# MARAM Practice Guide – Practice Note Update: Tier 2/3 services supporting responses to victim survivors and perpetrators during coronavirus (COVID-19) period

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| For up to date public health advice, visit the [Department of Health and Human Services website](https://www.dhhs.vic.gov.au/coronavirus).  **This MARAM Practice Note supports targeted responses from Tier 2/3 workforces to victim survivors and perpetrators during the COVID-19 quarantine and physical distancing restriction period, including through strengthened collaborative practice with specialist family violence services.**  Perpetrators’ violence towards adult and child victim survivors has been shown to increase during disasters, such as the Coronavirus Disease 2019 (COVID-19) pandemic.   *No matter the stressors, violence is never excusable.  A person using violence is responsible for their actions and the consequences of those actions.*  **During COVID-19, key responses to family violence risk must:**   * Monitor any change/escalation in risk, or related circumstances as a key priority * undertake risk assessment and management planning (including safety plans) * proactively request and share information, including for secondary consultation for coordinated support from specialist family violence services. * respond to indicators of suicide risk, if present for victim survivor or perpetrator. The service user should be assessed and supported with suicide first aid, including safety planning and response. Continue to engage to identify any changes to safety (their own or related to family violence risk).   **Note: This note will continue to be relevant as COVID-19 restrictions lift. It is anticipated there will be an increase in risk for victim survivors, particularly with likely increase in relationship separation.** |

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## Key messages and service responses during COVID-19

* An increase in family violence disclosures, including adults, children and young people experiencing violence, and service users seeking support for use of violence has occurring during COVID 19.
* All professionals have a role in identifying and responding to disclosures and indicators of family violence risk, in line with their MARAM Responsibilities[[1]](#footnote-1)
* Identification of suicide ideation or indicators of self-harm in the context of family violence has increased. **Threats to suicide or self-harm (from perpetrators) are evidence-based** **high risk factors** under MARAM.
* Professionals engaging with service users online, by phone or who are recommencing limited in person service are providing essential opportunities to reduce isolation and create safety.
* Specialist family violence services, as well as Legal Help[[2]](#footnote-2), Child Protection, Courts[[3]](#footnote-3), Corrections and Victoria Police continue to operate and can respond to individuals experiencing or using violence or abuse, and specialist services and police can respond to professionals seeking support and advice for their clients.
* Professionals across sectors are invited to seek secondary consultation with specialist family violence services to support their service users who disclose family violence and/or where indicators are present.

## Identifying family violence risk during COVID-19

Family violence risk will increase during the COVID-19 period.[[4]](#footnote-4) Evidence shows that perpetrators of family violence may change or escalate their use of violence, controlling behaviours, escalate or vary emotional, physical and sexual violence. At any time, perpetrators and victim survivors of family violence (adults and young people) are also at higher risk of suicide and self-harm; this is exacerbated during COVID-19.[[5]](#footnote-5)[[6]](#footnote-6)

A suicide and self harm first aid and safety plan tool is at **Attachment 5**. This can be used with either a victim or a perpetrator.

Required working from home, physical distancing and isolation measures increases the opportunity for perpetrators to monitor and control victim survivor/s. Other contributors include new COVID-19 community-wide pressures and risk factors, including financial stress from reduced hours or loss of employment and/or heightened housing instability. This may also relate to variation of family violence intervention orders excluding perpetrators from the home, Family or Children’s Court orders and parenting arrangements.

Perpetrators may exploit COVID-19 pandemic measures, behaviours may include:

* **escalate technology abuse** to monitor, stalk and control the victim survivors’ movement and communication
* **monitor movement and contact** with friends, family, social and service connections; control household functioning, finances and assets.
* interfering, limiting access to or **increasing** **fear of help-seeking** with counselling, health or support services.
* **using misinformation** to increase victim survivors fear and isolation, e.g. stating the police will not respond or will get the victim survivor in trouble for calling police.
* exacerbating victim survivors mental health issues, such as anxiety or depression (new or pre-existing), removing/limiting access to medication, mental health or disability support or services
* **using threats** to cause/deliberately infect the victim survivor, adult or child, to contract COVID-19
* using COVID-19 as a reason to **justify escalation** in family violence risk behaviours, including accusations that the victim survivor tried to infect the perpetrator with COVID-19.

During COVID-19 period, it is likely some perpetrators:

* make **threats to self harm or suicide** to manipulate and control victim survivor/s
* may escalate their demands for changed parenting orders/increased **access to children**
* may make unreasonable demands and expectations of children and young people who are in the home 24/7, or **undermine parenting** by an adult victim survivor
* who are ‘essential workers’ may escalate their violence during the COVID-19 period, **exploiting changed power dynamics** or using their position to further control victim survivor/s.

Access to **face to face support services are reduced** due to demand and capacity issues and physical distancing restrictions. However, where this is occurring there has been an increase in disclosure and help-seeking from victim survivors and perpetrators during their contact with professional services, including mental health, alcohol and drug, behaviour change and other counselling supports. This **creates opportunity to engage** and support people using violence. This can be to respond to a range of presenting issues, including parenting, use of violence, increased mental ill health such as anxiety, depression, escalation in threats or actions to suicide or self-harm or expressions of hopelessness, for example, statements like ‘*you don’t know what I’m going through*’.

You must respond to disclosure of suicide or self harm risk through suicide first aid and safety planning. **Threats of suicide and self harm is a high risk factor. All perpetrators who disclose or threaten risk of suicide or self harm are considered to pose a serious risk to themselves. All identified victim survivors should also be considered as requiring immediate protection from a higher risk of being killed or seriously injured.** This may be by direct interventions or information sharing to support police and mental health responses.

### Communicating during the COVID-19 period

Where possible, plan in advance for method and frequency of communication in line with service or program requirements. Identify and prioritise service users at serious risk. **Always state**:

*“Help is still available – how can we help you to continue to access support and engage with services?”*

Confirm when and how to make contact – check if phone or online video service is available and time or frequency of contact, such as weekly/fortnightly. Clarify process if a break is needed during a call, or if the call is disrupted/ cut off.

Consider if the chosen communication method is available and/or appropriate for the service needs and circumstances, including the timing of contact and safety if the victim survivors living with the perpetrator. *Private space is necessary for service users to speak openly and to reduce the risk for victim survivors.* Where possible, you can coordinate with victim survivor support services to schedule concurrent appointments to limit opportunity for perpetrators to monitor victim sessions and intervene to manage escalation, if needed. Use your professional judgement to decide if it is safe to discuss family violence issues during your engagement.

If a victim survivor or perpetrator does not respond to contact, refer to most recent risk assessments and apply your professional judgement to determine if you need to call police. E.g. consider level of risk, any recently identified change or escalation in frequency or severity of violence, consider if children are involved or if other services could share information about recent risk-relevant information.

## What to do if you identify indicators of risk/hear disclosure of family violence

See [MARAM Foundation Knowledge Guide](https://www.vic.gov.au/sites/default/files/2020-04/MARAM%20victim%20survivor%20practice%20guides%20full_1.pdf) for reference to the evidence-based family violence risk factors and explanations. Service users will share information with you about their experience and circumstances. If you identify indicators of risk, or hear disclosures of family violence from a service user (victim survivor or perpetrator) – you can assess risk for the purpose of establishing and monitoring:

* level of family violence risk, based on your application of structured professional judgement (see MARAM Practice Guides Responsibility 3), being aware of change or escalation in frequency or severity of violence
* the needs and circumstances of the victim survivor/s and/or perpetrator
* the most appropriate interventions required to reduce risk, enhance safety (for victim survivor, children and the perpetrator, including risk of suicide or self harm), maintain engagement and encourage further engagement for behaviour change support (perpetrators only)
* a point of contact and engagement with victim survivor/s, including children, and perpetrators
* making any necessary reports or notifications to police, child protection and statutory services.

## Working with victim survivors

If you identify indicators of family violence risk or hear disclosure of family violence, and it is safe to do so, you can use the updated Screening tool at **Attachment 1**. This asks the MARAM screening questions and additional COVID-specific risk questions. If risk is present, you can:

* undertake safety planning (see **Attachment 2**), including addressing any COVID-19 specific risks
* discuss safe communication and provide access to safe devices (available through specialist family violence services / WESNET).
* discuss available service support, seek consent and offer warm/facilitated referral to a specialist family violence service or other relevant support or statutory service.
* consider if the victim survivor is continuing to engage with your service and/or whether they are unable to engage directly with specialist service due to their choice, circumstances, risk or fear, communication needs or capacity
* consider if it is not safe or appropriate in the circumstances for a victim survivor to directly engage with specialist services, you can contact the specialist service and seek:
* seek secondary consultation to assess risk and needs, and facilitate access to supports required
* seek victim survivor consent and request secondary consultation support from a specialist service
* as authorised, share risk relevant information, including about children’s risk.

### More information in identifying observables signs of risk for victim survivors

It is important to be familiar with the observable signs of trauma that may indicate family violence, outlined in MARAM Practice Guides Responsibility 2, [Appendix 1](https://www.vic.gov.au/sites/default/files/2019-07/Responsibility-2-Attachment-1-Observable-%20signs-of-trauma.DOCX). You can then ask the screening questions to determine if risk is present, at [Appendix 3](https://www.vic.gov.au/sites/default/files/2019-07/MARAM%20PG%20-%20Responsibility%202%20-%20Appendix%203%20-%20Adult%20Screening%20and%20Identification%20Tool%20-%2005%20July%202019.DOCX).

## Working with perpetrators

If a service user discloses they are using violence or you identify indicators of risk, you can:

* ask basic questions about incidents disclosed and offer support to engage with specialist targeted services, specialist family violence perpetrator services or Men’s Referral Service, if appropriate and safe to do so
* if service user is minimising or deflecting responsibility for their behavior it is likely not safe to engage; avoid collusion or confrontation, and do not engage further about this disclosure
* ask about any changes to their circumstances and strategies, enquire about current coping strategies, including whether alcohol and/or drug use increased or its impact (for example, reduction, altered frequency, change of method of delivery), or mental wellbeing changed
* Build on previous conversations and disclosures to check-in with them about any current issues or concerns which are impacting their circumstances, relationships or behaviour
* ask questions about circumstances and needs related to the presenting issue that supports stabilisation and de-escalation of risk.
* You can avoid collusion by being recognizing (without confrontation) if the service user is seeking you to align with their justification, minimisation or denial of responsibility for their behaviour or narratives that present themselves as a victim, or are victim-blaming. Do not to respond to these excuses and narratives (see *MARAM Foundation Knowledge Guide* for information).

### More information in identifying observables signs of risk for people using violence

When working with a service user you may observe behaviours, narratives and attitudes that could indicate the use of violence within their relationship/s (e.g. ex/partner, children or other family members). Not all observable behaviours, narratives and attitudes will mean the person is determined to be ‘using violence’, however, may be signposts to explore further, monitor indicators of risk over time or seek or share information with others.

Family violence is most often underpinned by core beliefs developed through a combination of social norms and life experiences. Core beliefs are formed in childhood and reinforced throughout development, into adulthood. The most important core beliefs related to family violence are beliefs about gender and beliefs about violence, which often overlap. Observable behavioural signs and narratives can be indicative of core beliefs being present.

Prompting questions can leverage your service’s broad safe engagement, including explaining your role and exploring reasons that service users have come to engage with your service.

You can explore general and more in-depth questions about their family life and circumstances, if you have established rapport with the service user, and:

* if it is appropriate to the purpose of their service engagement, **or**
* they share with you relevant information
* During this conversation, pay attention to any expressions of behaviours, narratives and attitudes that may indicate family violence risk.

Observable signs, narratives and attitudes can be formed by:

* social conditions: rigid beliefs around gender, gender roles, family structure and roles of family members/gender within that structure
* early life experiences: Observation of behaviour of others, including rewarded and punished behavior that reinforces gender roles/norms, and observation or experience of violence
* Enduring attitudes and beliefs: attitudes and beliefs that support family violence are created through early life experiences, or formed later in life, and social conditions that model and normalize violence, or pro-violence or sexist social influences demonstrated from those who promote and use these characteristics demonstrating power and control. These can create expectations for self – demonstration of gender norms and acceptable behaviours, and expectations for others – enforcing or normalizing these characteristics and norms for those around us.
* Individual choice: attitudes can become/influence behavior (both positive and negative), however moving an attitude to an intention or a choice to use behaviours are influenced by *perceived norms* (extent that influential others would approve/disapprove of behavior) and *self-efficacy* (a person’s capability to perform certain behaviours – for example, previous use of violence is reinforcing of capacity to use violence in the future, particularly if there are few/no consequences and the behavior was reinforced by the person receiving benefit, i.e. the power or control sought.

For example, a core belief about the importance of ‘trust’ may be revealed to you by a service user’s pre-occupation with knowing where their partner is located at all times – this is an indicator of the risk factor of controlling behaviour. Professionals may identify and explore core beliefs, including those that support family violence, the observable signs that reveal these beliefs, and should consider how they relate to MARAM family violence risk factors that may be present.

For these reasons, it is important for professionals to be curious about a general attitude that may be expressed by service users and how they might translate into intentions or choices. You may be able to focus the conversation, if appropriate to the purpose of the service engagement, by using a prompt such as:

* *In our organisation one of the things we explore is how things are at home.*
* *You said that you and X have been getting into lots of fights lately. The word “fight” means lots of things to lots of different people, could you tell me what you mean by fights? What usually happens?*

Asking prompting questions can support identifying if indicators of risk are present. If a service user is resistant or reluctant to explore an issue, *do not force them to do so*. The fact that a service user avoids some topics is useful information to note and may be relevant to share with another service. It is unlikely that responses to prompting questions alone will support full assessment of the level of risk, its impacts or to know what is needed to manage risk from a perpetrator. Professionals should seek secondary consultation and proactively share information with specialist family violence services if they believe risk is present and on how to support risk management and monitoring, as needed.

Professionals can start to develop a good sense of the choices about violence a person suspected of using violence (i.e. an alleged perpetrator) may be making by considering what makes up a particular attitude, comprising the:

* *action* (e.g. yelling)
* *target* (partner)
* *context* (at home but not in public), and
* *time* (when drinking).

If your contact with the service user is a one-off session:

* Acknowledge that the information they have provided is useful for how you can provide support today and the options for further support from others
* Ask the service user if they need help with the issues in their life or relationship they have disclosed to you
* Let the service user know that if they change their mind and want support, it is available.
* Consider the risk relevant information, seek secondary consultation and seek or share with other services.

If your contact is part of an ongoing support:

* Acknowledge that the information they have provided is useful for how you might provide ongoing support and when they want it, coordinate / refer for support from others
* Ask the service user if they think they need any help with the issues in their life, or where safe and appropriate to your role, let them know if you have any concerns about their presenting issues and ask how you together might address them
* Let the service user know that if they change their mind and want support, it is available.
* Consider the risk relevant information, seek secondary consultation and seek or share with other services
* Continue to monitor the service user’s engagement with your agency. This includes:
* asking about any changes to their circumstances and coping strategies
* building on previous conversations and disclosures to check-in with them, e.g. last time we met you said things at home were stressful, how is that going now
* Share information with relevant others as the risk changes

### Responding to disclosures of violence:

If, in the course of your normal service provision a service user discloses that they have used family violence it is important that you turn the conversation towards safety. **It is important that you do not close off your engagement with a service user without implementing a violence prevention and safety plan or strategy in place.** Where possible, professionals should communicate:

* *I want to acknowledge with you that it is a big step to let me know this*
* *There are things we can support you in to change your behavior and support safety for your family members and yourself*
* *What impact do you believe your use of [note words used to describe violence] is having on the [family member/s name/s]? Do you think [family member] was/is scared when this happened?*
* *How would you would like your behaviour to be different?*
* *What do you think you can do now to make some change?*
* *Do you need help to achieve the change you desire?*
* *Is anyone currently helping you or can I connect you with someone who can help?*

*You can complete the* Identifying perpetrator risk during COVID-19 tool at **Attachment 3**.

Following these steps will help professionals to explore immediate risk and protective factors. If the service user is willing, you can explore strategies for violence prevention and safety planning. In this context a safety plan with a perpetrator is different to the term used when working with victim survivors and includes how to identify situations where their risk behaviour may escalate, violence interruption strategies, prevention by planning in advance to manage behaviour and providing needs-based supports. E.g. if the service user becomes abusive after drinking/gambling loss, professionals might explore strategies for addressing risk, such as suggesting/planning alternative places they could stay if this is likely to occur.

### Requirements for response during Covid-19 period – Risk management for people using violence

If family violence is identified and an immediate risk management response is required, professionals should apply the model of Structured Professional Judgement to assess risk of escalation. Professionals should assess *who is at risk* of harm. For example, is the service user themselves in danger (due to self-harm or suicide risk), the victim/survivor (adult or child), a third party (such as a new partner) identified by the service user, or the professional or their colleagues. See [MARAM Practice Guides Responsibility 3](https://www.vic.gov.au/maram-practice-guides-and-resources) for information on determining the level of risk.

Following disclosure/identification of family violence perpetration, you should:

* **Call 000** if you believe there is immediate risk to victim survivor/s or any identified person, or if a serious crime has been committed. Professionals should be ready to share details about the service user and victim survivor (if known) and to tell the operator why you believe there is immediate risk.
* Call local Crisis Assessment Treatment Team (CATT) **mental health support** if the service user is showing acute signs of mental ill health but are not necessarily a threat to others; or Men’s Referral Service for **behavior change support**
* Call Child Protection to seek or share information to support your assessment or management of adult or child’s family violence risk or if you need to report that the child/ren has suffered or is likely to suffer significant harm, such as to their safety of wellbeing from the perpetrators behaviour.

Post immediate risk, or where risk is not immediate, you can seek support and work with other services to share information to support risk assessment and management planning, including:

* seek **secondary consultation** with specialist family violence services (including both victim and perpetrator services, specialist sector advisors, targeted community behavior change or Men’s Referral Service) on how to respond to disclosure, assess risk, facilitate warm referral or seek advice on response where it is not safe to engage about risk or to collaborate on risk management and safety planning
* share **risk-relevant information** with specialist/services the victim survivor is known to engage with and/or services who could safely offer support, assess risk and update safety plans and/or police to share information about crimes committed
* when offering **referral** – warm and facilitated referral, and supporting follow up on engagement, will improve connection to new supports. When discussing safe referral to MRS/specialist family violence services, you could state:
* *There are services available that can discuss these issues with you in more detail and explore what you want from your relationship, how you can do things differently, and build healthy ways of being a partner or parent.*
* *Sometimes it’s hard to talk about needing help. There are services who specialise in working with people in similar situations to yours. It’s a non-judgemental service they offer, that can help you explore your options, etc.*
* undertake **safety and violence prevention planning (see attachment 3)**, if safe to do so with the perpetrator.
* continue to monitor perpetrators’ engagement with your/other services and any further observed signs or disclosures.

Be aware of heightened or new mental health issues as well as changes in their alcohol or substance use for all perpetrators and victim survivors. See **Attachment 5** for questions on suicide or self-harm risk in each risk assessment and safety/violence prevention plans.

Plan tailored risk management strategies for victim survivors and/or people using violence who are Aboriginal, from a diverse community or are an older person.

## Maintaining engagement during COVID-19 period and beyond

Be aware of any change in engagement, circumstances, risk or needs during the COVID-19 period. Where possible, all service users should continue to be engaged with your service to provide an opportunity to identify, monitor and respond to change/escalated family violence risk.

It is anticipated that lifting of COVID-19 restrictions is likely to increase risk for victim survivors leaving relationships – planning to leave and recent separation are high risk factors which indicate escalation and imminence of serious risk of being killed or seriously injured.

## Strengthening Collaborative Practice through secondary consultation

The MARAM Framework aims to support consistent and collaborative practice between professionals to support coordinated and effective risk assessment and management responses. During the COVID-19 period, it is more important than ever to be creative and utilise opportunities to identify and respond to risk and needs, and collaborate across services (MARAM Responsibility 9), including through information sharing, secondary consultation, and referral (MARAM responsibility 5 & 6).

### Shared language

An effective, integrated service response to family violence depends on a shared understanding and ‘language’ between professionals and services (see *MARAM Framework* Pillar 1 and *Practice Guides*).

Refer to the *MARAM Foundation Knowledge Guide* which outlines the evidence-based family violence risk factors and explanations. When seeking secondary consultation or making a referral, ensure you are able to communicate what risk factors you have identified as present (such as through disclosure) or suspect are occurring from observation. These risk factors underpin all of the assessment tools in the MARAM Practice Guides and support specialist services to understand the level of risk and management responses they may need to support your service with.

### Secondary consultation or referral to specialist family violence services (victim survivor or perpetrator)

During COVID-19, there is recognition that there may be further reduced capacity for some victim survivors to communicate or engage directly with specialist family violence services due to their choice, circumstances, risk or fear, such as monitoring and controlling behaviours from a perpetrator. To provide access to comprehensive risk assessment and management support, professionals should:

* Consult with specialist family violence advisors and/or seek internal supervision
* seek consultation with specialist family violence services to collaborate on risk assessment and risk management, or respond to needs, for adult and child victim survivors and perpetrators.
* Make warm/facilitated referrals for comprehensive specialist responses, if appropriate.
* Proactively seek and share information relevant to the assessment and management of family violence risk, or to respond to needs, with consent and/or as authorised at law.
* Respond appropriately to requests to share information from other services.

See [MARAM Responsibilities 5 and 6](https://www.vic.gov.au/sites/default/files/2020-04/MARAM%20victim%20survivor%20practice%20guides%20full_1.pdf) for further details.

It is best practice to seek victim survivor consent for information sharing with specialist services to support person centred and voluntary engagement. However, victim survivor consent is not required for risk assessment and management support if:

* you are sharing information that is de-identified, such as for secondary consultation support. However, be mindful that a victim-survivor may be identifiable by sensitive and demographic information, particularly if they are from a small community.
* there is serious risk (and consider whether it is safe, reasonable or appropriate to seek their views about information sharing).

Perpetrator consent is not required to share risk-relevant information for the purposes of assessing or managing family violence risk; or to engage specialist perpetrator services for the purpose of providing secondary consultation or coordinated services.

### Supports available through secondary consultation with a specialist family violence service

Working collaboratively with specialist family violence services can support:

* comprehensive risk assessment and management, or support to address needs
* access to brokerage for adult or child victim survivors or perpetrators.

Note, where Family Violence Crisis Brokerage (FVCB) is used for perpetrators, the purpose must be to *reduce the risk to, or enhance the safety of adult or child victim survivors*. Any expenditure must directly link to this purpose such as increasing engagement and keeping perpetrators in view. The majority of expenditure for this cohort should therefore be confined to accommodation and transport. Brokerage resources can be accessed for service users by engaging (directly or by secondary consultation) with specialist family violence services.

## Attachment 1: Updated Victim Survivor Immediate Risk Assessment [Template presumes personal/demographic information already collected or can be when safe to do so]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Question** | | | **Yes** | **No** | **Comments (or not known)** | |
| **Do you have any immediate concerns about your safety?**  Questions below aim to identify escalating mental health, controlling behaviours, physical or sexual violence, threats, including perpetrator threats to suicide. | | |  |  |  | |
| PERPETRATOR ACTIONS | | **Have they ever…** | | | | |
| physically hurt you in any way (hit, slapped, kicked or otherwise physically hurt you)? |  | |  |  |
| threatened to hurt you or any children? (including threats to cause you or your children to contract COVID-19?) |  | |  |  |
| increased control of your communication or activities?\* or increased emotional abuse? |  | |  |  |
| threatened to self-harm or suicide? |  | |  |  |
| **The following risk related questions refer to the victim survivor:** | | | | | | |
| IMMEDIATE THREAT or RISK TO SELF | | Are there any children or people in your care in immediate danger? |  | |  |  |
| Do you have any thoughts of self-harm or suicide?  Are they overwhelming?  Do you have an uncontrolled feeling of hopelessness?  Consider:   * Frequency and context of suicidal thoughts * If the person describes a plan (method and likely lethality of method) * Intent (passive or active?)   These questions aim to identify if victim survivor is also at increased risk of mental health issues or suicide – See suicide and self-harm assessment and safety plan at **Attachment 2**.   * Do you know how to ask for or access support if you need it? What are your coping strategies? * What helps you to feel or shift your mood? Feel distracted from problems and helps you to feel calm and safe? * Can you continue to use these distractions/strategies now? |  | |  |  |
| HELP ACCESS | | Can you call police on 000? If yes – hang up and do so now  Do you need me to do this for you?  What is your location? |  | |  |  |

## Attachment 2: Victim Survivor Safety Plan during COVID-19

### Victim Survivor Safety Plan during COVID-19

| Plan detail and questions to support planning | Checklist and detail |
| --- | --- |
| **Safe place to go** | |
| *What is the fastest/easiest/safest way to exit the house?*  *If you need to leave quickly, where could you go?*  **Discuss emergency planning, what to do, and where they will go in case of immediate danger.**  The safety plan may include:   * If the victim survivor is self-isolating and continuing to live with the perpetrator, identify a space in the house that is lower risk to go to where they can phone police/000 for assistance, or which may be an escape option * Plan for the perpetrator restricting food, medicines, support equipment, private spaces (e.g. bathroom), care, services. * Pre-programming the victim survivor’s phone with emergency contacts and preparing an emergency ‘go bag’. | Address or name of place and how will you get there? |
| **Emergency contacts** | |
| Would you feel comfortable calling the police (000) in an emergency? If not, how can we support you to do so?   Yes  No   N/A  Call 000 in an emergency or Safe Steps on **1800 015 188 or local family violence organisation on** | |
| Who are your personal emergency contacts? (plan for them to be a point of contact) | Name, relationship, contact details |
| **System intervention** | |
| * How have the coronavirus (COVID-19) restrictions affected your relationship with family members? How?   **If the perpetrator or victim survivor is in quarantine**  Are they at home? Are they confined to a smaller space? Are they in hospital? If at home they are likely to have regular contact from health or designated services who can also assist to monitor risk.  **Health or designated monitoring services should be contacted so they are aware of the family violence risk and to support monitoring if serious risk is present.**   * Is the perpetrator living with you in the home during quarantine/physical isolation period? Is the perpetrator returning to the home due to job or housing loss? * Have additional people moved into the home recently?   If the victim survivor is not living with the perpetrator – the perpetrator will likely increase their use of violence towards victim survivors who they believe are more vulnerable as they know where they are at all times.  If the victim survivors is currently living with a perpetrator, ask:   * Are you planning on staying with them during isolation?   If yes, **explore their reasons and options for isolating elsewhere.**  Some people may feel they don’t have any other choices – due to reduced or lost income, care needs, options to leave with children, or fears of putting at-risk cohorts at risk of contracting COVID-19.  Increased financial stress may limit perceived choices where available support not known. | Yes  No   N/A |
| See Legal Help – 1300 792 387:  Family Violence Intervention Orders; Child Protection; Parenting issues (Family Law); Criminal law; Tenancy; Migration; Social security (Centrelink). Available in a range of languages and for people who are deaf or hearing/speech impaired.  **Legal Help is available** – Victoria Legal Aid can provide advice and/or triage to local community legal service support.  Court duty lawyer services for intervention order matters can provide support, even if applicant not attending court, ideally ahead of Court date. All applicants for intervention orders or variations should be provided with legal help contact information.  The Federation of Community Legal Centres has support access at [www.fclc.org.au/familyviolence](file:///C:/Users/fjac0306/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/G3AM4B63/www.fclc.org.au/familyviolence), and from a tile on the [fclc homepage](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.fclc.org.au_&d=DwMFAg&c=JnBkUqWXzx2bz-3a05d47Q&r=p9o8O_is1vYhWLfaZeLwAKU5_V2YDdfenNnKZf3Y-LGBKHfNLKWFOw3ZqstPRjd_&m=4o13TP_WOg2WkKM56ECztEecPs6Rwtv4gACKahIkFr8&s=GbyI5XaTHodTaED2NpMpSA781DKsRD4JTedeTr_v4cM&e=), and contains referral lists for: CLC family violence duty lawyer services; state-wide specialist services; and local CLCs providing family violence assistance, by LGA. | Yes  No   N/A (provide details) |
| Does intervention order need variation to exclude perpetrator from home?  (if perpetrator has returned to the home due to housing or employment stress – discuss alternative housing options for perpetrator to increase safety and enable exclusion) | Yes  No   N/A |
| If an intervention order in place, is it being adhered to? (note if any breaches, list/describe) | Yes  No   N/A (provide details) |
| **Safe communication / Support of someone close by** | |
| *Do you have other options for accommodation?*  **Explore why if they are reluctant to use other available options** | Yes  No   N/A (provide details) |
| How can we communicate during quarantine or physical isolation? Do you have access to a phone or internet? (Skype, Teams, social media, or contact with friends, family or school? | Yes  No   N/A (provide details)  (check technology safety – below) |
| Can you contact friends, family or someone trusted if you need to?  Consider a **code word** or signal with a safe person or someone close by who knows how to respond if you contact them in an emergency? Ask:- can they **contact police on** 000on your behalf?  Code word or signal may be flashing internal lights, the position of internal blinds, toys or ornaments arranged outdoors or the shouting of certain words to tip off observers.  Note willingness to assist may change or diminish with fear/ risk of infection – let the person know they will not be in trouble if they come to your assistance | Yes  No   N/A (provide details) |
| Does anyone else have access to your phone or online accounts? (email, Facebook, other social media etc.) | Yes  No   N/A (provide details) |
| Can you access essential services for help? (GP, pharmacist, supermarket worker, teachers or other staff)  Think in advance how you could communicate with them.  Services can plan and support risk management ahead of escalation. | Yes  No   N/A (provide details)    Can you give them a note with your name and address on it and the help you need, e.g. *My name is [NAME], Please call the police, I live at [ADDRESS] and I am in danger.* |
| Could they assist if you want to leave? (note willingness to assist may change or diminish with fear/ risk of infection) | Yes  No   N/A (provide details) |
| Could they come with assistance or call the police if they hear sounds of violence coming from your home? | Yes  No   N/A (provide details) |
| **Planning for children, older people or people in your care [if applicable]** | |
| What would you need to arrange for people in your care? | (provide details) |
|  |  |
| What are their support needs? | (provide details) |
| Would they come with you if you leave in an emergency? | Yes  No   N/A (provide details) |
| **If you have children in your care** | Make sure children understand the safety plan, where age and developmentally appropriate. See Child Safety Plan in MARAM Responsibility 4, Appendix 10. |
| How many children do you have in your care? Ages? | (provide details) |
| Do they have any particular needs? | Yes  No   N/A (provide details) |
| **Planning for pets** |  |
| Would pets come with you if you leave in an emergency? | Yes  No   N/A |
| **Transport** |  |
| Do you have access to a vehicle to get to a safe place? | Yes  No   N/A (provide details) |
| Can someone come to pick you up? (let safe person know in advance they may need to assist you in an emergency) | Yes  No   N/A (provide details) |
| **Items to take with you – escape bag** |  |
| Key items including phone, keys, money (cash, bank cards), documents, medication, support aides, prescriptions? | (provide details) |
| Can you put together items in a safe place or leave them or copies with someone, just in case? | Yes  No   N/A (provide details) |
| **Financial access** |  |
| Do you have access to money? Access in an emergency? | Yes  No   N/A (provide details) |
| **Current supports** |  |
| Do you have supportive people who you trust to talk to about your situation? Can they help you in an emergency? | Yes  No   N/A (provide details) |
| What do you usually do day-to-day to manage your safety?  How has/will this change during physical isolation? | (provide details) |
| **Personal emotional supports – Questions leading to the Suicide first aid and safety plan at Attachment 5** | |
| If perpetrator increases their emotional attacks, what strategies can you use to manage your mental health?  Can you spend time in different rooms?  Can you do exercise at home or close to home?  If indicated from this conversation or previous assessment, see suicide first aid and safety plat at **Attachment 5**. | (provide details) |
| **Referral options:**   * Safe Steps on **1800 015 188 or local Specialist Family Violence Service**: to share information and collaborate on safety planning if a victim survivor is currently engaged in their service. * **Crisis accommodation**: where excluded from the home; no alternative accom. available with family or friends, risk of/ homelessness – 1800 015 188 * **Legal Help** operates 9am to 5pm, Mon-Fri, by phone (1300 792 387) or webchat at <http://www.legalaid.vic.gov.au/>. * **Crisis Assessment and Treatment Teams** (CATT): Call if a service user is showing acute signs of mental ill health, but may or may not be a threat to themselves and/or others. * **Beyond Blue** or **Lifeline** 13 11 14 if risk of self-harm or suicide is present, or increased mental health issues that are not at crisis point. * **Suicide call back service** 1300 659 467 if risk of self-harm or suicide is present, or increased mental health issues that are not at crisis point. * **VACCA** individual case work, group work, counselling and practical support for Aboriginal people – (03) 9287 8800 | * **Djirra** 9am-9pm (Mon-Fri) for women, and people who are currently experiencing family violence or have in the past – 1800 105 303 * **InTouch** is a family violence services for women from migrant and refugee backgrounds, their families and their communities - 1800 755 988 Mon-Frid 9am-5pm * **local police** for welfare checks * **Nurse on call** – 1300 60 60 24 * **Kids Helpline** – 1800 55 1800 * **Child Protection**: to share information where children are involved or to obtain information about the level of risk a service user may pose to children * **Alcohol and other drug use** – Direct line – 1800 888 236 * **Gay and Lesbian Switchboard** – 1800 184 527 * **Gambler’s Help** – 1800 858 858, 24/7 * **Bush support line** – people in rural and remote areas – 1800 805 391 * **Brokerage** for other needs-based interventions that could reduce risk. |

## Attachment 3: Identifying perpetrator risk during COVID-19

[Template presumes personal information collected separately for each person, or can be when safe to do so]

|  |  |  |
| --- | --- | --- |
| Questions/information gathering (not asked directly of perpetrator) | Response | Comments (or not known) |
| Information you receive from existing intake and/or psychosocial assessment – consider what MARAM risk factors are identified as presence | Yes  No | (provide details): |
| Information about MARAM risk factors you receive through information sharing processes, including through secondary consultation.  Use MARAM risk factors to unpack some observable signs (as per above). Information can be requested from ISEs, including Courts, human services, corrections, police, designated mental health and AOD services. | Yes  No | (provide details): |
| Has the perpetrator disclosed that they have had contact with the victim survivor (or plans to) during the COVID-19 period? | Yes  No | (provide details): |
| **Questions you can ask directly of a perpetrator** | | |
| **General circumstances / Housing**   * Have your circumstances changed recently? * Do you have any immediate housing issues?   Questions relate to whether service user lives with victim survivor and/or if they have unstable housing which may increase likelihood of returning to v/s home in near future | Yes  No  Yes  No | (provide details): |
| **Financial / Employment**   * Has your financial situation changed due to coronavirus? * Have you or anyone in your household lost employment? | Yes  No  Yes  No | (provide details): |
| **Alcohol / drug use or gambling**   * Have you found yourself drinking, gambling or using drugs more, or has your use changed? If so, what impact has this had?   Consider harm minimization strategies to mitigate escalation and plan for alternative accommodation or communication following use/losses.  Question explores engagement and referral options | Yes  No | Explore referral options, as relevant  (provide details): |
| **Parenting**   * [if applicable] Are there any parenting arrangements in place?  Have these arrangements changed or been impacted during the Covid-19 period?   Question explores if there are any issues/refusal to return of children   * Are you concerned about any changes to access to children?   Issue can relate to escalation and/or suicide threats/risk | Yes  No  Yes  No | (provide details): |
| **Legal**   * Do you have any legal concerns or court hearings coming up? (intervention order, family law, criminal, other) * Have you received legal advice about these matters? | Yes  No  Yes  No | Date and document and report breaches  Offer support options, such as Legal Aid, Family Advocacy and Support Service (if attending Family Court), and MRS for counselling  (provide details): |
| **Mental Health**   * How have you been feeling in general during the COVID-19 pandemic? * How do you manage your mood or emotions? * (If applicable) What do you normally do when you feel sad or hopeless? * (If applicable) What do you do when you feel angry or frustrated? * (If applicable) Are these feelings increasing? When? How often/intensely? | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No | Document if emotional dysregulation increasing, or if issues relate to parenting orders or childcare arrangements.  (provide details): |
| **Pattern of family violence behaviour**   * Do you have any thoughts of self-harm or suicide?  (if yes, move to suicide first aid and safety plan) * Have you told your partner/family member you are thinking about suicide? Have you told anyone? * Do you have any thoughts about harming or killing your ex/partner, children or anyone else in your family? * Do you know how to ask for or access support if you need it? What are your coping strategies? * What helps you shift your mood and de-escalate situations? * how are you continuing to focus on your own and your family’s safety? | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No | Date and document any threats to family members or self. Report any increased/escalation in risk to police, or as appropriate.  If suicide risk present, consider:   * Frequency and context of suicidal thoughts * If the person describes a plan (method and likely lethality of method) * Intent (passive or active?)   **Conduct suicide safety plan (Attachment 5) and provide referral for support services for suicide risk.**  (provide details): |
| * Do you have any immediate concerns about your behaviour or safety of your family? | Yes  No | (provide details): |

## Attachment 4: COVID-19 Perpetrator violence prevention plan

|  |  |
| --- | --- |
| Plan detail and questions to support planning | Checklist and detail |
| **Emergency contacts** | |
| Call 000 in an emergency | |
| Who are your personal emergency contacts? (plan for them to be a point of contact) | Name, relationship, contact details: |
| **System intervention** | |
| * In what ways have COVID-19 restrictions affected your relationship with family members? * Are you still in contact with [name of victim survivor: ex/partner, child or family member]? * Who are you living with? | (provide details): |
| * What are your other options for accommodation?   **Explore *why* if they are reluctant to use other available options**  **Note COVID-19 accommodation options.** | Yes  No  N/A  (provide details) |
| * Are there any IVO or other orders in place (e.g. Community Corrections, Family Court Order, Treatment Orders?) * Are there any pending court matters or hearings? * Do you have legal support? Can we share your details with legal services to contact you?   See Legal Help – 1300 792 387 – For: Family Violence Intervention Orders; Child Protection; Parenting issues (Family Law); Criminal law; Tenancy; Migration; Social security (Centrelink). Available in a range of languages and for people who are deaf or hearing/speech impaired. | Yes  No  N/A  (provide details) |
| **Protective Factors** |  |
| Explore factors supporting stabilisation and violence de-escalation, which may include:   * Positive support of family, friends or community * Connection to culture or identity * Stable housing * Stable employment or financial security * Engagement with professional or therapeutic services: * related to needs or wellbeing of any children * counselling services for alcohol and other drug, gambling, problematic sexual behaviours * financial counselling * legal services * migration services * housing or homelessness, tenancy or private rental services * Centrelink or employment services * medical or mental health services — consider any medications that may be relevant * peer support services | Document and see referral information: |

**Referral options:**

* **Men’s Referral Service:** 1300 766 491 open 7 days
* **Men’s Line:** 1800 457 870
* **Legal Help:** for assistance with conditions of intervention orders, parenting orders, or pending court hearings – including for duty lawyer services, even if not attending court. Phone 1300 792 387 (9am to 5pm, Mon-Fri) or webchat <http://www.legalaid.vic.gov.au/>.
* **Crisis Assessment and Treatment Teams (CATT):** Call if a service user is showing acute signs of mental ill health, but may or may not be a threat to themselves and/or others.
* **Beyond Blue or Lifeline:** 13 11 14 if risk of self-harm or suicide is present, or increased mental health issues that are not at crisis point.
* **Suicide call back service**: 1300 659 467 if risk of self-harm or suicide is present, or increased mental health issues that are not at crisis point.
* **Child Protection:** to share information where children are involved or to obtain information about the level of risk a service user may pose to children
* **Specialist Family Violence Service:** to share information and collaborate on safety planning if a victim survivor is currently engaged in their service.
* **Crisis accommodation:** where excluded from the home and no alternative accommodation available with other family or friends Homeless or risk of homelessness – 1800 015 188
* **Local police** for welfare checks
* **Nurse on call:** 1300 60 60 24
* **Kids Helpline:** 1800 55 1800
* **Alcohol and other drug use:** 1800 888 236
* **Gay and Lesbian Switchboard:** 1800 184 527
* **Gambler’s Help:** 1800 858 858, 24/7
* **Bush support line:** 1800 805 391, for people in rural and remote areas
* **Brokerage:** for other needs-based interventions that could reduce risk.

## Attachment 5: Suicide and self harm first aid and safety plan

|  |  |
| --- | --- |
| Suicide and self harm first aid and safety plan  *When suicidality is identified:*  Can you identify when/if you are feeling suicidal? –   * What strategies can you use when feeling suicidal? * What are your early warning signs for increased risk of suicide? * Who are your identified supports when feeling unsafe? * Have you identified a suicide plan or decision to suicide? * What needs to happen to increase your safety at * this time?   *When self harm risk is identified:*  If you feel like hurting yourself, enact your safety plan:   * What self harm have you been engaging in or intending to engage in? * What other strategies have you used or could you use to reduce or distract from self harm?   Be aware that reducing non suicidal self harm can INCREASE the risk of suicide   * Do you have existing supports around self harm? Are you able to contact them? * Are you able to alter the self harm to make it less dangerous? * Are there ways to make your environment safer? * Would it be helpful to engage in other activities? | Who can I contact?   * In an emergency always call 000 * Lifeline 13 11 14 (24/7) / Beyond Blue 1300 22 4636 * Suicide Call Back Service  1300 659 467 (24/7) * MRS 1300 766 491 (24/7) * My GP:  (provide details)   See service list of additional supports below, as needed. |

1. Consult with your supervisor/manager on your role and responsibilities in identifying and responding to family violence. If working with people who use violence a level of experience/training is necessary before responding to disclosures. [↑](#footnote-ref-1)
2. See referral details below [↑](#footnote-ref-2)
3. See link to Courts operational information [here](https://mcv.vic.gov.au/news-and-resources/news/your-questions-answered-during-covid-19) [↑](#footnote-ref-3)
4. <https://www.abc.net.au/news/2020-05-07/national-suicide-register-needed-coronavirus-surge/12208668> [↑](#footnote-ref-4)
5. MacIsaac et al, Prevalence and Characteristics of Interpersonal Violence in People Dying from Suicide in Victoria, Australia, 2018, Asia Pacific Journal of Public Health, Vol. 30(1) 36-44. [↑](#footnote-ref-5)
6. Commission for Children and Young People, Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection, 2019, Melbourne. [↑](#footnote-ref-6)