.

It is important that perpetrators of family and domestic violence are referred to appropriate support services. An inappropriate referral will result in continued, and in some situations, escalated risk for the adult victim and children.

Appropriate referrals for perpetrators of family and domestic violence include:

- men's behaviour change programs;
- men's family and domestic violence helplines; and
- individual violence focused counselling.

Inappropriate referrals for perpetrators of family and domestic violence include:

- anger management;
- couples counselling, mediation, family counselling; and
- individual counselling that does not focus on the violence.

To address issues that may be co-occurring with the violence, referrals may also include:

- drug and alcohol services;
- mental health services;
- child protection services;
- financial services; and
- legal services.

When referring a perpetrator of family and domestic violence to support services, it is the referring service provider's responsibility to provide as much information as possible about the man, his context and his violence, including any barriers that might prevent the man's uptake of the referral. It is important that the recipient service provider is aware of the family and domestic violence and the perpetrator's current level of risk.

Referrals to police and/or child protection services may be made without consent from the perpetrator where there are concerns for the safety of an adult victim or children.

References

- Australian Bureau of Statistics 2002, *National Aboriginal and Torres Strait Islander Social Survey (NATSISS)*, ABS, Canberra.
- Australian Bureau of Statistics 2005, *Personal Safety Survey*, ABS, Canberra.
- Australian Bureau of Statistics 2012, *Personal Safety Survey*, ABS, Canberra.
- AIHW 2006. Family violence among Aboriginal and Torres Strait Islander peoples. Cat. no. IHW 17. Canberra: AIHW.
- Bagshaw D & Chung D 2000, *Women, Men and Domestic Violence*, Commonwealth of Australia, Canberra.
- Bancroft L & Silverman J 2002, *The batterer as parent: Addressing the impact of domestic violence on family dynamics*, Sage, Thousand Oaks.
- Bancroft L, Silverman J & Ritchie D 2011, *The batterer as parent: Addressing the impact of domestic violence on family Dynamics, 2nd ed.*, Sage, Thousand Oaks.
- Braaf R & Sneddon C 2007, 'Family Law Act Reform: the potential for screening and risk assessment for family violence', *Issues Paper 12*, Australian Domestic and Family Violence Clearinghouse, University of New South Wales, Sydney.
- Bureau of Transport and Regional Economics 2006, *About Australia's Regions 2006*, Department of Infrastructure and Transport: Bureau of Infrastructure, Transport and Regional Economics, Canberra.
- Campbell J 2004, 'Helping women understand their risk in situations of intimate partner violence', *Journal of Interpersonal Violence*, vol 19, no. 12: 1464-1477.
- Campbell J, O'Sullivan C, Roehl J & Webster, D 2005, *Intimate Partner Violence Risk Assessment Validation Study: The RAVE Study Practitioner Summary and Recommendations: Validation of Tools for Assessing Risk from Violent Intimate Partners*. Retrieved 31/07/15 from <https://www.ncjrs.gov/pdffiles1/nij/grants/209732.pdf>
- Campbell J, Webster D, Koziol-McLain J, Block C, Campbell D, Curry M, Gary F, Glass N, McFarlane J, Sachs C, Sharps P, Ulrich Y, Wilt S, Mangello J, Xu X, Schollenberger J, Frye V & Laughton K, 2003, 'Risk factors for femicide in abusive relationships: Results from a multisite case control study', *American Journal of Public Health*, vol 93, no. 7: 1089-97.
- Cripps K et al. 2009, 'Victims of violence among Indigenous mothers living with dependent children', *Medical Journal of Australia*, no. 191: 481-485.
- Department for Child Protection 2009, *Western Australia Strategic Plan for Family and Domestic Violence 2009-2013*, Government of Western Australia, Perth.
- Department for Child Protection 2013, *Perpetrator accountability in Child Protection Practice – A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence*, Government of Western Australia, Perth.
- Department for Child Protection 2012, *Western Australia's Family and Domestic Violence Prevention Strategy to 2022*, Government of Western Australia, Perth.
- Department for Child Protection and Family Support 2014, *Western Australia's Family and Domestic Violence Prevention Strategy to 2022: Achievements Report to 2013*, Government of Western Australia, Perth.
- Frawley P, Dyson S, Robinson S & Dixon J 2015, *What does it take? Developing informed and effective tertiary responses to violence and abuse of women and girls with disabilities in Australia: State of knowledge paper*, Australia's National Research Organisation for Women's Safety (ANROWS), Sydney.
- Golding J 1999, 'Intimate Partner Violence as a Risk Factor for Mental Disorders: A Meta-Analysis', *Journal of Family Violence*, vol. 14, no. 2: 99-132.
- Gondolf E 2002, *Batterer Intervention Systems: Issues, Outcomes and Recommendations*, Sage Publications, Thousand Oaks.
- Harne L 2011, *Violent fathering and the risks to children: The need for change*, The Policy Press, Bristol.
- Henstridge et al. 2007, *Analysis of the 2005 Personal Safety Survey*, Data Analysis, Australia, Nedlands.
- Humphreys C 2007, 'Family and domestic violence and child protection: Challenging directions for practice', *Issues Paper 13*, University of New South Wales, Sydney.
- Hunt M 2010, 'Men, family violence and parenting: A program analysis', unpublished research paper, Masters of Social Work, Monash University, Melbourne.

- Indermaur D 2001, Young Australians and domestic violence, *Trends and Issues in Crime and Criminal Justice*, Australian Institute of Criminology, Canberra.
- Jamieson S & Wendt S 2008, 'Exploring Men's Perpetrator Programs in Small Rural Communities', *Rural Society*, vol 18, no. 1.
- Keys Young 1998, *Against the Odds: How Women Survive Domestic Violence – The Needs of Women Experiencing Domestic Violence who do not use Domestic Violence and Related Crisis Services*, Office of the Status of Women, Department of the Prime Minister and Cabinet, Canberra.
- Loh N & Ferrante A 2003, *Aboriginal Involvement in the Western Australian Criminal Justice System: A Statistical Review, 2001*, Department of Indigenous Affairs, Western Australia.
- Mouzos J & Makkai T 2004, 'Women's experiences of male violence: findings of the Australian component of the International Violence Against Women Survey (IVAWS)', *Research and Public Policy Series*, 56, Australian Institute of Criminology, Canberra.
- Mouzos J & Rushforth C 2002, 'Homicides Resulting from Domestic Altercation', *Crime Facts Information*, no. 22, Australian Institute of Criminology, Canberra.
- National Council to Reduce Violence Against Women and their Children 2009, *The cost of violence against women and their children*, Department of Families, Housing, Community Services and Indigenous Affairs, Canberra.
- New South Wales Department of Attorney General and Justice 2012, *Towards Safer Families: A Practice Guide for Men's Domestic Violence Behaviour Change Programs*, Government of New South Wales, Sydney.
- No to Violence 2005, *Men's Behaviour Change group work: A Manual for quality practice*, No to Violence, Melbourne.
- Ombudsman 2013, *Ombudsman Western Australia Annual Report 2012-13*, Ombudsman, Western Australia.
- Pence E & Paymar M 1986, *Power and Control: Tactics of men who batter*, Minnesota Program Development Inc., Duluth, Minnesota.
- Pence E, Mitchell S, Aoina A 2007, *Western Australian Safety and Accountability Audit of the Armadale Domestic Violence Intervention Project*, Department for Communities, Western Australia.
- Salthouse S & Frohmader C 2004, 'Double the Odds' – Domestic Violence and Women with Disabilities, paper presented to the 'Home Truths' Conference, 15 -17 September 2004, Southgate, Melbourne.
- Sety M 2011, *The Impact of Domestic Violence on Children: A Literature Review*, Sydney, New South Wales.
- Tually S, Faulkner D, Cutler C, Slatter M 2008, *Women and Domestic and Family Violence and Homelessness: A Synthesis Report*, Flinders Institute for Housing, Urban and Regional Research, Adelaide.
- VicHealth 2004, *The health costs of violence: Measuring the burden of disease caused by intimate partner violence. A summary of findings*, Victorian Health Promotion Foundation, Carlton, Victoria.
- Victorian Department of Human Services 2013, *Assessing children and young people experiencing family violence: A practice guide for family violence practitioners*, Victorian Government, Melbourne.
- Walsh C, McIntyre S, Brodie L, Bugeja L & Hauge S 2012, *Victorian Systemic Review of Family Violence Deaths – First Report*, Coroners Court of Victoria, Melbourne, Victoria.
- Weaver J, Todd N, Ogden C, & Craik L, 2007, *Honouring resistance: How women resist abuse in intimate relationships*, Alberta, Canada.
- Wendt S 2009, 'Constructions of local culture and impacts on domestic violence in an Australian rural community', *Journal of Rural Studies*, vol. 25, no. 2: 175–184.
- Wendt S, Chung D, Elder A & Bryant L 2015, *Seeking help for domestic violence: Exploring rural women's coping experiences: State of knowledge paper*, Australia's National Research Organisation for Women's Safety (ANROWS), Sydney.
- Women's Health Victoria (WHV) 2009, 'Women and violence', Women's Health Issues Paper no. 5, Women's Health Victoria, Melbourne, Victoria.
- World Health Organisation (WHO) 2013, *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*, Geneva, Switzerland.
- World Health Organisation (WHO) 2000, *Violence against Women*, Geneva, Switzerland.



SECTION 3
RESOURCES



Fact Sheet 1 Forms of family and domestic violence

Family and domestic violence is pattern of behaviours intended to coerce, control and create fear within an intimate or familial relationship.

It is critical that service providers recognise that family and domestic violence can take many forms in order to identify it and respond effectively.

Many abusive tactics correspond with more than one category, for example, threats to harm can be described as emotional, verbal or physical abuse. However, all forms of family and domestic violence are implicitly emotionally violent and controlling.

The categories of family and domestic violence (Table 1) are commonly used, but should not be regarded as definitive or exclusive, and those experiencing them might see them as interchangeable or inseparable.

Table 1: Forms of family and domestic violence

Form	Examples
<p>Emotional violence</p> <p>Emotional violence is behaviour that does not accord equal importance and respect to another person's feelings, opinions and experiences. Even though emotional abuse can have a profound and long-term impact on victims it is often the most difficult form of violence to identify. Many emotionally abusive behaviours are not crimes, and therefore victims can find it challenging to obtain protection.</p>	<ul style="list-style-type: none"> • deliberately undermining the victim's confidence; • acts that humiliate or degrade; • threats to harm themselves, the victim or another family member; • threats to report the victim to authorities such as Centrelink, Immigration or Child Protection; • verbal putdowns; • questioning the victim in a hostile way; • ridicule and shaming aspects of a woman's being such as her body, beliefs, skills, friends, occupation or cultural background; and • handling guns or other weapons in front of the victim.
<p>Physical violence</p> <p>Physical violence is any actual or threatened attack on another person's physical safety and bodily integrity. In addition to threatened or actual harm to people, it includes harming or threatening to harm pets or possessions.</p> <p>NB: Acts can be physically abusive even if they do not result in physical injury.</p>	<ul style="list-style-type: none"> • smashing property, destroying possessions and throwing things; • using intimidating body language such as angry looks, threatening gestures and raised voice; • harassing the victim by making persistent phone calls, sending text messages or emails; • following her, or loitering near her home or workplace; • recklessly driving a vehicle with a victim and/or child in the car; • pushing, shoving, hitting, slapping, choking, hair-pulling, punching or using weapons; and • murder.

Sexual violence

Sexual violence is any actual or threatened sexual contact without consent, such as unwanted touching, rape, exposure of genitals and making someone view pornography against their will. Women with disabilities are believed to experience higher levels of sexual violence – such as unwanted touching by a carer (Salthouse & Frohmader 2004). While some forms of sexual violence are criminal acts, for example, sexual assault and rape, many other forms – such as using degrading language – are not.

- rape, including being forced to perform unwanted sexual acts, or to have sex with others;
- pressuring someone to agree to sex;
- unwanted touching of sexual or private parts;
- causing injury to the victim's sexual organs;
- disclosing intimate knowledge, including threatening to share private photographs or information about sexual orientation to generate fear; and
- expecting a woman to have sex as a form of reconciliation after using violence against her (because in these circumstances she is unable to withhold consent for fear of further violence).

Social violence

Social violence is behaviour that limits, controls or interferes with a woman's social activities or relationships with others, such as controlling her movements and denying her access to family and friends.

- excessive questioning;
- monitoring movements, internet use and social communications;
- being aggressive towards men who are viewed as 'competition', and acts of jealousy;
- isolating the victim from her social networks and supports, either by preventing her from having contact with her family or friends or by verbally or physically abusing her in public or in front of others;
- preventing the victim from having contact with people who speak her language and/or share her culture; and
- spreading lies about the victim through her support networks in order to discredit her.

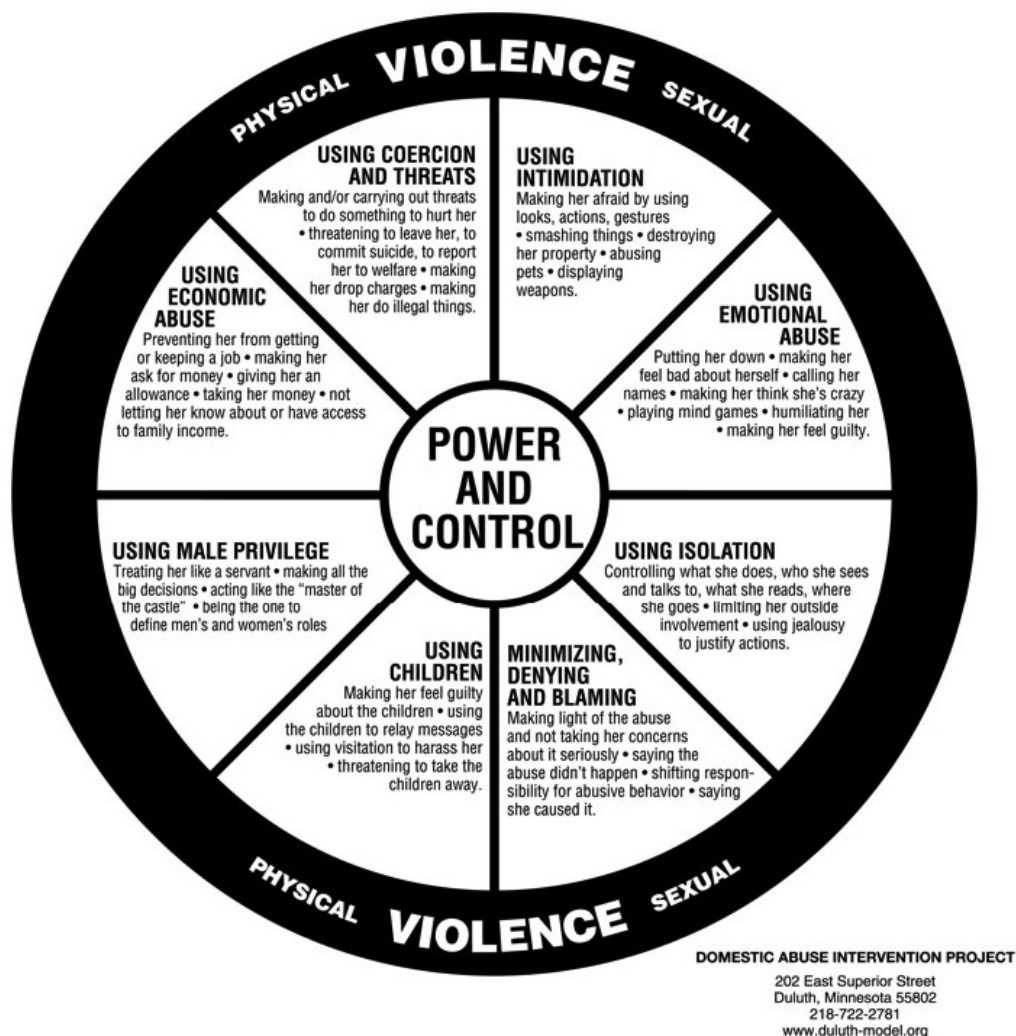
<p>Financial violence</p> <p>Financial violence includes not giving a woman access to her share of the family's resources, expecting her to manage the household on an impossibly low amount of money and/or criticising and blaming her when she is unable to, monitoring her spending, and incurring debts in her name.</p>	<ul style="list-style-type: none"> • denying the victim access to money, including her own; • demanding that the family live on inadequate resources; • incurring debts in the victim's name; • making significant financial decisions without consulting the victim; • selling the victim's possessions; and • stealing money.
<p>Spiritual violence</p> <p>Spiritual violence is any behaviour that denigrates a woman's religious or spiritual beliefs, or prevents her from attending religious gatherings or practising her faith. It also includes harming or threatening to harm women or children in religious or occult rituals, or forcing them to participate in religious activities against their will.</p>	<ul style="list-style-type: none"> • ridiculing or putting down the victim's beliefs and culture; • preventing the victim from belonging to or taking part in a group or ceremony that is important to her spiritual beliefs, or practicing her religion; and • manipulating religious teachings or cultural traditions to excuse the violence.
<p>Other controlling behaviour</p> <p>Some men control women in ways that do not fit the above descriptions or are not - on the surface - violent, but still deny a woman's right to autonomy and equality.</p>	<ul style="list-style-type: none"> • dictating what the victim does, who she sees and talks to, or where she goes; • preventing the victim from going to work; • not allowing the victim to express her own feelings or thoughts; • refusing to give the victim any privacy; • forcing the victim to go without food or water; • depriving the victim of sleep; and • loitering around places the victim is known to frequent, watching her, following her, making persistent telephone calls and sending mail including unwanted love letters, cards and gifts.

Power and Control

The Duluth Model is the most widely adopted model of family and domestic violence. It was developed by the Domestic Abuse Intervention Project in Duluth, Minnesota in the United States following consultation with over 200 women about their experiences of family and domestic violence (Pence & Paymar 1986).

The *Power and Control Wheel* (Fig. 1) provides a model for understanding the violence is part of a pattern of interchangeable and reinforcing behaviours, rather than isolated incidents of abuse.

Figure 1: The Power and Control Wheel (Pence & Paymar 1986)



References

Pence E & Paymar M 1986, *Power and Control: Tactics of men who batter*, Minnesota Program Development Inc., Duluth, Minnesota.

Salthouse S & Frohmader C 2004, 'Double the Odds' – Domestic Violence and Women with Disabilities, paper presented to the 'Home Truths' Conference, 15–17 September 2004, Southgate, Melbourne.

Fact sheet 2 Indicators of family and domestic violence

Service providers play a pivotal role in identifying and responding to family and domestic violence.

The lists of possible indicators of family and domestic violence (Tables 1 and 2) are provided in relation to adult and child victims for the purpose of forming professional judgements about when to undertake family and domestic violence screening.

Indicators can often be attributed to causes other than violence, be overlooked or disregarded. However, it is essential that service providers initiate a conversation about family and domestic violence if a number of indicators or a pattern of recurring indicators are present. This process should be guided by the screening tool or other similar prompting questions.

Table 1: Indicators of family and domestic violence in adult victims

Form	Indicators of family and domestic violence in adult victims	
Physical	<ul style="list-style-type: none"> • bruising • fractures • chronic pain (neck, back) • fresh scars or minor cuts • terminations of pregnancy 	<ul style="list-style-type: none"> • complications during pregnancy • gastrointestinal disorders • sexually transmitted diseases • strangulation
Psychological	<ul style="list-style-type: none"> • depression • anxiety • self-harming behaviour • eating disorders • phobias • somatic disorders 	<ul style="list-style-type: none"> • sleep problems • impaired concentration • harmful alcohol use • licit and illicit drug use • physical exhaustion • suicide attempts
Emotional	<ul style="list-style-type: none"> • fear • shame • anger • no support networks 	<ul style="list-style-type: none"> • feelings of worthlessness and hopelessness • feeling disassociated and emotionally numb
Social/ financial	<ul style="list-style-type: none"> • homelessness • unemployment • financial debt 	<ul style="list-style-type: none"> • no friends or family support • isolation • parenting difficulties
Demeanour	<ul style="list-style-type: none"> • unconvincing explanations of any injuries • describe a partner as controlling or prone to anger • be accompanied by their partner, who does most of the talking 	<ul style="list-style-type: none"> • anxiety in the presence of a partner • recent separation or divorce • needing to be back home by a certain time and becoming stressed about this • reluctance to follow advice

Exposure to family and domestic violence can affect all aspects of a child's health and wellbeing including their physical health and safety, emotional, behavioural and social wellbeing. These impacts directly relate to what may be observed as an indicator. A list of possible indicators is provided in the following table.

Table 2: Indicators of family and domestic violence in child victims

Age of child	Indicators of family and domestic violence in children	
Unborn children	<ul style="list-style-type: none"> • premature birth • miscarriage • low birth weight 	<ul style="list-style-type: none"> • foetal injury • foetal death
Babies and toddlers	<ul style="list-style-type: none"> • frequent crying and signs of irritability and anxiety • underweight for age • physical injury • neglect • sexual abuse 	<ul style="list-style-type: none"> • very demanding or very passive • wary of new people and startle easily • feeding or sleep difficulties • delayed mobility
Pre-schoolers	<ul style="list-style-type: none"> • eating and sleeping difficulties • concentration problems • inability to play constructively • clinginess 	<ul style="list-style-type: none"> • fearfulness • numbing • increased arousal • adjustment problems • developmental delay • physical complaints
School age/ pre-adolescent	<ul style="list-style-type: none"> • defiant behaviour • rebelliousness • temper tantrums • cruelty to pets • physical abuse of others • avoidance of peers 	<ul style="list-style-type: none"> • overly compliant behaviour • withdrawal • loss of interest in social activities • self-harm • poor school performance
Adolescents	<ul style="list-style-type: none"> • dropping out of school • academic failure • delinquency/offending • eating disorders • substance misuse • depression • suicide ideation 	<ul style="list-style-type: none"> • use of controlling behaviours • distrust of adults • violent behaviours • violence toward a parent (particularly their mother) • early pregnancy

Fact Sheet 3 Perpetrator characteristics¹

Perpetrators of family and domestic violence can vary in age and be from any socio-economic demographic, cultural background, ethnicity or religion. They can occupy any profession or live in any geographic region. Perpetrators can be any gender, however, the vast majority are male (Bagshaw & Chung 2000).

Risk assessment and risk management must be underpinned by an understanding of common perpetrator behaviours.

Tactics

To effectively respond to family and domestic violence, it is important to understand the tactics used by perpetrators including those adopted to hurt and/or frighten victims (coercion) and those designed to isolate and/or regulate them (control). Perpetrators of family and domestic violence are very much in control of these behaviours and are ultimately the only ones that have the capacity to change the situation (No to Violence 2005).

Perpetrators can be good at hiding the violence, publicly presenting as kind, loving, charming and likeable, but behave in cruel, violent, undermining and manipulative ways in private.

Some of the common tactics used by perpetrators to coerce and control victims are shown in the following table.

Table 1: Tactics used by perpetrators to control victims

Tactics	Examples
Intimidation and threats	<ul style="list-style-type: none">• causing fear through threats;• glares;• destroying property; and• hurting pets.
Undermining confidence	<ul style="list-style-type: none">• damaging self-esteem through humiliation, ridicule, and shaming; and• intentional behaviours that make the victim doubt herself.
Using the children	<ul style="list-style-type: none">• telling the victim she is a bad mother;• using access to harass or assault her;• threatening to take the children away;• coercing the victim to get pregnant;• threatening to harm the children or engaging in risky behaviour with them; and• making the child watch or participate in the abuse.

¹ Adapted from: *Perpetrator accountability in Child Protection Practice – A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence*, Department for Child Protection, Government of Western Australia, 2013.

Isolation	<ul style="list-style-type: none"> • preventing the victim from working; • cutting her off from her friends or family; and • physically preventing her from leaving the house.
Minimisation and denial	<ul style="list-style-type: none"> • saying it was 'only' a slap or that the victim is overreacting; • blaming alcohol/ stress/unemployment; • mitigating behaviour by downplaying the damage and injury; • providing inconsistent accounts; and • using loss of control as an excuse.
Recasting the behaviour as non-violent or acceptable	<ul style="list-style-type: none"> • excusing behaviour as self-defence, rough play or an accident; and • by using language like 'incident' or 'fight' to make the violence appear mutual.
Victim blaming	<ul style="list-style-type: none"> • telling the victim that she asked for it or she provoked him; • avoiding or attempting to divide responsibility for violence; • accusing the victim of a different form of violence for example emotional abuse; and • focusing attention on her 'inability to cope' and 'neglect of her children' when women have reverted to substance abuse or have developed anxiety-based disorders as a result of this violence.
Use of male privilege	<ul style="list-style-type: none"> • expecting sex on demand; • demanding that the victim does all the cooking and housework; • controlling all the money; • making all the 'big decisions'; and • excusing excessive jealousy and violence.
Sexual abuse	<ul style="list-style-type: none"> • sexually assaulting or raping the victim; • keeping the victim pregnant; and • blackmailing the victim with intimate knowledge or photographs.
Post-separation abuse	<ul style="list-style-type: none"> • threatening to hurt or kill adult or child victims; • crying and emotional blackmail; • stalking the victim; • threatening to kill himself; and • threatening to make reports to Centrelink, Immigration and Child Protection if the victim ends the relationship or reports the abuse.

Choice and intent

Perpetrators of family and domestic violence are responsible for, and make decisions about their use of violence. This is demonstrated in the fact that perpetrators are rarely indiscriminately violent. Many perpetrators are not violent in their workplaces, social networks or communities but choose when, where and how they use violence.

Further examples include:

- The perpetrator might suddenly change his behaviour from violent to pleasant in the middle of an abusive episode if someone comes to the door or the phone rings, but then resume it again afterwards.
- The perpetrator threatens future violence if the victim does not do what he wants her to.
- The perpetrator makes purposeful decisions about the type, amount, and where to inflict the abuse, for example, only injuring the victim in areas of her body that can be covered by clothing.
- The perpetrator is selective about when and where he will be abusive. For example, a perpetrator will choose whether to wait and attack the victim privately at home, or to humiliate her in front of friends or family.

Understanding and identifying that perpetrators use deliberate and planned violence is paramount when attempting to engage them and hold them accountable.

Perpetrators as fathers

Parenting by men who perpetrate family and domestic violence is associated with particular characteristics. They are likely to use controlling behaviours and physical discipline, to display more anger with their children, to have unrealistic expectations and poor developmental understandings of appropriate child behaviour at different ages and stages. Many of these parenting characteristics are underpinned by a sense of entitlement.

The role of father can be central to these men's identity and a significant motivator for change, however, the identity of fatherhood among men who perpetrate violence should not be idealised. Entitlement thinking prevails in their attitudes and they often see their child as their investment or possession, or as someone who should love them unconditionally.

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.

Disregard for children's needs often continues after separation, when fathers who have perpetrated violence often privilege their 'right' for contact over the traumatic 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.

A note about perpetrator accountability

Engagement with perpetrators should include reinforcing that he is solely responsible for his choice to use violence, informing him about the consequences and impacts of his actions, challenging him to accept responsibility, and assisting him to seek help to change his behaviour.

Working in an integrated way with other services to hold the perpetrator accountable can assist with supplementing risk assessment and obtaining information relevant to risk management and victim safety.

The Department for Child Protection and Family Support resource, *Perpetrator Accountability in Child Protection Practice – A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence* provides a range of information and practice tips to guide working with men perpetrating family and domestic violence.

References

Bagshaw D & Chung D 2000, *Women, Men and Domestic Violence*, Commonwealth of Australia, Canberra.

No to Violence 2005, *Men's Behaviour Change group work: A Manual for quality practice*, No to Violence, Melbourne.

Department for Child Protection 2013, *Perpetrator accountability in Child Protection Practice – A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence*, Government of Western Australia, Perth.

Fact Sheet 4 Determining the primary aggressor¹

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 family and domestic 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 that family and domestic violence involves an ongoing pattern of power and coercive control. It 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

A number of behaviours may be used by victims 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; and
- 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.

¹ Adapted from: *Towards Safer Families: A Practice Guide for Men's Domestic Violence Behaviour Change Programs*, New South Wales Department of Attorney General and Justice, 2012.

Entitlement

Entitlement is an attitude created by a lack of empathy. It allows someone to assert their will over another. Victims of family and domestic 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 of 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; and/or
- 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 act 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 children may be placed in danger.

References

New South Wales Department of Attorney General and Justice 2012, *Towards Safer Families: A Practice Guide for Men's Domestic Violence Behaviour Change Programs*, Government of New South Wales, Sydney.

Department for Child Protection 2013, *Perpetrator accountability in Child Protection Practice – A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence*, Government of Western Australia, Perth.

Fact Sheet 5 Key risk factors

Research indicates that some risk factors are associated with greater likelihood and/or severity of family and domestic violence (Campbell 2003; 2004). It is important to keep in mind that these factors might interact in many and complex ways. However, despite the co-occurrence of certain factors with family and domestic violence, none is causal.

The key risk factors reflected in the risk assessment tool are listed below (Table 1). The explanations provided in the following table will assist service providers to build an understanding of the level of risk of harm to women and children, and provide the reason for their inclusion in the risk assessment tool.

Table 1: Key risk factors

Risk factor	Explanation
Use of weapon in most recent event by the perpetrator*	Use of a weapon indicates a high level of risk because previous behaviour is a likely predictor of future behaviour. A weapon is defined as any tool used by the perpetrator that could injure, kill or destroy property.
Escalation – increase in severity and/or frequency of violence by the perpetrator*	Violence occurring more often or becoming worse has been found to be associated with lethal outcomes for victims.
Perpetrator has ever harmed or threatened to harm victim*	Psychological and emotional abuse has been found to be a good predictor of continued abuse, including physical abuse. Previous physical assaults also predict future assaults.
Sexual assault of the victim (including rape, coerced sexual activity or unwanted sexual touching)*	Men who sexually assault their partners are also more likely to use other forms of violence against them.
Perpetrator has ever tried to choke the victim*	Strangulation and choking is a common method used by male perpetrators to kill female victims.
Perpetrator has ever threatened to kill the victim*	Evidence suggests that a perpetrator's threat to kill a victim is often genuine.
Stalking of the victim by the perpetrator*	Stalkers are more likely to be violent if they have had an intimate relationship with the victim. Stalking, when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking behaviour and obsessive thinking are highly related behaviours.
Obsession/jealous behaviour towards victim by the perpetrator*	Obsessive and/or excessive jealous behaviour is often related to controlling behaviours and has been linked with violent attacks.

Recent separation*	For women who are experiencing family and domestic violence, the high risk periods include immediately prior to taking action, and during the initial stages of or immediately after separation. Victims who stay with the perpetrator because they are afraid to leave often accurately anticipate that leaving would increase the risk of lethal assault. The data on time-since-separation suggests that women are particularly at risk within the first two months.
Perpetrator has ever harmed or threatened to harm or kill children*	Evidence suggests that where family and domestic violence is occurring, there is a likelihood of increased risk of direct abuse of children in the family. Children are adversely affected through experiencing violence directly and by the effects of violence, including hearing and (or) witnessing violence or through living in fear due to a violent environment.
Perpetrator has ever harmed or threatened to harm or kill pets or other animals*	A correlation between cruelty to animals and family and domestic violence is increasingly being recognised. Because there is a direct link between family and domestic violence and pets being abused or killed, abuse or threats of abuse against pets may be used by perpetrators to control family members.
Perpetrator has ever harmed or threatened to harm or kill other family members	Threats by the perpetrator to hurt or cause actual harm to family members can be a way of controlling the victim through fear.
Isolation	A victim is more vulnerable if she is isolated from family, friends and other social networks. Isolation also increases the likelihood of violence and is not simply geographical. Other examples of isolation include systemic factors that limit social interaction or support and/or the perpetrator not allowing the victim to have social interaction.
Controlling behaviours (for example, the perpetrator telling the victim how to dress, who they can be friends with, controlling how much money they can access, and determining when they can see friends and family or use the car)	Men who think they 'should be in charge' are more likely to use various forms of violence against their partner.
Perpetrator access to weapons*	Perpetrators who have access to weapons, particularly guns, are much more likely to seriously injure or kill a victim than perpetrators without access to weapons.

Perpetrator has ever threatened or tried to commit suicide*	Threats or attempts to commit suicide have been found to be a risk factor for murder-suicide.
Perpetrator drug and alcohol misuse/abuse*	Perpetrators of family and domestic violence can be more dangerous when they are under the influence of alcohol and other drugs.
Perpetrator depression/mental health issue*	Murder-suicide outcomes in family and domestic violence have been associated with perpetrators who have mental health problems, particularly depression.
Perpetrator unemployment	Unemployment is associated with an increased risk of lethal assault, and a sudden change in employment status – such as being terminated and/or retrenched – may be associated with increased risk.
Financial difficulties	Low income and financial stress, including a gambling addiction, may be associated with increased risk for victims of family and domestic violence.
Perpetrator has breached court orders, for example, a violence restraining order (VRO)	Breaching a VRO indicates the perpetrator is not willing to abide by the orders of a court. Such behaviour should be considered a serious indicator of increased risk of future violence.
Perpetrator is currently on bail or parole in relation to violent offences Perpetrator has served a time of imprisonment or has been recently released from custody in relation to violent offences Perpetrator has a history of violent behaviour other than family or domestic violence	Perpetrators with a history of violence are more likely to use violence against family members. This can occur even if the violence has not previously been directed towards family members. Other victims may have included strangers, acquaintances and/or police officers. The nature of the violence may include credible threats or use of weapons, and attempted or actual assaults. Violent men generally engage in more frequent and more severe family and domestic violence than perpetrators who do not have a violent past.
The perpetrator's family poses a risk to the adult victim	In some cases there may be more than one abuser living in the home or belonging to the extended (victim or perpetrator's) family and community. This might also include female relatives.
Victim pregnancy/new birth	Family and domestic violence often commences or intensifies during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death. Family and domestic violence during pregnancy is regarded as a significant indicator of future harm to the woman and her child.

Victim was attacked while holding a child	Serious injuries to children can result when attacks occur while the victim is holding a child regardless of whether the perpetrator deliberately intended to target the child.
Children are in the home	The presence of children including step children can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.
Children have tried to intervene in the violence	Children are frequently assaulted when they intervene to defend or protect the victim.
Child contact or residency issues, including Family Court proceedings	Perpetrators may use the children to have access to the victim, violence may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.
Children from previous relationship are in the household	The presence of children including step children can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.

Other issues to consider (professional judgement)	
Victim depression/mental health issue	Victims with a mental illness may become more vulnerable to family violence.
Victim drug and/or alcohol misuse/abuse	Victims may use alcohol or other drugs to cope with the physical, emotional or psychological effects of family violence; this can lead to increased vulnerability.
Victim has ever verbalised or had suicidal ideas or tried to commit suicide	Suicidal thoughts or attempts indicate that the victim is extremely vulnerable and the situation has become critical.

* These factors may indicate an increased risk of the victim (adult or child) being killed.

References

- Campbell J 2003, 'Risk factors for femicide in abusive relationships: Results from a multi-site case control study', *American Journal of Public Health*, vol. 93, no. 7: 1089–1097.
- Campbell J 2004, 'Helping women understand their risk in situations of intimate partner violence', *Journal of Interpersonal Violence*, vol 19, no. 12: 1464-1477.
- Campbell J, O'Sullivan C, Roehl J & Webster, D 2005, *Intimate Partner Violence Risk Assessment Validation Study: The RAVE Study Practitioner Summary and Recommendations: Validation of Tools for Assessing Risk from Violent Intimate Partners*. Retrieved 31/07/15 from <https://www.ncjrs.gov/pdffiles1/nij/grants/209732.pdf>
- Campbell J, Webster D, Koziol-McLain J, Block C, Campbell D, Curry M, Gary F, Glass N, McFarlane J, Sachs C, Sharps P, Ulrich Y, Wilt S, Mangello J, Xu X, Schollenberger J, Frye V & Laughton K, 2003, 'Risk factors for femicide in abusive relationships: Results from a multisite case control study', *American Journal of Public Health*, vol 93, no. 7: 1089-97.
- Gondolf E 2002, *Batterer Intervention Systems: Issues, Outcomes and Recommendations*, Sage Publications, Thousand Oaks.

Fact Sheet 6 Impacts of family and domestic violence on women¹

Family and domestic 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 family and domestic 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 family and domestic violence have higher rates of miscarriage, most probably because pregnancy is often a time when violence begins or is exacerbated.

Women experiencing family and domestic 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 tranquilisers and pain killers.

Women who experience family and domestic violence are often unable to act on their own choices because of physical restraint, fear and intimidation. Women who experience family and domestic violence 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 family and domestic 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 violence²

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 family and domestic 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.

1 Adapted from: *Men's Behaviour Change group work: A manual for quality practice*, No to Violence, 2005.

2 Adapted from: *Honouring resistance: How women resist abuse in intimate relationships*, Weaver J, Todd N, Ogden C, & Craik L, 2007.

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 family and domestic 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.

Table 1: Victim'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 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 of 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

Department for Child Protection 2013, *Perpetrator accountability in Child Protection Practice – A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence*, Government of Western Australia, Perth.

No to Violence 2005, *Men's Behaviour Change group work: A manual for quality practice*, No to Violence, Melbourne.

Weaver J, Todd N, Ogden C, & Craik L, 2007, *Honouring resistance: How women resist abuse in intimate relationships*, Alberta, Canada.

World Health Organisation (WHO) 2000, *Violence against Women*, Geneva, Switzerland.

Fact Sheet 7 Impacts of family and domestic violence on children

There are many ways that children are exposed to family and domestic violence – many not including hearing or seeing the violence. For this reason, when it occurs in a family with children, family and domestic 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’ (Sety 2011). These impacts are often cumulative – that is, they amass over time.

Research also shows that family and domestic 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.

Family and domestic violence does not predetermine outcomes for children and young people, but it does influence them significantly – particularly when exposure to the violence occurs in a child’s early years. Infants and young children exposed to family and domestic violence are more likely to miss key developmental experiences, which – because they are foundational – can have a cascading effect on their further developmental progress.

The effects of family and domestic violence vary from child to child. Furthermore, they are mediated or filtered 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 ante and post-natal care, can also significantly impact on children’s safety and wellbeing.

In addition to physical injury and death at the hands of male family members, children manifest physical symptoms of stress or distress, for example bedwetting, stomach upsets and chronic illnesses.

The immediate emotional effects of experiencing family and domestic violence tend to differ with age.

Babies and toddlers who experience family and domestic 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.

Preschool 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.

Adolescents who have experienced family and domestic 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.

Table 1: Impacts of family and domestic violence on children

Age of child	Impacts of family and domestic violence
Babies and toddlers	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; and may acquire physical injuries from being held in a mother's arms whilst the mother is being assaulted.
Preschoolers	'Clinginess'; eating and sleeping difficulties; concentration problems; inability to play constructively; physical complaints; fearfulness; numbing; increased arousal; and adjustment problems (for example, when moving from kindergarten to school).
School age/ pre-adolescent	Rebelliousness; defiant behaviour; temper tantrums; irritability; cruelty to pets; physical abuse of others; limited tolerance; overly complaint behaviour; loss of interest in social activities; withdrawal; avoidance of peer relations; school performance affected negatively; and self-harm.
Adolescents	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) may appear at this age; and early 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; and
- the child's own ability and strengths to handle stressful and frightening situations.

Responsibility for protecting children

When children are not safe due to family and domestic violence, this is often attributed to the mother for not leaving the relationship or not managing the perpetrator's behaviour or 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

Victorian Department of Human Services 2013, *Assessing children and young people experiencing family violence: A practice guide for family violence practitioners*, Victorian Government, Melbourne.

Department for Child Protection 2013, *Perpetrator accountability in Child Protection Practice – A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence*, Government of Western Australia, Perth.

No to Violence 2005, *Men's Behaviour Change group work: A Manual for quality practice*, No to Violence, Melbourne.

Sety M 2011, *The Impact of Domestic Violence on Children: A Literature Review*, Sydney, New South Wales.

Fact Sheet 8 Responding to diversity

Factors impacting on victims' vulnerability to continued violence

Although family and domestic violence transcends cultural, social and economic boundaries, there are people in Western Australia who may be more vulnerable to an increased frequency or severity of violence and face a range of barriers to accessing safety.

There is no single cause or factor that leads to domestic violence. Each victim's experience of family and domestic violence will be unique, and should be carefully risk assessed, regardless of any group or community she may belong to.

Some of the groups commonly represented as experiencing additional barriers to support and safety are listed below.

Women in pregnancy and early motherhood

Pregnancy and the early years of motherhood are periods when women are at greater risk of experiencing family and domestic violence. Research shows that women often experience their first assault during pregnancy, or experience an increase in the frequency or severity of violence. Violence committed against pregnant women is more likely to be very dangerous or lethal. There is also evidence that some perpetrators specifically target the foetus, using physical violence aimed at their partner's abdominal area, genitals and breasts (Australian Bureau of Statistics 2012).

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

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

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

Aboriginal women

Research suggests that Aboriginal women are 35 times more likely to be hospitalised due to family violence (NATSISS 2002) and nine times more likely to be the victim of domestic homicide compared to non-Aboriginal women (Loh & Ferrante 2003; Mouzos & Rushforth 2002).

Family and domestic violence in Aboriginal communities is complex and must be understood in the context of a long history of racism, dispossession, marginalisation and poverty. In particular, the separation of children from their families over generations, and practices of moving groups of Aboriginal people from their traditional lands is recognised to have led to the breakdown of kinship systems, family relationships and Aboriginal law (NATSISS 2002). However, regardless of the historical antecedents of family and domestic violence in Aboriginal communities and the cultural complexities involved in responding sensitively, the safety and wellbeing of adult victims and children of violence must always be the highest priority.

The close-knit nature of Aboriginal communities can mean that family violence affects a wide range of people and that those involved might be unwilling to act in a way that will disrupt their community membership, especially through the involvement of outside agencies. In rural and remote regions, the limited access to police and other services can also present barriers to Aboriginal women seeking help. Some Aboriginal women are reluctant to speak out because they fear it will result in their children being removed from their care, or fear that their partner will be taken away from their community and imprisoned.

When considering safety for an Aboriginal woman experiencing family and domestic violence, particularly someone from a remote community, the following challenges must be considered:

- Is the language of the risk assessment relevant and appropriate?
- Is it likely that the victim is minimising or denying violence for cultural/community reasons?
- How will confidentiality be maintained?
- What are the sources of safety in the community?
- How far away is the nearest police response?
- Does the victim have access to a phone to contact the police?
- Does the victim have access to safe accommodation?
- How effective are mainstream interventions or 'safety measures' likely to be, for example a violence restraining order?
- Is the referral culturally appropriate and relevant?
- Is the victim at risk of family retribution or ostracism from the community if statutory or legal intervention is initiated?

The best way to assess the support required by an Aboriginal woman is to ask her.

Culturally and linguistically diverse women

The term culturally and linguistically diverse (CALD) refers to people from a range of different countries of origin, including those whose first language is a language other than English.

Women from culturally and linguistically diverse communities may face additional barriers in seeking assistance as they may:

- speak no or limited English, making it harder to seek support from services,
- lack extended family and community support;
- have already experienced multiple forms of violence and trauma;
- encounter difficulties in accessing legal and support services owing to language and cultural differences;
- be unaware of their rights and of laws relating to family violence and/or immigration;
- lack knowledge of housing, income and support services designed to assist women who experience family violence;
- lack independent funds and income earning capacity;
- fear that reporting violence will compromise future residency in Australia, a particular concern for women on temporary or spouse visas;
- fear that their confidentiality will be breached by service providers; and
- hold cultural or religious beliefs that preclude separation or divorce, and/or be heavily affected by concepts of honour and shame.

A significant number of women who seek assistance from family and domestic violence crisis services are living in Australia on temporary or provisional visas. Conditions attached to these visas differ, and women in these situations usually require specialist advice. Perpetrators often exploit victims' fear of deportation.

When working with victims of family and domestic violence from CALD communities, it is important to ensure that you:

- check that the woman understands the words and terms you are using;
- always provide an interpreter if required (see below);
- collaborate with a service that specialises in responding to family and domestic violence against victims from CALD communities;
- engage with the woman in a culturally appropriate manner, perhaps by making contact with other appropriate agencies;
- enquire about and record concerns arising from the woman's life circumstances and factor these into risk assessment and risk management; and
- discuss with the woman any protective concerns you hold for her children, to minimise the chances that your concerns arise from cultural misunderstandings
- understand the victim's visa status and legal position (this should be based on information from a suitably informed professional); and
- identify the underlying reasons for any reluctance the victim has to use a service or engage with the service system.

If you cannot communicate easily in the victim's preferred language, then you must use a properly accredited interpreter. Accredited interpreters have advanced training, significant experience and are required to abide by a code of conduct; however, women might feel more reassured to have access to interstate or international telephone interpreters.

The best way to assess the support required by a woman from a culturally and linguistically diverse community is to ask her.

Women from rural and remote communities

Studies suggest that women living in rural and remote locations experience more frequent violence, greater severity of physical abuse and remain in abusive relationships longer than women in urban areas (Wendt et al. 2015).

Women in rural and remote areas face unique barriers that can make ending a relationship, accessing support or reporting violence especially challenging. These may include:

- isolation, both geographically and from support networks including family and friends;
- limited access to services, specifically specialist programs;
- lack of behaviour change programs for perpetrators;
- lack of transport options or alternative accommodation;
- poor telecommunications;
- perceived difficulties maintaining confidentiality and safety;
- fear of not being believed, particularly in situations where the perpetrator is a prominent and valued member of the community; and
- access to interpreters for women from diverse backgrounds or women with a communication difficulty.

Firearms are often more accessible in rural and remote communities, particularly in farming areas. This must be considered in risk assessments as it can significantly increase the risk for a victim.

The best way to assess the support required by a woman from a rural or remote community is to ask her.

Women with disabilities

Approximately 19 per cent of people in Australia report having a disability (Frawley et al. 2015), though each person's experience of disability - and the effects of that disability - is unique. A disability might not always be observable and/or it might not be perceived as disabling. Most critically, disability only sometimes means a person is cognitively impaired.

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

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

- reliance on the perpetrator of the violence, for example, for personal care, mobility, income, parenting support, or transport;
- lack of support options;
- fear about having children removed from their home, particularly if they rely on the perpetrator to assist them with their parenting role
- lack of economic resources and/or sufficient income;
- social isolation that stems from the marginalised position of people with disability in society;
- failure of adequate supervision in a community, residential or other institutional settings;
- communication challenges and lack of access to interpreters, communication devices and information in an appropriate format; and
- normalisation of the experience of being controlled and abused (especially if this has been accepted by authority figures, for example, where a male carer is asked to 'speak for' the woman with the disability).

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

- check what, if any, communication assistance she requires before proceeding with the assessment;
- check whether she identifies as having disability;
- check whether any children identify as having disability;
- enquire about what, if any, supports she and/or her family require for daily living, and who provides that support;
- check whether she requires mobility aids, medications or treatments and record the details of any schedule that applies to these;
- identify any support services/agencies that she and/or her family are engaged with;
- explore what support or assistance she needs if she wishes to access other services, including accommodation;
- develop a safety plan that makes specific provisions for her and her children's requirements (addressing, for example, lack of mobility, communication difficulties); and
- believe her and directly address any concerns she has about whether she will be believed by others, especially if the perpetrator has undermined her confidence or self-esteem.

The degrees of assistance that people with disability require range from none, through to very intensive support. They might require mobility assistance, personal care or interpreters.

The best way to assess the support required by a woman with a disability is to ask her.

People of diverse sexuality, sex and gender

While the level of family and domestic violence in lesbian, gay, bisexual, transsexual, transgender, intersex, and other people of diverse sex, sexuality and/or gender (LGBTI) relationships is unknown, there is some evidence to suggest it occurs at rates comparable with family and domestic violence perpetrated by men against women in heterosexual relationships. The forms of violence occurring are also similar to those reported by women in heterosexual relationships.

Some of the factors that can make people in LGBTI relationships more vulnerable to family and domestic violence are:

- myths that violence from LGBTI people is not family and domestic violence;
- beliefs that there are no services for LGBTI people experiencing family and domestic violence;
- concerns about the ways that LGBTI people have historically been treated by police or other service providers - and about ongoing discrimination, homophobia and transphobia on the part of some professionals;
- concerns for confidentiality and privacy, including being 'outed';
- lack of awareness about rights and entitlements if ending a relationship;
- internalised homophobia, which might lead victims to question their deservedness of respectful relationships; and
- lack of awareness about parental rights, including fears that children will be removed, or that access to children might be limited if family and domestic violence is disclosed.

To minimise the effects of the additional risks and vulnerabilities that might be experienced by people of diverse sexuality and gender, it is important that you:

- are respectful of people's choices regarding the pronouns and identities they use to describe themselves and others in their family and community;
- make specific provision to address concerns or fears that arise from the context of homophobia or transphobia; and
- believe people and directly address any concerns they have about whether they will be believed by others, especially if the perpetrator has undermined their confidence or self-esteem.

The best way to assess the support required by a LGBTI person is to ask them.

References

Australian Bureau of Statistics 2002, *National Aboriginal and Torres Strait Islander Social Survey (NATSISS)*, ABS, Canberra.

Australian Bureau of Statistics 2012, *Personal Safety Survey*, ABS, Canberra.

Frawley P, Dyson S, Robinson S & Dixon J 2015, *What does it take? Developing informed and effective tertiary responses to violence and abuse of women and girls with disabilities in Australia: State of knowledge paper*, Australia's National Research Organisation for Women's Safety (ANROWS), Sydney.

Loh N & Ferrante A 2003, *Aboriginal Involvement in the Western Australian Criminal Justice System: A Statistical Review, 2001*, Department of Indigenous Affairs, Western Australia.

Mouzos J & Rushforth C 2002, 'Homicides Resulting from Domestic Altercation', *Crime Facts Information*, no. 22, Australian Institute of Criminology, Canberra.

Wendt S 2009, 'Constructions of local culture and impacts on domestic violence in an Australian rural community', *Journal of Rural Studies*, vol. 25, no. 2: 175–184.

Wendt S, Chung D, Elder A & Bryant L 2015, *Seeking help for domestic violence: Exploring rural women's coping experiences: State of knowledge paper*, Australia's National Research Organisation for Women's Safety (ANROWS), Sydney.

Fact Sheet 9 Information sharing

Information sharing is a central component of effective risk assessment and risk management. Sharing information between service providers increases the capacity to assess and manage risk for women and children experiencing family and domestic violence.

The safety of women and children experiencing family and domestic violence is central to any decision about whether information is to be shared.

Information sharing between service providers in Western Australia is currently underpinned by the following:

- *The Privacy Act 1988 (Cth);*
- *The Children and Community Services Act 2004 (WA);*
- *The Restraining Orders Act 1997 (WA);*
- *The Sentence Administration Act 2003 (WA);*
- *Bilateral Schedule between the Department for Child Protection and Family Support, Western Australia Police and not for profit organisations;*
- *Memorandum of Understanding: Information Sharing between Agencies with Responsibilities for Preventing and Responding to Family and Domestic Violence in Western Australia; and*
- *Tripartite Schedule between the Department for Child Protection and Family Support, Department of Corrective Services and Western Australia Police: Collaboration and Exchange of Information regarding Serious Domestic Violence Offenders.*

At the time of printing there were legislative amendments underway that have significant bearing on information sharing between agencies with regard to family and domestic violence. An updated information sharing fact sheet will be available on the Western Australian Department for Child Protection and Family Support website as guidance changes in this area.

<http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Pages/FamilyandDomesticViolence.aspx>

Practice Tool 1 Common screening tool

SCREENING PROCESS
Screening prompts
Victim
Has someone in your family or household ever put you down, humiliated you or tried to control what you can or cannot do?
Has someone in your family or household ever hurt or threatened to hurt you?
Are you worried about the safety of your children or someone else in your family or your household?
Additional information:

Practice Tool 2 Common risk assessment tool

Family and Domestic Violence Risk Assessment Tool

Service providers that have a role in responding to family and domestic violence are required to conduct a risk assessment considering the adult victim's assessment of the risk, evidenced based key risk factors and the service provider's professional judgement¹.

1 Summary

Victim details:

Name:

D.O.B

Phone:

Address:

Emergency contact:

Nature of relationship between perpetrator / victim:

Name and D.O.B of children:

Perpetrator details:

Name:

D.O.B

Phone:

Address:

Completed by:

Name:

Date completed:

Agency:

Phone:

Initial assessment

Level of FDV risk

At HIGH RISK of serious harm

At RISK of harm

Levels of risk are defined in Section 5 Assessment / Analysis.

Critical or imminent safety concerns

Please list any immediate concerns

¹ This risk assessment tool is based on comprehensive research including multiple examinations of the predictive accuracy of risk factors, victim perception and professional judgement in assessing risk of repeat assault or potential lethality in family and domestic violence cases (Campbell 2003; 2004; 2005). See *Fact sheet 5 Key risk factors* for further information and references.

2 Risk factor identification

Violence toward victim/s				
Risk factor	Yes	No	Unknown	Source of information if not adult victim (e.g. Police)
Was a weapon used by the perpetrator in most recent event*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the violence becoming worse or more frequent*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever physically harmed or threatened to harm adult victim*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever raped or sexually assaulted adult victim*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever choked, strangled or suffocated the adult victim or attempted to do so*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever tried or threatened to kill the adult victim*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the perpetrator stalking the adult victim (could include harassing and/or monitoring the adult victim using others and/or technology)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the perpetrator jealous and/or controlling toward the adult victim*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has there been a recent separation or planned separation in the near future*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever harmed or threatened to harm or kill children*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever harmed or threatened to harm or kill pets or other animals*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever harmed or threatened to harm or kill other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator isolated the adult victim from family, friends and/or other social supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator restricted the adult victim's access to money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Perpetrator				
Risk factor	Yes	No	Unknown	Source of information if not adult victim (e.g. Police)
Does the perpetrator have access to firearms or prohibited weapons*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever threatened or attempted suicide*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the perpetrator misuse/abuse drugs and/or alcohol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever experienced mental ill health#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the perpetrator unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the perpetrator experiencing financial difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator breached any court orders (i.e. bail, violence restraining order and/or police order conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the perpetrator currently on bail or parole in relation to violent offences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator served a time of imprisonment or been released recently from custody in relation to violent offences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the perpetrator have a history of violent behaviour (not family violence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the perpetrator's family pose a risk to the adult victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Children				
Risk factor	Yes	No	Unknown	Source of information if not adult victim (e.g. Police)
Is the adult victim pregnant or is there a new birth*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the child ever been in the adult victim's arms when she/he has been attacked*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the child ever tried to intervene in the violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there child contact or residency issues and/or are there current Family Court proceedings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there children from a previous relationship present in the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there children from a previous relationship present in the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The presence of mental ill health must be carefully considered in relation to the co-occurrence of other risk factors.

* These risk factors indicate an increased likelihood of a victim being killed.

3 Adult victim's assessment of the risk

Adult victim's assessment of the risk				
How fearful is the adult victim of the perpetrator	<input type="checkbox"/> Not afraid	<input type="checkbox"/> Afraid	<input type="checkbox"/> Terrified	<input type="checkbox"/> Unable to answer
What concerns did the adult victim express?				
What did the adult victim think the perpetrator might do and to whom?				
Other important comments				

4 Professional judgement

Professional judgement	
Are you aware of any other additional factors, circumstances or details which make you believe there is risk or high risk to the safety of the adult victim, children and/or others?	
Issues to consider may include: the adult victim's situation in relation to disability, substance misuse, mental health issues, cultural/ language barriers; whether they are willing to engage with a support service; whether the perpetrator's occupation or interests has given them unique access to weapons etc.	
Do you believe any children in the household are at risk of harm?	

5 Assessment/Analysis

Assessment/Analysis	
<p>Level of FDV risk</p> <p>Select appropriate level of risk based on professional judgement, evidenced base risk factors and the victim's own perception of their level of risk where available:</p>	
<input type="checkbox"/> At HIGH RISK of serious harm	<input type="checkbox"/> At RISK of harm
<p>At high risk of serious harm means there is evidence of a serious risk to the adult victim and children's safety and wellbeing and urgent action is necessary to prevent or lessen the risk.</p> <p>A victim is identified as at high risk of serious harm if:</p> <ul style="list-style-type: none"> • a number of factors with an (*) are checked 'yes' on the risk assessment tool; • there is a history of physical violence by the perpetrator toward the adult and child victims (if there are children); and/or • in your professional judgement, combined with evidence based risk factors, the adult and child victims (if there are children) are likely to be in grave danger if immediate action is not taken. 	<p>At risk of harm means there is evidence of a risk to the adult victim and children's safety and wellbeing.</p> <p>A victim is identified as at risk of harm if:</p> <ul style="list-style-type: none"> • one or more risk factors are checked 'yes' on the risk assessment tool; • there is a history of violence by the perpetrator toward the adult and child victims, and/or • the violence is escalating.

6 Responding to the level of risk

Next steps	Details of action
<input type="checkbox"/> Immediate safety addressed	
<input type="checkbox"/> Safety plans developed	
<input type="checkbox"/> Agency collaboration & information sharing	
Warm referrals made for: <input type="checkbox"/> Adult victim <input type="checkbox"/> Children <input type="checkbox"/> Perpetrator	
<input type="checkbox"/> Multi-agency meeting convened	
<input type="checkbox"/> Police contacted	
<input type="checkbox"/> VRO application	
<input type="checkbox"/> Child protection notified	
<input type="checkbox"/> Other	
Are these next steps working toward making it safer for the adult and child/ren victims?	
Are these next steps holding the perpetrator accountable for their violence?	

NB: The above is a non-exhaustive list of actions to be taken. Every case is unique and appropriate actions will be dependent on the outcome of the family and domestic violence risk assessment.

Practice Tool 3 Guidelines for multi-agency case management

Multi-agency case management (MACM) is a critical feature of an effective integrated response. It provides a platform for agencies to share information, develop comprehensive risk assessments, plan strategies to mitigate risks and work towards child and adult victim safety and perpetrator accountability. MACM is also important for creating transparency and accountability between agencies about their roles and responsibilities in responding to family and domestic violence.

Guidelines for multi-agency case management

Multi-agency case management is an integrated, interagency approach to supporting people at high risk of serious injury, harm or death due to family and domestic violence. The approach includes information sharing between agencies and the development of a multi-agency safety plan to reduce the identified risks.

The philosophy for MACM as outlined in these guidelines is to provide short term, coordinated intervention that works to reduce or mitigate the identified risks. The aims of MACM are to:

- determine whether the perpetrator poses a significant risk to the victim;
- jointly construct and implement a multi-agency safety plan that includes risk management, professional support for the child and adult victim and strategies to improve safety;
- support a criminal justice system response to perpetrators;
- reduce repeat victimisation;
- reduce re-offending by the perpetrator;
- improve agency accountability; and
- improve support for staff involved in high risk cases of domestic violence.

MACM does not replace the work of individual agencies nor does it eliminate the need for agencies to work in collaboration outside of the meetings.

Roles and responsibilities

Chairperson	<p>The chairperson will:</p> <ul style="list-style-type: none">• circulate the confidentiality agreement for signature or seek verbal endorsement for meetings hosted virtually;• chair the MACM meeting according to the agenda – an agenda template is attached;• structure the MACM meeting to prioritise cases of highest risk and use the time available as efficiently as possible; and• support the meeting to stay focused on safety and accountability.
--------------------	--

<p>Lead agency</p>	<p>A lead agency should be nominated for each case discussed. The lead agency can be any agency present or represented at the MACM meeting. The role of the lead agency is to:</p> <ul style="list-style-type: none"> • liaise with the adult victim about the outcomes of the meeting; • record the safety plan during the meeting and email a copy to all agency representatives that have an action documented; • coordinate feedback from agencies about the progress of the action/s; and • call for follow-up MACM meetings as required. <p>NB: nomination of a lead agency does not alter the activities of other agencies involved with the family.</p>
<p>Agency representatives</p>	<p>Agencies contacted to participate in MACM of high risk family and domestic violence cases will:</p> <ul style="list-style-type: none"> • provide a representative to participate in the meeting; • share relevant information about the adult and child victim/s and the perpetrator; • contribute to safety planning; • undertake any actions designated to the agency through the safety planning process; • provide feedback to the lead agency about progress of the action and its effect on improving safety or mitigating risk; and • provide feedback to their agency about the outcome of MACM. <p>If the agency is unable to provide a representative for the meeting, they will provide relevant information in writing including:</p> <ul style="list-style-type: none"> • whether they have current involvement with the adult or child victim or perpetrator; • information relevant to risk and safety; and • history of past safety planning and interventions and the success or otherwise of these efforts. <p>The lead agency may contact the agency representative to seek additional information and/or to negotiate possible actions for the agency to undertake.</p>

Summary chart

MACM preparation

Step 1. Risk assessment

Case is assessed as high risk. Immediate safety concerns are addressed. Informed consent is sought. NB: MACM can be convened with or without the victim's consent.

Step 2. Meeting coordination - contacting relevant agencies

Service provider contacts relevant agencies to arrange a case management meeting (this can be face to face, over the phone or via video conference).

Step 3. Meeting preparation

Agency representatives check their respective client files/databases for current or historical contact with the family. This information is to be brought to the meeting.

During MACM meeting

Step 4. Confidentiality

Confidentiality form is signed by agency representatives present or verbally endorsed for meetings carried out over the phone or via video conference.

Step 5. Information sharing

Participating agencies share relevant information about their involvement with the family.

Step 6. Safety planning

A lead agency is nominated and a **multi-agency safety plan** developed. It is the responsibility of the lead agency to draft the Safety Plan.

Step 7. Feedback and review

Feedback must be provided to the lead agency about progress of agency actions and their effectiveness towards safety and accountability. Subsequent meetings may be convened to monitor and update the safety plan.

MACM meeting preparation

Step 1. Risk assessment

A risk assessment is conducted, and the victim (including children) is considered high risk of serious injury, harm or death based on:

- the victim's assessment of the risk;
- consideration of key risk factors; and
- professional judgement.

Immediate safety - The service provider will take action to attempt to secure the immediate safety of the adult and child victims they have identified as being at high risk of serious injury, harm or death.

Client consent - The service provider should attempt to obtain informed consent from the adult victim before proceeding with MACM. If this is not possible, legislation, agency agreements and duty of care allow case management to proceed without consent. A sample **consent form** is attached.

Step 2. Meeting coordination - contacting relevant agencies

The service provider is responsible for contacting agencies and inviting them to participate in MACM. The agencies invited will vary depending on the unique needs and circumstances of each case. At a minimum, it is anticipated that MACM may involve the police, child protection, corrections, and specialist family and domestic violence services.

Identification of relevant agencies should be informed by the adult victim, to identify services and agencies that she and the family are already engaged with.

The service provider should inform agencies about whether the adult victim has consented to offers of support or assistance and/or whether they have explicitly consented to MACM.

Step 3. Meeting preparation

Agencies participating in MACM must check their respective client files to identify any previous or current contact with the family. In particular, agencies should consider whether they have information to contribute to assessment and safety planning including:

- whether they have current involvement with the adult or child victim or perpetrator;
- information relevant to risk and safety; and
- history of past safety planning/interventions and the success or otherwise of these efforts.

If the agency is not able to provide a representative for the multi-agency case management meeting, the above information should be provided in writing in advance of the scheduled meeting so it can be used to inform assessment and planning.

MACM meeting is convened

Step 4. Confidentiality

Participating agencies must sign the **confidentiality form**. A sample form is attached. For meetings that are not face to face for example telephone based, verbal endorsement is sufficient.

Step 5. Information sharing

The service provider who initiated the multi-agency response will present the case to the MACM meeting. Agency representatives will provide relevant information about their agencies previous and/or current involvement with the family.

Relevant information - In the context of high risk family and domestic violence cases 'relevant' information includes: information that relates to the identification of risk or harm to an adult or child; informs the management or mitigation of risk; and/or helps work towards perpetrator accountability.

Information that can be provided includes, but is not limited to:

- basic demographic information;
- information relevant to an understanding of the risk and professional opinion about the level of risk faced;
- factors that might be contributing to risk or harm for example cultural factors, mental health issues, substance misuse or other medical issues;
- relevant history of family and domestic violence or other associated behaviour (child abuse, sexual assault) by the perpetrator or victim;
- criminal histories that (1) have been taken into account in determining the risk for the child and adult victim, and/or (2) indicate a potential risk of harm to a worker who will become involved as a result of information provision or exchange; and
- relevant information provided by the victim or another party who is concerned about the victim.

Agency representatives will use their professional judgement to determine what is 'relevant' for the case/s being discussed.

Step 6. Safety planning

Lead agency

A lead agency must be nominated. Part of the role of the lead agency is to record the multi-agency safety plan.

Review relevant information

To inform safety planning, the following questions should be considered:

- *What are the immediate safety concerns for this case?*
- *What immediate action is required to protect the victim and child/ren?*
- *What additional information is required to ensure the group has the full picture?*

- *How will missing information be collected?*
- *If there was previous agency involvement, was it effective, what was it that worked well and was there anything that could have been improved?*
- *What was the victim's perspective on previous agency involvement?*
- *What does the victim say will assist her to keep her and child/ren safe?*

Safety planning

The information shared during step 5 and the review questions considered in step 6 will inform the safety planning strategies put in place.

Participants in the MACM meetings should consider what can be provided to support safety through all possible systems, agencies and networks including criminal justice; legal; advocacy and support; child protection; education; health and housing etc. All actions should be recorded in the **multi-agency safety plan**. A sample multi-agency safety plan is attached. The safety plan must include *who* is responsible for the action and the *timeframe* for its completion.

The risks posed by any potential safety planning strategies must be considered and additional planning undertaken to mitigate or manage the risks created.

Participants involved with MACM should consider the following key questions throughout the safety planning process.

Does this strategy hold the perpetrator responsible for the violence?

Does this strategy support the safety of the adult and child victim or does it pose risk?

What are the possible consequences of undertaking this action?

Circulate the safety plan

The lead agency will email a copy of the safety plan to any agency representatives that have a nominated action.

Step 7. Feedback and review

Following the MACM meeting, agency representatives must provide the lead agency with feedback about progress against the actions nominated for their agency.

Feedback should include:

- whether or not they were successful in completing the proposed action;
- outcome of the action such as whether or not safety was improved; and
- any further additional information related to risk or safety of the adult or child victim.

The provision of feedback will help inform future safety planning and decisions about whether further MACM meetings are required.

Practice Tool 3.1 Multi-agency case management meeting agenda

Family and domestic violence multi-agency case management

Region			
Date of Meeting		Time	
Venue			

Present

Name	Department / Agency

Apologies

Name	Department / Agency

Item 1 Confidentiality declaration completed

--	--

Item 2 Case management (information sharing and multi-agency safety planning)

--	--

Item 3 Feedback and review (if relevant)

--	--

Item 4 Other business

--	--

Practice Tool 3.2 Multi-agency case management client consent form for information sharing

Client consent form for information sharing

Family and domestic violence multi-agency case management

Client Details	
Name	
Address	
Agency seeking consent	

We ask you for information about yourself so that we can make sure that we offer you the services, protection or support that you may need in order to monitor and manage your safety.

To make sure it is the most appropriate and effective service for you, it may mean sharing this information or obtaining information about you.

We will use your information to help us manage and/or plan services that will help to keep you and/or your children safe. This will be in the form of a **multi-agency safety plan**, the development of which will involve you.

Declaration

I agree that information about me and my dependants may be used for the purposes described above.

Signed	
Date	

Practice Tool 3.3 Multi-agency case management confidentiality declaration

Confidentiality declaration

Family and domestic violence multi-agency case management

Date	
-------------	--

The Chair of the meeting reminds all concerned about the Memorandum of Understanding for Information Sharing.

Information discussed by the agency representatives within the ambit of this meeting is strictly confidential and must not be disclosed to third parties without agreement of the meeting participants.

Information contained within the multi-agency safety plan is confidential and must be stored appropriately.

The purpose of multi-agency case management is to:

- share information;
- determine whether the offender poses a significant risk to any particular individual or to the general community; and
- jointly construct and implement a safety plan, and provide professional support to all those at risk.

By signing this document, we agree to abide to these principles.

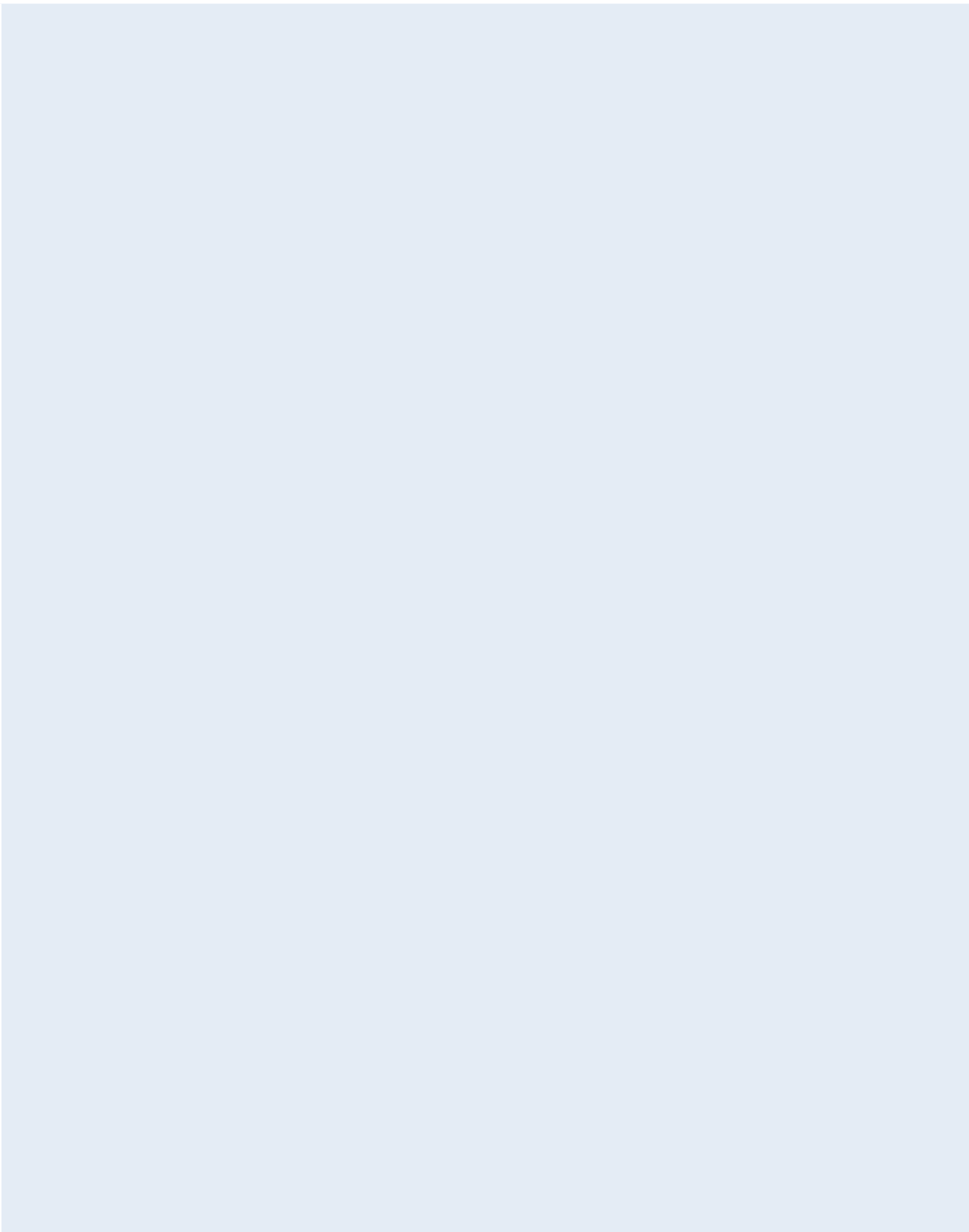
Attendees		
Name	Signature	Agency

Practice Tool 3.4 Family and domestic violence multi-agency safety plan

Family and domestic violence multi-agency safety plan

Referral Agency					
Name				Date	
Contact				Phone	
Agencies Involved					
Agency	Contact Person	Phone	Email		
Victim					
Name				<input type="checkbox"/> male	<input type="checkbox"/> female
Alias					
Date of birth			Ethnicity		
Address					
Phone (main)			(Other)		
Emergency contact			Phone		
Employer			Phone		
Offender					
Name				<input type="checkbox"/> male	<input type="checkbox"/> female
Alias					
Date of birth			Ethnicity		
Address					
Phone (main)			(Other)		
Employer			Phone		
Children <i>(information on ALL children required)</i>					
Name	DOB	M/F	Ethnicity	School/Day-care	Lives with?

Additional Information



Family and domestic violence multi-agency safety plan (cont.)

Date	Responsible Agency	By When
Strategy		
Strategy Outcome		

Date	Responsible Agency	By When
Strategy		
Strategy Outcome		

Date	Responsible Agency	By When
Strategy		
Strategy Outcome		

Date	Responsible Agency	By When
Strategy		
Strategy Outcome		

Date	Responsible Agency	By When
Strategy		
Strategy Outcome		

Practice Tool 4 Personal safety plan template

All victims of family and domestic violence require a safety plan, regardless of the level of assessed risk. An immediate safety plan should be developed with the woman experiencing the violence. This should begin by asking her if she has a safety plan, and the details of this plan.

Most women have developed a number of strategic and creative ways to keep themselves and their children safe, but may not have developed a formalised plan. It is important to ask the woman what she has done in the past to keep herself and her children safe. It is dangerous for service providers to assume that they know what will keep women and children safe in particular situations of family and domestic violence.

As professionals, service providers can guide a woman through a safety planning process that respects her knowledge of the perpetrator's behaviour and her understanding of what will keep her and her children safe.

The following is a standard template⁶ that can be used to guide the safety planning conversation with a woman.

6 Adapted from *Best Practice Approaches: Child Protection and Violence Against Women*, Ministry of Child and Family Development, British Columbia, 2010.

Name: _____

Date: _____

Review dates: _____

Personalised safety plan

The following steps represent my plan for increasing my safety and preparing in advance for the possibility of further violence. Although I do not have control over my partner's violence, I do have a choice about how to respond to them and how to best get myself and my children to safety.

Step 1:

Safety during a violent incident. Women cannot always avoid violent incidents. In order to increase safety, women may use a variety of strategies.

I can use some or all of the following strategies:

A. If I decide to leave, I will _____.
(Practice how to get out safely. What doors, windows, elevators, stairwells or fire escapes would you use?)

B. I can keep my purse and car keys ready and put them (place) _____ in order to leave quickly.

C. I can tell _____ about the violence and request they call the police if they hear suspicious noises coming from my house.

I can also tell _____ about the violence and request they call the police if they hear suspicious noises coming from my house.

D. I can teach my children how to use the telephone to contact the police.

E. I will use _____ as my code word with my children or my friends so they can call for help.

F. If I have to leave my home, I will go _____.
(Decide this even if you don't think there will be a next time.)

If I cannot go to the location above, then I can go to _____ or _____.

G. I can also teach some of these strategies to some/all of my children.

H. I can teach my children to call 000 in an emergency, and what they would need to say; for example, their full name, address and telephone number.

I. When I expect we are going to have an argument, I will try to move to a space that is lowest risk, such as _____.
(Try to avoid the bathroom, garage, kitchens, near weapons or in rooms without access to an outside door.)

J. I will use my judgement and intuition. If the situation is very serious, I can give my partner what they want to calm them down. I have to protect myself until I/we are out of danger.

Step 2:

Safety when preparing to leave. Women frequently leave the residence they share with the perpetrator of the violence. Leaving must be done with a careful plan in order to increase safety. Perpetrators may escalate their use of violence when they believe that a woman is leaving the relationship.

I can use some or all of the following safety strategies:

- A. I will leave money and an extra set of keys with _____ so I can leave quickly.
- B. I will keep copies of important documents or keys at _____.
- C. I will open a savings account by _____ (date), to increase my independence.

Other things I can do to increase my independence include:

- D. The domestic violence services number is _____.
I can seek safe accommodation by calling this number.
- E. I will keep my mobile phone charged and with me at all times.
- F. I will check with _____ and _____ to see who would be able to let me stay with them or lend me some money.
- G. I can leave extra clothes with _____.
- H. I will sit down and review my safety plan every _____ in order to plan the safest way to leave the residence. _____ [domestic violence advocate or friend] has agreed to help me review this plan.
- I. I will rehearse my escape plan and, as appropriate, practise it with my children.
- J. I can pack an emergency bag for myself and my children, and hide it somewhere safe; for example, at a neighbour's or friend's house. Try to avoid mutual friends or family. (There are some suggestions below for what you need to take with you when you leave.)
- K. I can try and keep a small amount of money with me at all times; for example, for bus fares and so on.

Step 3:

Safety in my own residence. There are many things that a woman can do to increase her safety in her own residence. It may impossible to do everything at once, but safety measures can be added step by step.

Safety measures I can use include:

- A. I can change the locks on my doors and windows as soon as possible.
- B. I can replace wooden doors with steel/metal doors.
- C. I can install security systems including additional locks, window bars, poles to wedge against doors, an electronic system, and so on.
- D. I can install an outside lighting system that lights up when a person is coming close to my house.
- E. I will tell people who take care of my children which people have permission to pick up my children and that my partner is not permitted to do so. The people I will inform about pick-up permission include

_____ (school),

_____ (day care staff),

_____ (babysitter),

_____ (teacher),

_____ (others).

F. I can inform _____ (neighbour),

_____ (family member),

and _____ (friend)

that my partner no longer resides with me and they should call the police if he is observed near my residence.

Step 4:

Safety with a violence restraining order (VRO). Many perpetrators obey VROs, but it is difficult to predict which perpetrator will abide by the VRO and which will breach a VRO.

The following are some steps that I can take to help the enforcement of my VRO:

- A. I will keep my VRO _____ (location).
(Always keep it on or near your person. If you change bags, that's the first thing that should go in.)
- B. I will inform my employer, my closest friend and _____
and _____ that I have a VRO in place.
- C. If my partner breaches the VRO, I can call the police and report a breach, contact my lawyer, call my advocate.

Step 5:

Safety on the job and in public. Each woman must decide if and when she will tell others that she is experiencing family and domestic violence and that she may be at continued risk. Friends, family and co-workers can help to protect women. Each woman should consider carefully which people to invite into her safety network.

I might do any or all of the following:

- A. I can inform my boss, or supervisor and _____ at work of my situation.
- B. I can ask _____ to help screen my telephone calls at work.
- C. When leaving work, I can _____.
- D. When driving home if problems occur, I can _____.
- E. If I use public transport, I can _____.
- F. I can use different shopping centres to conduct my business and shop at hours that are different than those when residing with my violent partner.
- G. If I use social media websites (for example, Facebook), I can _____
_____.
- H. I can also _____.

Step 6:

Safety and drug or alcohol use. Many people use alcohol. Many use mood-altering drugs. Much of this use is legal and some is not. The legal outcomes of using illegal drugs can be very hard on a woman experiencing family and domestic violence, may hurt her relationship with her children and put her at a disadvantage in other legal actions with her violent partner.

Therefore, women should carefully consider the potential cost of the use of illegal drugs. But beyond this, the use of any alcohol or other drugs can reduce a woman's awareness and ability to act quickly to protect herself from her violent partner. Furthermore, the use of alcohol or other drugs by the perpetrator may give him an excuse to use violence. Therefore, in the context of drug or alcohol use, a woman needs to make specific safety plans.

If drug or alcohol use has occurred in my relationship with my violent partner, I can enhance my safety by some or all of the following:

A. If I am going to use, I can do so in a safe place and with people who understand the risk of violence and are committed to my safety.

B. I can also _____

C. If my partner is using, I can _____

D. I might also _____

E. To safeguard my children, I might _____

Step 7:

Safety and my emotional health. The experience of being physically and verbally abused by violent partners is exhausting and emotionally draining.

The process of building a new life for myself takes much courage and incredible energy. To conserve my emotional energy and resources and to avoid hard emotional times, I can do some of the following:

A. If I feel down and ready to return to a potentially abusive situation, I can

_____.

B. When I have to communicate with my partner in person or by telephone, I can

_____.

C. I can tell myself, ' _____ ',
whenever I feel others are trying to control or abuse me.

D. I can read _____ to help me feel stronger.

E. I can call _____, _____ and
_____ as other resources to be of support to me.

F. Other things I can do to help me feel stronger are _____

and _____

G. I can attend workshops and support groups at a domestic violence program or

or

to gain support and strengthen my relationships with other people.

Step 8:

When women leave violent partners, it is important to take certain items with them. Beyond this, women sometimes give an extra copy of papers and an extra set of clothing to a friend just in case they have to leave quickly.

Items with asterisks on the following list are the most important to take. If there is time, the other items might be taken, or stored outside the home. These items might best be placed in one location, so that if we have to leave in a hurry, I can grab them quickly.

When I leave, I should take:

- * identification for myself
 - * children's birth certificates
 - * my birth certificate
 - * social security cards
 - * school and vaccination records
 - * money
 - * ATM (automatic teller machine) card
 - * Credit cards
 - * Keys—house/car/office
 - * driver's licence and registration
 - * medications
 - passport(s)
 - divorce papers
 - medical records—for all family members
 - lease/rental agreement, house deed, mortgage details
 - bank details
 - insurance papers
 - small saleable objects
 - address book
 - pictures
 - jewellery
 - children's favourite toys and/or blankets
 - items of special sentimental value
- telephone numbers I need :
-

Practice Tool 5 Referral form template

Referral to: (Recipient agency)	
From: (Referring agency)	
Referring agency:	
Referrer's name:	
Contact details:	
Client details:	
Name:	
Date of birth:	
Address:	
Telephone no:	Mobile no:
Children: (names and ages)	
Presented on: (date)	
For assistance with:	
Preferred language is:	
An interpreter <input type="checkbox"/> was <input type="checkbox"/> was not used in our interview with her	
Interpreter details: (TIS, other)	
In the course of her assessment, Ms (name) _____	
advised that she has experienced family and domestic violence.	
She feels: <input type="checkbox"/> safe <input type="checkbox"/> unsafe to return home today.	



