Family Violence Multi-Agency Risk Assessment and Management Framework

A shared responsibility for assessing and managing family violence risk

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

The Victorian Government proudly acknowledges Aboriginal people as Australia's First Peoples and as the Traditional Owners and custodians of the land and waterways upon which we depend. We acknowledge Victoria's Aboriginal communities and culture and pay respect to their Elders past and present.

Aboriginal culture is founded on a strong social and cultural order that has sustained up to 60,000 years of existence. Victorian Aboriginal communities and peoples are culturally diverse, with rich and varied heritages and histories. The impacts of colonisation — while having devastating effects on the traditional life of Aboriginal Nations — have not diminished Aboriginal people's connection to country, culture or community.

The Victorian Government recognises the long-standing leadership of Aboriginal communities in Victoria to prevent and respond to family violence, supported through self-determination and self-management, to improve outcomes for Aboriginal people and families, whilst also acknowledging the devastating impacts and accumulation of trauma across generations as a result of colonisation and the dispossession of land and children.

Contents

Executive summary

The Royal Commission into Family Violence (the Commission) delivered its report in March 2016, with 227 recommendations. The Commission recommended the review and redevelopment of the Family Violence Risk Assessment and Risk Management Framework (the Framework), and to embed it into the *Family Violence Protection Act 2008* (Vic) (the FVPA).

More than 1300 stakeholders from the public, private and non-government sector contributed to the Framework's redevelopment, including specialists from family violence, child and family services, health, community services, justice and education professionals. The redevelopment has also been informed by a range of related reviews. The new Family Violence Multi-Agency Risk Assessment and Management Framework (the MARAM Framework) (this document), aims to address gaps identified by the Commission.

The MARAM Framework can be used by all services that come into contact with individuals and families experiencing family violence. The MARAM Framework aims to establish a system-wide shared understanding of family violence. It will guide professionals across the continuum of service responses, across the range of presentations and spectrum of risk. It will provide information and resources that professionals need to keep victim survivors safe, and to keep perpetrators in view and hold them accountable for their actions.

It covers all aspects of service delivery from early identification, screening, risk assessment and management, to safety planning, collaborative practice, stabilisation and recovery. The MARAM Framework provides policy guidance to organisations that have responsibilities in assessing and managing family violence risk, including those that have been prescribed under regulation as Framework organisations.

The objectives of the MARAM Framework are to:

- Increase the safety of people experiencing family violence
- Ensure the broad range of experiences across the spectrum of seriousness and presentations of risk are represented, including for Aboriginal and diverse communities, children, young people and older people, across identities, and family and relationships types
- Keep perpetrators in view and hold them accountable for their actions and behaviours
- Guide alignment with the Framework for use across a broader range of organisations and sectors who will have responsibilities to identify, assess and respond to family violence risk
- Ensure consistent use of the Framework across these organisations and sectors.

The Framework has been established at Part 11 of the FVPA. It creates the system architecture and accountability mechanisms required to establish a system-wide approach to and shared responsibility for family violence risk assessment and management. This is achieved by incorporating the Framework and accompanying principles and pillars into law, regulation, policy (through this MARAM Framework) and supporting materials and practice guides.

Structure of the MARAM Framework

Part A provides an introduction, overview of family violence reform in Victoria and the current reform program, as well as advice on the MARAM Framework's structure and use of terminology. It also outlines the Framework Principles that support organisations in their implementation of the Framework, as well as information supporting a shared understanding of the risk, experience and impact of family violence. A shared understanding also covers the particular experiences, structural inequalities and barriers

experienced by Aboriginal and diverse communities and at-risk age groups, including children and young people, and older people.

Part B outlines the system architecture and accountability for the Framework through information on the Framework legislation, including requirements for reporting and review, and the policy and practice environments.

Part C is structured against the Framework's conceptual 'pillars' of a 'shared understanding of family violence', 'consistent and collaborative practice', 'responsibilities for family violence risk assessment and management', and 'systems, outcomes and continuous improvement'.

Each pillar reflects a **Framework requirement**. Together, the set of principles in Part A, and 'Framework requirements' are designed to guide relevant organisations and agencies as they align their policies, procedures, practice guidance and tools to the Framework.

The pillars are set at the organisation level and are designed to build knowledge and skill and support an effective and integrated system-wide response to family violence in Victoria.

Summary of each pillar

Pillar 1: Shared understanding of family violence

Provides information on what constitutes family violence, recognition of the underlying drivers of family violence and the link between community attitudes, particularly towards gender, intersecting historical, social and structural inequality and the prevalence and impact of family violence on women and children. The evidence-base including family violence risk factors, particularly those that relate to increased likelihood and severity of family violence is also detailed. It also sets out common perpetrator actions and behaviours and informs a shared responsibility to keep perpetrators in view and accountable for their actions and behaviours.

Pillar 2: Consistent and collaborative practice

Describes the approach to assessing seriousness of risk through structured professional judgement, which comprises a victim survivor's self-assessed level of risk, assessment against evidence-based risk factors (using the appropriate tool to the organisations' role), information sharing to inform assessment and professional judgement.

It outlines the use of identification, screening and risk assessment approaches, including perpetrator behaviour assessment, through a description of the tools that are developed from the evidence based risk factors. Each of these assessment approaches will be made available through **supporting resources**.

The pillar also describes the continuum of risk management responses for both victim survivors and perpetrators of violence.

Pillar 3: Responsibilities for risk assessment and management

Describes the responsibilities relating to facilitating family violence risk assessment and management, as well as advice on how professionals and organisations define their responsibilities to support consistency of practice across the service system, and expectations between organisations, professionals and service users.

Pillar 4: Systems, outcomes and continuous improvement

Supports organisational leaders and governance bodies to contribute to, and engage with, system-wide data collection, monitoring and evaluation of tools, processes and implementation. This pillar also

describes how aggregated data will support better understanding of service user outcomes and systemic practice issues, to support continuous practice improvement.

This information will also inform the requirement of the responsible Minister for the Framework, and operation of the FVPA, to be reviewed up to every five years, to ensure it continues to reflect evidence-based best practice.

Supporting resources

Operational practice guidance on risk assessment and management, as well as toolkits and resources to support embedding into organisations policies, procedures and practice, is provided in **supporting resources**.

Introduction

In 2007, the Victorian Government introduced the *Family Violence Risk Assessment and Risk Management Framework* (the Framework)*,* often referred to as the common risk assessment framework or 'CRAF'.

The Framework has been used by many professional groups and specialists who come into contact with people experiencing family violence, to build a shared understanding of, and responsibility for, identifying, assessing and managing family violence risk.

The Commission's report, delivered in March 2016 made 227 recommendations to improve Victoria's responses to family violence that aim to improve the foundations of the family violence service system, transform how individual professionals and organisations identify, assess and respond to family violence risk, and to build structures and systems to guide and oversee long-term family violence system reform.

Findings of the Commission, the Coronial Inquest into the Death of Luke Geoffrey Batty, other family violence coronial inquests and the 2016 *Review of the Family Violence Risk Assessment and Risk Management Framework*[1] found that the Framework provided a strong foundation for family violence risk assessment and management practice while identifying areas for improvement.

In response to these findings the Framework has been redeveloped. More than 1,300 stakeholders from the public, private and non-government sector contributed to the redevelopment, including specialists from family violence, child and family services, health, community services, justice and education professionals.

The Family Violence Risk Assessment and Risk Management Framework is now a legislative instrument under Part 11 of the *Family Violence Protection Act 2008* (Vic) (**the FVPA**).

The Framework legislative instrument, and this supporting MARAM Framework, covers early identification, screening, risk assessment and management (including through collaborative arrangements), encompassing risk management planning and intervention, safety planning, stabilisation and recovery.

This MARAM Framework document provides further guidance on the Framework legislative instrument, and should be used by all services that come into contact with those experiencing family violence.

A range of entities will be prescribed as 'Framework organisations' through the regulations under Part 11 of the FVPA to align their policies, procedures, practice guidance and tools to the Framework. This MARAM Framework document should be used by these organisations to understand the requirements of alignment and practice approaches for risk assessment and management.

Implementation of the MARAM Framework will be a phased, with a range of capacity building measures, organisation-level systems (policies and procedures) and cultural change management activities. Organisations will be supported to progress their alignment over an initial period of transition. To support an understanding of how this process is progressing, and inform future policy and program decisions in family violence response, an independent review of the MARAM Framework will be conducted within five years.

Structure of this document

Part A of this document provides contextual information about family violence, the aims and scope of the redeveloped Framework and associated reforms, and the importance of family violence risk assessment and risk management.

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[1] Monash University, *Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF)* (the Monash Review).

Part B outlines the system architecture (legislative and policy environments and the service and justice systems) supporting the Framework, and the approach to system accountability.

Part C contains supporting information for each of the Framework pillars:

- **Pillar 1: Shared understanding of family violence**
- **Pillar 2: Consistent and collaborative practice**
- **Pillar 3: Responsibilities for risk assessment and management**
- **Pillar 4: Systems, outcomes and continuous improvement.**

Supporting resources will help professionals apply the Framework in practice, and will include:

- core knowledge practice guidance (covering understanding the family violence system and family violence knowledge around the spectrum of presentations and seriousness of risk)
- operational practice guidance on risk identification and screening, assessment (and associated tools, including perpetrator assessment) and risk management
- materials and guidance to embed the Framework into organisations' policies, procedures, practice guidance and tools
- training and further education resources.

> This document does not include all **supporting resources** as these are still in development and are being consulted on separately**.**

Use of Terminology

Language used to describe experiences of family violence, and personal identities across communities, is complex and evolving. The language in this document will not apply to everyone and some people or professionals may identify with or use different terms. Definitions are on page 54 of this document.

Family violence is deeply **gendered** — overwhelmingly the majority of perpetrators are men and victim survivors are women and children. It is acknowledged that broader conceptions of gender apply to individuals' identities, experiences and manifestations of family violence. Therefore this document does not use gendered language to describe every form of family violence. In line with the Commission and the Family Violence Information Sharing Scheme Guidelines, this document refers to **victim survivor** and **perpetrator** in recognition that these are the terms most widely used in the community.[2] The term victim survivor refers to **adults and children**.

Recognised variations from this language include:

- Aboriginal people and communities that may prefer to use the term 'people who use violence'
- For adolescents, the term 'adolescent who uses family violence' is used. This reflects that this is a form of family violence requiring distinct responses, given the age of the young person and their concurrent safety and developmental needs, as well as common co-occurrence of past or current experience of family violence by the adolescent from other family members
- An older person who is experiencing family violence is often described as experiencing 'elder abuse'.

Supporting resources will provide more detail, however, this document recognises that in practice, professionals and services will use the language that works for their service users in place of terms such as perpetrator and victim survivor.

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[2] Different parts of the system may use specific terms, such as applicant or Affected Family Member (AFM), and respondent or person who uses violence.

Aboriginal people

Throughout this document, the term **Aboriginal people** is used to refer to both Aboriginal and Torres Strait Islander peoples.

Family violence is not part of Aboriginal culture. However, Aboriginal people are disproportionately impacted by family violence. Family violence perpetrated against Aboriginal people and communities includes a range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur in families, intimate relationships, extended families, kinship networks and communities.

It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide. Family violence experienced by people in Aboriginal communities acknowledges the spiritual and cultural perpetration of violence by non-Aboriginal people against Aboriginal partners which manifests as exclusion or isolation from Aboriginal culture and/or community.[3]

Please see **Pillar 1** for further information about family violence against Aboriginal people, on page 6.

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[3] State of Victoria, Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities — 10 year plan, Second Edition, 2008.

Framework principles

The Framework is based on the belief that to provide consistent, effective and safe responses for people experiencing family violence, services need a shared understanding of family violence and of the responsibilities of the professionals involved.

To help achieve a shared understanding, the Framework principles support each **Pillar** (described in **Part C**) and help guide Victoria's family violence system-wide response. The Framework principles are:

1. family violence involves a spectrum of seriousness of risk and presentations, and is unacceptable in any form, across any community or culture

2. professionals should work collaboratively to provide coordinated and effective risk assessment and management responses, including early intervention when family violence first occurs to avoid escalation into crisis and additional harm

3. professionals should be aware, in their risk assessment and management practice, of the drivers of family violence, predominantly gender inequality, which also intersect with other forms of structural inequality and discrimination

4. the agency, dignity and intrinsic empowerment of victim survivors must be respected by partnering with them as active decision-making participants in risk assessment and management, including being supported to access and participate in justice processes that enable fair and just outcomes

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

6. services provided to child victim survivors should acknowledge their unique experiences, vulnerabilities and needs, including the effects of trauma and cumulative harm arising from family violence

7. services and responses provided to people from Aboriginal communities should be culturally responsive and safe, recognising Aboriginal understanding of family violence and rights to self-determination and self-management, and take account of their experiences of colonisation, systemic violence and discrimination and recognise the ongoing and present day impacts of historical events, policies and practices

8. services and responses provided to diverse communities and older people should be accessible, culturally responsive and safe, client-centred, inclusive and non-discriminatory

9. perpetrators should be encouraged to acknowledge and take responsibility to end their violent, controlling and coercive behaviour, and service responses to perpetrators should be collaborative and coordinated through a system-wide approach that collectively and systematically creates opportunities for perpetrator accountability

10. family violence used by adolescents is a distinct form of family violence and requires a different response to family violence used by adults, because of their age and the possibility that they are also victim survivors of family violence.

Part A: About family violence and the reform context

About family violence

Family violence is a pervasive and serious problem in Australia, causing significant harm to individuals, families and the community. On average, one woman a week is murdered in Australia by her current or former intimate partner.[4]

Family violence has serious impacts on the physical and mental health and of adults and children. Family violence has profoundly negative effects on children, whether they are directly targeted, witness the violence or are aware of the violence in the family. Children can suffer from a variety of physical, spiritual, emotional, mental and developmental effects as a result of family violence. Long term effects of trauma from family violence can be carried into adulthood and result in a range of detrimental emotional, mental and behavioural problems.

Family violence differs from other forms of violence: it is generally underpinned by a pattern of coercion, control and domination by one person over another. While family violence can begin at the start of a relationship, it can also increase and change over time. There are times where there is increased risk, including pregnancy and separation (or attempted separation). Family violence is generally part of a longer-term pattern, rather than a one-off event.

Intimate partner violence, between current or former intimate partners, is the most common form of family violence, with the violence generally being perpetrated by a man against a woman. Men can experience family violence, and are more likely to experience violence in different, non-intimate partner, familial relationships, or as elder abuse. Intimate partner violence also occurs in same sex relationships.

Sexual assault that occurs within family violence is common, with women overwhelmingly the victim survivors and their current or former male partner the perpetrators. Sexual violence is a high-risk indicator of further violence and death. Intimate partner sexual abuse is frequently violent and repeated, and sexual and physical violence often co-occur in relationships. As with intimate partner violence, sexual assault, including that experienced by children, young people, people with disabilities and older people, is under-reported mostly due to a failure of the service system to 'ask', identify signs, adequately respond to disclosure, or provide support to those impacted.

Research about population-level risk factors and individual risk factors for intimate partner violence is that violence-tolerant attitudes and gender inequality are underlying causes of violence against women. This includes stereotypes and social norms that dictate 'appropriate' behaviour for men and women. To inform how best to respond to the individual family violence risk behaviours and actions presented by perpetrators, an understanding of their attitudes and beliefs, which are reinforced by broader social norms, including in the context of their broader service needs, is required.[5]

People from Aboriginal communities, as well as particular groups in the broader community such as, people with disabilities, LGBTIQ people and those in culturally and linguistically diverse communities, face particular risks and forms of violence, and may also face barriers to accessing services and support. Older people may experience abuse along the continuum of behaviour recognised as family violence, and can be particularly impacted due to limited service system recognition and fragmented responses.

The Framework recognises the need to continue to develop the evidence base to ensure effective and targeted responses for these communities.

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[4] Australian Institute of Criminology, Homicide in Australia: 2012–2013 to 2013–2014: National Homicide Monitoring Program.

[5] The Commission, The nature, dynamics and effects of family violence, page 17.

The need for change — an enhanced Family Violence Risk Assessment and Risk Management Framework

The Framework has been redeveloped in response to the Commission's findings. The Commission's terms of reference specified that it was to:

- Prevent family violence
- Improve early intervention to identify and protect those at risk
- Support victim survivors — particularly women and children — and address the impacts of violence
- Hold perpetrators accountable
- Develop and refine systemic responses to family violence
- Better coordinate community and government responses
- Evaluate and measure the success of strategies, frameworks, policies, programs and services introduced to put a stop to family violence.

The Framework is a key instrument to address these aims. The Commission recommended that the Framework should continue to act as the overarching risk assessment and management mechanism in Victoria, and that its original intent as a framework for the entire service system be re-established and further embedded. Opportunities for enhancing the Framework identified by the Commission, at recommendation 1, included:

- a comprehensive framework that sets requirements including determining responsibilities for screening, identification, risk assessment and management, information sharing and referral (including through collaborative, multi-agency arrangements)
- improving responses to victim survivors and perpetrators across the spectrum of seriousness of risk, including developing a weighted risk assessment tool
- recognising specific risks for children
- being more responsive to the needs of the diverse range of family violence victim survivors and perpetrators, among them older people, people with disabilities, and people from Aboriginal, culturally and linguistically diverse and LGBTIQ communities.

How has the Framework changed?

Improvements to the Framework respond to contemporary evidence and recognise a wider range of risk factors.

Its authorising environment has been strengthened through the creation of a new Part 11 of the FVPA, establishing the Framework as a legislative instrument when approved by the relevant minister. The FVPA also:

- empowers the relevant Minister to prescribe as 'Framework organisations' the organisations and agencies that provide services relevant to family violence risk assessment and management
- sets out that public service bodies and public entities must require organisations and agencies that provide services relevant to family violence risk assessment and management (i.e. 'section 191 agencies') to comply with the Framework through state service agreements.

All organisations that are required to align with the Framework will be referred to in this document as 'Framework organisations'. Regulations made under the FVPA define **prescribed matters** for ministers to report on, relating to actions taken to support organisations' alignment to the Framework, including the 'Framework requirements'.

The FVPA places obligations on Framework organisations to align their policies, procedures, practice guidance and tools with the approved Framework, through the set of principles and the Framework requirements.

Continuous review and development

Part 11 of the FVPA requires the relevant Minister to periodically (up to every five years) review the Framework's operation and for Ministers responsible for Framework organisations to report annually on the Framework's operation. Periodic review seeks to ensure the Framework continues to reflect evidence-based best practice over time.

A 2017 review of weighted, evidence-based risk assessment approaches across Australian and international jurisdictions identified that there is a lack of an evidence base for weighted risk assessment tools outside intimate partner violence. For this reason, a weighted tool as recommended by the Commission is not part of the Framework. The Victorian Government has committed to evaluation and ongoing review to support continuing development and the validation of weighted risk assessment in the future.

Family Violence and Child Information Sharing Scheme

The Family Violence Information Sharing Scheme enables the operation of the Framework. It has been established under Part 5A of the *Family Violence Protection Act 2008,* enabling relevant information to be shared between prescribed information sharing entities to assess and manage family violence risk, as set out under **Pillar 1** and associated **practice guidance**.

The Child Information Sharing Scheme, established under Part 6A of the *Child Wellbeing and Safety Act 2005*, enables prescribed information sharing entities to share information with each other in order to promote the wellbeing and safety of children, including in situations where family violence is suspected or established as being present.

Guidelines issued under each of the information sharing schemes require information sharing entities to refer to the MARAM Framework where family violence is present. Information sharing entities are supported by this MARAM Framework for family violence risk assessment and risk management practice guidance.

Part B: System architecture and accountability

The aim of the Framework and this supporting document is to increase the safety and wellbeing of Victorians by ensuring all relevant services are effectively identifying, assessing and managing family violence risk, consistent with their roles in the service system.

To achieve this, the organisations prescribed are required to align with the Framework through regulations or State service agreements.

Professionals and organisations are supported through these changes with the policy and practice advice, outlined in this document and **supporting resources**. The system architecture, through the legislative, policy and practice elements, are mapped out at **Figure 1**, and described further below.

Figure 1
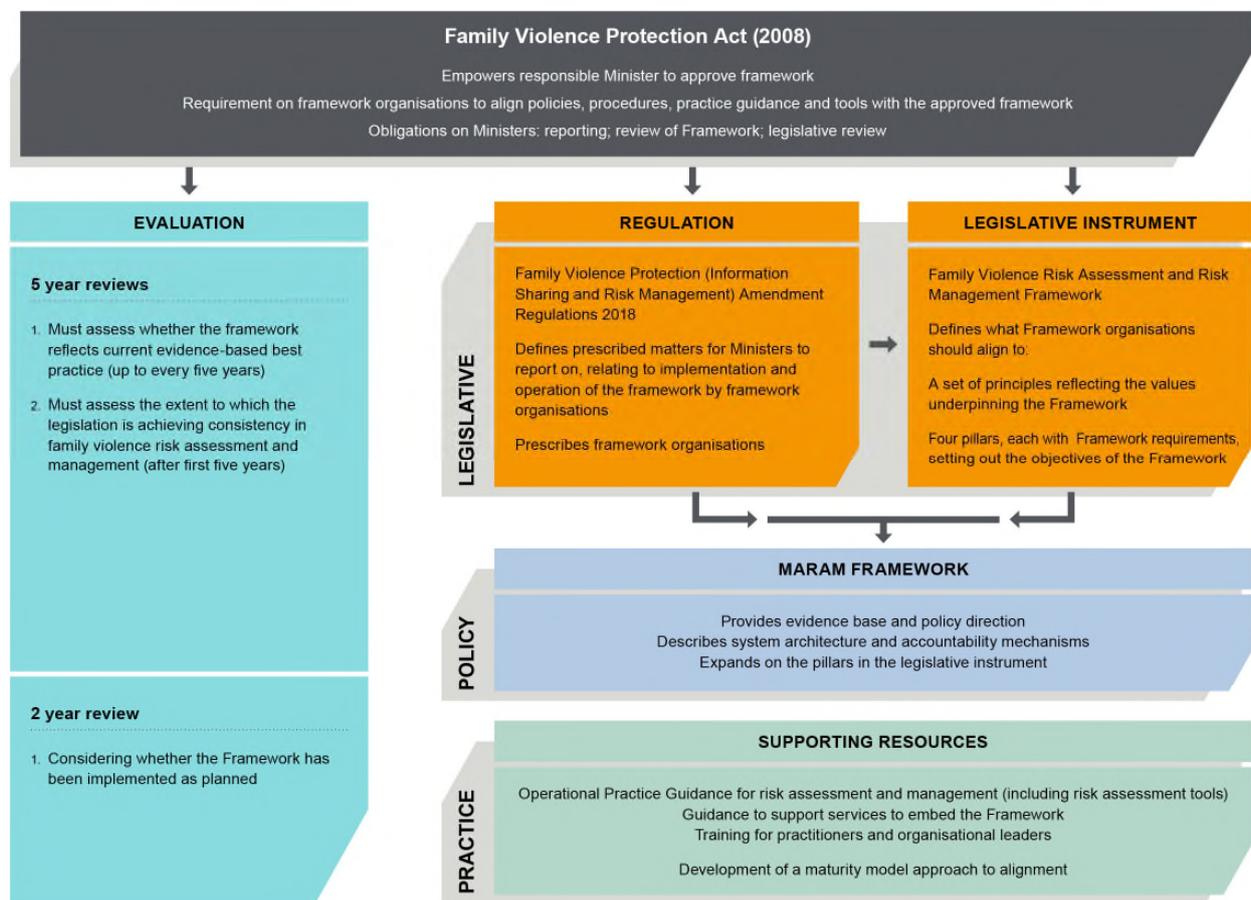
Legislative environment

Part 11 of the FVPA authorises the relevant Minister to approve a family violence risk assessment and risk management framework (the Framework) as a legislative instrument and requires framework organisations to align their policies, procedures, practice guidance and tools to it.

Under the Framework, each Pillar contains a **requirement** to which Framework organisations must align (Framework requirements). It also requires Framework organisations to consider the Principles, in their activities of alignment.

Creating the Framework as a legislative instrument in the FVPA aims to establish consistent service system-wide family violence risk assessment and risk management practice. Services will need to align

to the Framework progressively over time, from specialist family violence services, support or intervention services, to universal services.

Remember
Alignment is defined as: Actions taken by Framework organisations to effectively incorporate the four pillars of the Framework into existing policies, procedures, practice guidance and tools, as appropriate to the roles and functions of the prescribed entity and its place in the service system.

The FVPA also allows the relevant Minister to amend the legislative instrument. The requirement to review and update the Framework and this MARAM Framework will ensure it remains current and incorporates contemporary evidence-based best practice over time.

Part 5A of the FVPA creates the Family Violence Information Sharing Scheme (the Scheme), which authorises prescribed information sharing entities to share information for the purpose of assessing and managing family violence risk. Further details on the Scheme can be found in the Scheme Guidelines <https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html>.

> The MARAM Framework outlines how organisations can demonstrate their alignment, as required under Part 11 of the FVPA, by implementing the requirements of each Pillar, and reflecting relevant Principles within their policies, procedures, practice guidance and tools.
>
> Further guidance on each Pillar will be provided in **supporting resources**.

System-wide accountability is measured through reporting and review

Annual Ministerial reporting requirements, established in Part 11 of the FVPA, provide accountability to Parliament and the public.

Remember
Under these requirements, all Ministers with responsibility for a Framework organisation must prepare an annual report on the implementation and operation of the Framework, and the relevant Minister must provide a consolidated report to Parliament on the implementation. Ministers will provide a report that summarises actions from the preceding year. The FVPA and the **regulations** require the report to include: (a) actions taken by a public entity or a public service body to support Framework organisations in relation to the implementation and operation of the approved Framework; and (b) a summary of the progress of implementation of the approved Framework by Framework organisations; and (c) proposed future actions to be undertaken by public entities and public service bodies to support ongoing implementation and operation by Framework organisations with the approved Framework.

This annual process will encourage government and service providers to continually assess the progress of alignment, identify where additional attention and support may be needed and use this to inform priority setting for the following 12-month period. The annual report from each Minister to the relevant Minister will be a summary, rather than a report on each individual Framework organisation's performance.

The periodic reviews of the Framework and the implementation of Part 11 will provide an opportunity to assess the effectiveness of the accountability system and consider any recommendations to strengthen it over time. Part 11 requires:

- a review of the approved Framework to assess whether it reflects the current evidence-based best practices of family violence risk assessment and management; and recommendation of the changes required (if any) to ensure it is consistent with best practices (periodically up to every five years)
- a review of the operation of Part 11 to assess if the objective of providing a framework supporting consistency in family violence risk assessment and management practice; and to recommend changes required (if any) to improve the effectiveness of Part 11 (within 5 years).

A key focus of the review will be to improve communication of feedback between the support for alignment provided by government (or other relevant bodies), the alignment activity undertaken by Framework organisations, and Ministerial reporting. This will build on work underway across government to improve communication, regulatory and contractual arrangements, data collection and reporting requirements in each service sector.

Governance

Clear governance is vital to the effective implementation of the family violence reform agenda, and the operation of the Framework. Across the Victorian Government, key structures are responsible for overseeing these reforms. These include:

- The responsible Minister
- Ministers responsible for framework organisations
- Cabinet Sub-committee
- Victorian Secretaries Board Sub-committee
- A number of standing inter-departmental committees and working groups.

Policy environment

The Framework drives the policy environment for family violence risk assessment and management practice in Victoria. This MARAM Framework provides the supporting guidance for Framework organisations to understand their obligations under the FVPA.

The scope of the family violence practice includes work across a victim survivor's and perpetrator's interaction with the service system, and reflects the spectrum of presentations and risks. Practice applies to all stages, including risk identification for early intervention, screening (including routine screening, where applicable), risk assessment and management responses encompassing victim survivor safety, stabilisation and ongoing recovery, and perpetrator accountability and interventions. Each of these elements responds to the dynamic nature of family violence risk, and recognises that assessment, safety planning and recovery may be ongoing and not discrete incidents.

Ending Family Violence: Victoria's 10 Year Plan for Change is the Victorian Government's overarching response to the Commission's recommendations. It outlines the vision of a Victoria free from family violence. This plan and the associated Family Violence Outcomes Framework will be the standard for measuring outcomes and progress towards the aims of family violence reform.

This is also supported by *Free From Violence: Victoria's strategy to prevent family violence and all forms of violence against women*, which aims to prevent family violence before it starts by focussing on settings where inequality and violent behaviour are shaped — such as schools and workplaces.

Dhelk Dja: Aboriginal 10 Year Family Violence Agreement ('Dhelk Dja') is the key Aboriginal-led Victorian Strategy that commits the signatories — Aboriginal communities, Aboriginal services and government — to work together and be accountable for ensuring that Aboriginal women, men, children, young people, Elders, families and communities are stronger, safer, thriving and living free from family violence. It

articulates the long-term partnership and directions required at a state-wide, regional and local level to ensure that Aboriginal people, families and communities are violence free, and to build upon the foundation of Aboriginal self-determination.

The Indigenous Family Violence (Aboriginal Family Safety) Partnership Forum and its members are the strategic leaders for Dhelk Dja.

Remember
The Framework sits alongside the Family Violence Outcomes Framework which creates outcomes and measures for services and programs responsible for assessing and managing family violence risk. It aims to achieve the following outcomes: • Family violence and gender inequality are not tolerated • Victim survivors, vulnerable children and families are safe and supported to recover and thrive • Perpetrators are held accountable for their actions and behaviours, engaged and connected • Preventing and responding to family violence is systemic and enduring.

Practice environment

This MARAM Framework will be accompanied by **supporting resources** to provide operational practice guidance for family violence risk assessment and management. **Supporting resources** may be tailored for different practice settings to help organisations embed the Framework into their operations. These operational practice guides include associated risk identification, screening and assessment tools, which can be used by professionals in the form provided in practice guides, or key elements can be incorporated into existing assessment tools that are already used by organisations.

Other materials include guidance for organisations to review their operations and practices to achieve Framework alignment. Change management activities and resources, toolkits focusing on staff capability, training and culture change, and guidance around data collection and analysis will be available. More material based on the toolkits is expected to be produced over time by government departments and peak bodies, focusing on the specific needs of different service sectors.

> There are a range of risk assessment tools and frameworks used by the Victorian service system to support family violence risk assessment and management practice. To support a common understanding of family violence across the system, Framework organisations are required to align their existing tools and frameworks with the MARAM Framework

Part C: Pillars

The Framework, and this document, is structured through 'pillars' that aim to establish a system-wide approach and shared responsibility for family violence risk assessment and management. Each Pillar has its own objective.

The Pillars are set at the organisation level and are designed to build knowledge and skill and support the effectiveness and integration of the system-wide response to family violence in Victoria.

Figure 2

Multi-Agency Risk Assessment and Management Framework

Pillar 1:	Pillar 2:	Pillar 3:	Pillar 4:
Shared understanding of family violence	Consistent and collaborative practice	Responsibliltiies for risk assessment and management	Systems, outcomes and continuous improvement
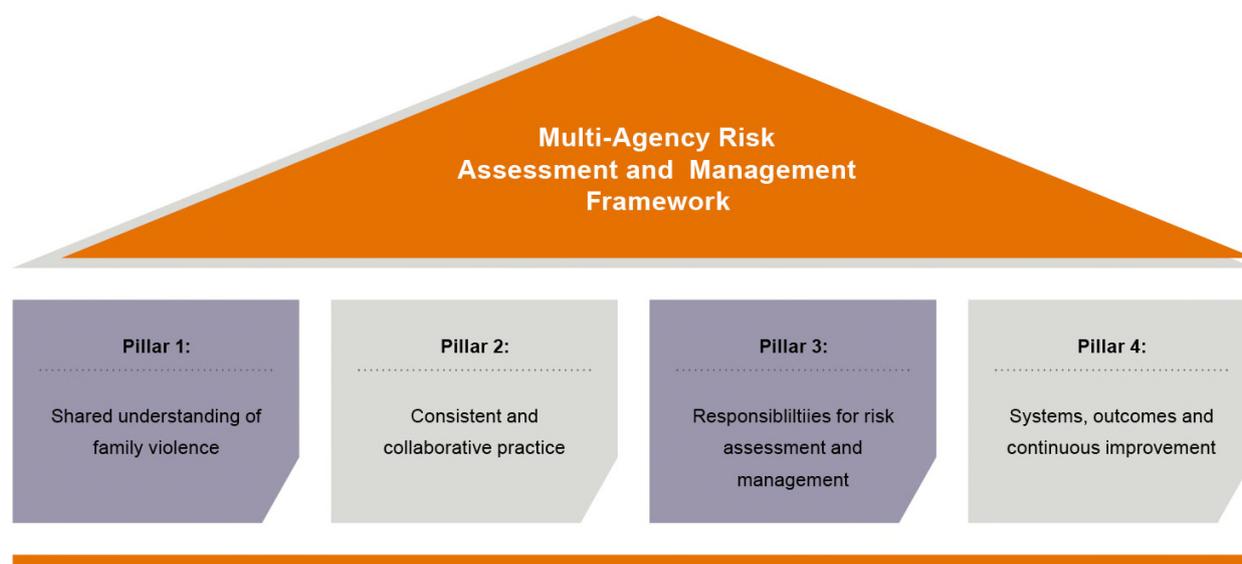
Pillar 1: Shared understanding of family violence

> **Framework requirement**
>
> Framework organisations demonstrate an evidence-based, shared understanding of family violence risk and impact. A shared understanding promotes an effective, integrated service response to family violence and comprises:
>
> - spectrum of family violence types
> - evidence-based risk factors used to support determination of seriousness of risk
> - complexity of experiences across the community.

What do organisations need to do and why is this important?

An effective, integrated service response to family violence depends on a shared understanding of the common purpose and 'language' between services and service providers. This supports responses that increase victim survivors' safety and keep perpetrators of family violence in view and accountable for their actions and behaviours. The principles support a shared understanding, and are reinforced in practice through elements detailed in this section, including:

- a common understanding of what constitutes family violence
- recognition of the underlying drivers of family violence, and how the prevalence and impact of family violence is linked to intersecting historical, social and structural inequality, and community attitudes, particularly towards gender and the experience of women and children

- awareness of an individual's personal identities, and the related experience of discrimination and disadvantage that increase risk and impact of family violence, and creates further barriers to service access and responses
- a trauma-informed approach that recognises how different experiences of trauma in adults and children, might affect a person's presentation, needs and ability to engage with services
- evidence-based family violence risk factors, particularly those that relate to increased likelihood and severity (serious risk) of family violence
- creating a shared responsibility to keep perpetrators in view and accountable for their actions and behaviours.

Framework organisations can demonstrate a *Shared understanding of family violence*, by incorporating relevant information from this Pillar into their policies, procedure, practice guidance and tools.

What constitutes family violence?

Family violence is behaviour that controls or dominates a family member and causes them to fear for their own or another person's safety or wellbeing, and includes exposing a child to these behaviours. Family violence presents across a spectrum of risk severity, from subtle exploitation of power imbalances, isolated incidents or escalating patterns of abuse over time. Its impacts include death, disability, mental health issues, mental illness or other serious health issues, and housing and financial insecurity.

Family violence is defined at section 5 of the *Family Violence Protection Act 2008* (Vic) (FVPA) and includes physical, sexual, emotional, psychological and economic abuse, as well as coercive and threatening behaviour. Family violence can constitute criminal offences and behaviours that are unlawful.

Family violence is a choice by a perpetrator to use violence for the purposes of power and control, to abuse their power, engage in coercive controlling behaviour and use violent tactics, against one or more victim survivors. Responsibility for use of violence rests solely with the perpetrator, and victim survivors are not to be blamed, held responsible or placed at fault.

The experience and prevalence of family violence is gendered. Overwhelmingly, perpetrators are men and the majority of victim survivors are women and children. The forms of family violence and relationships in which it occurs can include, but are not limited to:

- children and young people as victim survivors in their own right who have unique experiences, vulnerabilities and needs
- older peoples' experiences of family violence, often described as elder abuse, from intimate partners, adult children or carers, or extended family members
- experiences of family violence vary for people from Aboriginal and diverse backgrounds and communities, including multicultural and multi-faith communities, LGBTIQ communities, people with disabilities and those living in rural and regional areas.

For some people, family violence is less visible and less well understood than in other parts of the Australian community. While there can be similar dynamics to family violence across all communities, people from Aboriginal and diverse communities can also experience family violence differently, and may face barriers to reporting and in finding appropriate responses and support. Barriers may result from language, visa status, experiences of discrimination, historic and ongoing systemic oppression, fear of reprisals or ostracisation, and concerns about their safety.

Services should also be informed by broader community understandings and experiences of family violence, also included in the definition of family violence in the *Family Violence Protection Act 2008*. For

example, Aboriginal communities define family violence more broadly to include a range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses. Family violence against Aboriginal people may occur in families and intimate relationships, as well as violence from people outside of the Aboriginal community who are in intimate relationships with Aboriginal people, and violence in extended families, kinship networks and community violence.

Family violence can occur in family relationships between spouses, domestic or other current or former intimate partner relationships , in other relationships such as parent/carer–child, child–parent/carer, relationships of older people, siblings and other relatives, including between adult-adult, extended family members and in-laws, kinship networks and in family-like or carer relationships.

Family violence experienced by children includes direct and indirect use of family violence, including coercive and controlling behaviours by a perpetrator, including exposure to the effects of family violence. Where family violence is occurring in a family, there may be multiple perpetrators and/or multiple victim survivors.

Family violence risk factors may help professionals identify if risk is present, or that the person being assessed is at risk of experiencing family violence (if it is not currently occurring).

Family violence that is a criminal offence

Family violence includes a continuum of behaviours, some of which are criminal offences. Some behaviours that are recognised as family violence may be subject of a family violence intervention order. A breach of an intervention order could also result in criminal charges. Action could also be taken against perpetrators for some acts of family violence that are also criminal offences in their own right, such as physical abuse, sexual assault, threats, pet abuse, property damage, stalking and theft. Victim survivors of crime may be entitled to compensation.

Other forms of family violence may not be criminal but could give rise to civil proceedings against a perpetrator. For example, redress could be sought for certain acts of financial abuse.

Drivers of family violence include power imbalances and gender inequality

Gendered nature of family violence

Family violence is **deeply gendered** issue rooted in structural inequalities and an imbalance of power between men and women.[6] The causes of family violence are complex, and include gender inequality and community attitudes towards women. In Victoria, family violence is the most pervasive form of violence perpetrated against women. While both men and women can be perpetrators or victim survivors of family violence, overwhelmingly, perpetrators are men, who largely perpetrate violence against women and children. The significant majority of men who experience family violence are victim survivors of other male family members' use of violence.[7]

Gender-based violence is violence that is specifically directed against women or that affects women disproportionately.[8] Family violence is gendered, as the prevalence and experience of family violence disproportionately affects women, and is overwhelmingly perpetrated by men who are their current or former intimate partners.

The 2017 National Homicide Monitoring Program report found women are over-represented as victims of intimate partner homicide. On average, one woman each week is killed by a current or former male intimate partner, who in the overwhelming majority (92.6%) of cases was a primary perpetrator.[9] By

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[6] State Government of Victoria, Ending Family Violence: Victoria's Plan for Change, 2017, page v.

[7] Personal Safety Survey, 2016.

[8] Our Watch, facts and figures.

[9] Domestic Violence Death Review Team, Australian Domestic and Family Violence Death Review Network: Data Report, 2018, page 10. (Note: no male perpetrator of IPV homicide killed a female primary abuser).

comparison, one man each month is killed by a current or former intimate partner, and similarly the majority of men in these cases were the primary perpetrator (60.7%).[10] Women are also more likely to experience sexual violence from a current or former intimate partner.[11]

Women are five times more likely than men to require medical attention or hospitalisation as a result of intimate partner violence, and five times more likely to report fearing for their lives. Intimate partner violence causes more illness, disability and deaths than any other risk factor for women age 25–44.[12]

Due to co-occurring structural inequalities, some women experience significantly higher levels of violence generally, including family violence. For example, Aboriginal women are 32 times more likely than other women to be hospitalised and 10 times more likely to die from violence assault.[13]

Women and girls with disabilities are estimated to be twice as likely to experience violence as those without disabilities, and experience particular risk of physical, sexual and psychological violence due to their situation of social and cultural disadvantage and increased dependence.[14]

While females were over represented as victim survivors of all forms of domestic homicide combined, males are over-represented in some forms of family violence homicide, including siblicide, filicide and other family violence homicide, which was overwhelmingly committed by a male perpetrator.[15]

Family violence is rarely a single incident, with more than half of victim survivors experiencing more than one violence incident of family (including sexual) violence.[16] Family violence is a fundamental violation of family members' rights to have space for autonomy in their lives, due to the perpetrator's use of a range of violent tactics to exert their will and dominance.

Assessing coercive and controlling tactics/forms of violence used by perpetrators to exert power and control over victim survivors is an important part of risk assessment, which supports professionals' understanding of the pattern of behaviour.

Drivers of family violence[17]

A perpetrator's use of violence is a choice. Understanding the drivers of family violence risk can help to understand what influences perpetrators to use violence, and to understand individual acts of violence as part of a broader cultural context of gender dynamics and structural inequalities. Understanding these drivers can improve the way we identify risk and respond to family violence, however, this does not lessen perpetrators' responsibility for their choices.

The underlying drivers of family violence can reflect inequalities in the distribution of power, resources and opportunity within family relationships, particularly between women and men and in intimate partner relationships. Communities with attitudes reflecting greater levels of gender inequality generally have higher rates of family violence and sexual violence.[18]

Gender inequality between men and women refers to the unequal distribution of power, resources and opportunities across a range of institutions and settings including employment, education and training,

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[10] Ibid, page 19. (Note there were five female offender IPV homicides where the male was listed as a perpetrator and a victim of family violence).

[11] Australian Institute of Health and Welfare, Family, domestic and sexual violence in Australia, 2018, page ix.

[12] Ibid, page xi.

[13] Ibid.

[14] Parliament of Australia, Domestic, family and sexual violence in Australia: an overview of the issues, 2014.

[15] Australian Institute of Health and Welfare, Family, domestic and sexual violence in Australia, 2018 page 74–76.

[16] Ibid, page ix.

[17] Drivers identified in table 2 relate to the perpetrator of family violence, not victim survivors.

[18] Ibid, 11.

health, safety and wellbeing, leadership and representation.[19] Inequality of power may be expressed as entitlement-based attitudes or a belief of ownership by a perpetrator over family members.

Drivers of family violence risk are consistent with the overarching drivers of violence against women and children including condoning violence against women, men's control of decision-making and limits to women's independence in public and private life, rigid gender roles and stereotyped constructions of masculinity and femininity, and male peer relations that emphasise aggression and disrespect towards women.[20]

Intersectionality and experiences of family violence

In addition to gendered drivers, drivers of family violence risk are also reflective of structural inequality and discrimination, including, but not limited to patriarchy, colonisation, racism, sexism, ableism, ageism, homophobia and transphobia. These factors may limit a victim survivor's access to resources or the social and economic power they hold. The perceived worth of some groups also increases the probability of violence being used against them. Victim survivors may also be reluctant to report violence, particularly women in communities affected by multiple forms of adversity and discrimination. Experiences of trauma may also result from these structural inequalities and barriers, affecting people's presentation, needs and ability to engage with services in different ways.

Experiences of family violence also vary across Aboriginal and diverse communities, where risk, impact and barriers can be multiplied by intersecting historical, social and structural inequalities.

Taking an intersectional approach means looking beyond a person's individual identities and focusing on how those identities affect each other. These points of intersection will alter the way people experience family violence, and in many instances will increase risk and amplify barriers to disclosure and service access.[21] Intersectional analysis of family violence risk assists to understand the impact of co-occurring factors, including one or more of the forms of structural inequality or discrimination, outlined above.

Intersectional practice is the recognition of the intersections between identity and the forms or systems of oppression, domination or discrimination. The approach to structured professional judgement requires practitioners to recognise service users' experience of structural inequality and barriers due to discrimination as a core part of risk assessment.

To support this, the suite of risk identification, screening and assessment tools, and associated practice guidance in **supporting resources** include questions and guidance to manage the impact of factors that affect the experience of risk for individuals in Aboriginal and diverse communities and at-risk age groups.

Intersectional analysis can assist professionals to understand how victim survivors experience barriers to service responses and may also inform the tactics used by a perpetrator to control or socially isolate a victim survivor. Intersectionality may also relate to a perpetrator's use of family violence, or barriers to their engagement with service responses. Addressing these factors may support the perpetrator's accountability and efforts to change.

Impact of family violence including trauma effects

Children can experience 'complex trauma', the experience of multiple, chronic and prolonged traumatic events in childhood. Where single traumatic incidents tend to produce isolated behavioural responses to reminders of trauma, complex trauma can have long-term pervasive effects on a child's development. Exposure to complex trauma may lead to serious developmental and psychological problems for children

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[19] Gender diverse people also experience gender inequality and may also face distinct barriers and discrimination based on their gender identity.

[20] Our WATch, Change the Story, 2015, page 8.

[21] Victorian Government, Diversity and Intersectionality Framework.

and later in their adult lives.[22] **Supporting resources** will provide further practice guidance on identifying and responding to children who have experienced trauma and its effects. Some children who experience complex trauma may be experiencing polyvictimisation.

Children and young people are recognised as victim survivors in their own right

Children can experience family violence by being directly or indirectly exposed to the violence perpetrated against a parent/carer or other family member. Family violence affects the safety, stability and development of unborn children, infants, children and young people. Risk and impact of violence-related trauma on safety, stability and development experienced by children and young people changes across these age groups. Family violence can have a negative impact on children, including disrupted attachment and development. Disrupted attachment limits development of the capacity for emotional regulation, coping skills and positive social interactions, which begin in infancy and early childhood and continue into adolescence.[23] Development continues throughout the lifespan. The impacts of disrupted development are cumulative and include impairment to the development of neural pathway and brain development being compromised, preventing higher-order cognitive, emotional and social learning, as well as healthy growth and development.[24]

Adolescents who use family violence are also often experiencing family violence, or have experienced family violence as children. Experience of family violence can continue to impact children as they develop towards adolescence and adulthood, negatively influencing their behaviour within their family unit and particularly against the adolescent's mother, and as they begin to form intimate partner relationships of their own.[25]

The right of children and young people to live free from violence is a fundamental element of family violence policy and practice:

- children experience the same negative effects when they directly experience, are exposed to or witness family violence or its effects on other family members
- children have distinct risks and needs that should be assessed independently, as well as in the context of the needs and risks of their parents or carers who are not using family violence
- children can suffer from a range of physical, emotional, mental and developmental effects of violence, including cumulative harm and trauma
- the impact of the trauma experienced by children needs to be understood in relation to how it impacts their development and behaviour. Any intervention needs to consider the existing trauma and ensure practice does not further traumatise them.

Many perpetrators of family violence use tactics involving children to directly or indirectly target women as mothers or carers. These tactics include denigrating mothers in front of their children, making their child witness the violence or involving them in the violence, and attacking women's confidence in their own parenting/caring capacity. Perpetrators often attempt to undermine and attack the mother-child bond. Threatening to use the family law and child protection system against women is one of many tactics that can have long lasting effects on the mother-child relationship.

Recognising child victim survivors of family violence includes also recognising children's individual identity and circumstances. Children and young people from Aboriginal and diverse communities can face particular risks and barriers to seeking support. Aboriginal children experience higher rates of family violence, including from non-Aboriginal family members. Family violence is a major contributor to Aboriginal children being removed from their families, with Aboriginal children being nine times more

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[22] Adapted from Cumulative harm: Best interests case practice model for specialist practice resources, 2012, page 7.

[23] Victorian Government, Assessing children and young people experiencing family violence practice guide, 2012, page 15.

[24] Ibid, page 16.

[25] Australian Domestic & Family Violence Clearinghouse, Adolescent violence in the home — the missing link in family violence prevention and response, 2015, page 1.

likely to be on care and protection orders and ten times more likely to be in out of home care than non-Aboriginal children.[26] Due to this, fear of Child Protection intervention is a significant barrier to Aboriginal women disclosing family violence.[27] Girls with disabilities are two times more likely to experience family violence.[28] Girls and young women from some migrant communities experience risk of forced and early marriage, dowry related abuse, overseas abduction and threats relating to their sexual relationships. Young people from LGBTIQ communities are over-represented in homelessness populations,[29]and like children and young people in regional and remote areas, may be impacted by barriers to support which do not exist in their location or are difficult to access.

Supporting resources will provide guidance that all professionals completing risk assessments must complete an individual risk assessment for all children identified in the family where family violence is present. The children's risk assessment includes additional risk factors not considered in the adult assessment and provides guidance on recognising children's age and developmental stage and related needs. Completing a risk assessment for all children will support the development of the evidence-base of risk factors relevant to children and their experience of family violence as victim survivors in their own right.

Measuring family violence risk

Family violence is recognised across the spectrum of seriousness of risk (from 'at-risk', 'elevated risk' to 'serious risk'), and a broad range of forms of family violence risk is experienced across the community. Risk assessment is the process of identifying if a person is at risk of family violence and then determining the seriousness, including the likelihood that they will be affected by violence or, if violence is already occurring, that it will escalate. Determining seriousness of risk is undertaken through structured professional judgement with an intersectional lens, and by using relevant risk assessment approaches, outlined under **Pillar 2 Consistent and collaborative practice.**

The Framework requires use of risk identification, screening and assessment approaches **consistent with evidence-based factors of risk**, see **Pillar 2 Consistent and collaborative practice**. Framework organisations may fulfil this requirement by using these tools (or questions in them relevant for their service user groups), or alignment with existing service and organisation tools and data systems.

Due to under-reporting of family violence, as well as some specific forms and presentations of risk, it is difficult to assess the full extent to which children and young people, as well as people from Aboriginal and diverse communities and older people, experience family violence in Victoria.[30] Under reporting may relate to a range of factors, including shame and a fear of not being believed, as well as past experiences and barriers to service access. The current evidence base has largely been developed from data on intimate-partner family violence.

To address this gap in understanding of family violence risk and prevalence, the risk assessment approaches and practice guidance recognises that some of the evidence-based risk factors may present differently for people in Aboriginal and diverse communities. Specific questions on these risk factors are included in the risk assessment and management practice guidance, and associated tools outlined under **Pillar 2: Consistent and Collaborative Practice** and in **supporting resources**.

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[26] Our WATch, Reporting on Family Violence in Aboriginal and Torres Strait Islander Communities, Impacts of Aboriginal and Torres Strait Islander Family Violence, 2014, page 6.

[27] Australian Institute of Criminology, Non-disclosure of violence in Indigenous communities, Trends & issues in crime and criminal justice, 2011, No 405, page 5.

[28] Dunkley and Phillips, Domestic violence in Australia: a quick guide to issues, 2015.

[29] DVRCV Advocate, Family violence in an LGBTIQ context, 2015, Edition 2, page 2.

[30] The Commission notes at various points the under-reporting of family violence generally, and for specific forms, such as sexual assault, as well as by certain communities and at-risk age groups.

Evidence-based risk factors

Evidence-based risk factors associated with greater likelihood and/or severity of family violence are listed in **Table 1**. Evidence-based risk factors are **not weighted**, however there are evidence-based risk factors which may indicate an increased risk of the victim being killed or almost killed. These are highlighted in **Table 1**.

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

Recognising the evidence-base of factors is central to developing a shared understanding of risk. The risk factors outlined at **Table 1** are developed from a review of the prevalence of family violence risk. This evidence base primarily draws from reports of family violence incidents in opposite-sex intimate partner relationships.

The risk factors in **Table 1** are also relevant for people from Aboriginal communities, diverse communities and at-risk age groups, including children, young people and older people. The risk factors outlined below are described in gender-neutral language, where appropriate, to support further collection and understanding of the presentation of family violence risk factors and continuing development of the evidence base to include all forms, for all Victorian communities, as recognised under the FVPA.

Assessment of children's experience of risk is by assessing risk factors that may be experienced by both adult and child victims, as well as the child-specific risk factors outlined in **Table 1**. The assessment of any children's experience of risk should be undertaken with an understanding of the risk being experienced by any adult victim in the family. Experience of any of the risk factors can have a serious impact on a child's psychological, developmental and emotional wellbeing, and can also be used by perpetrators as a way to control the adult victim.

International evidence-based reviews and consultation with academics and expert practitioners have informed the development of evidence-based risk factors. Emerging risk factors are highlighted in **Table 1**, and evaluation and validation of factors will be undertaken to continue to strengthen the evidence base for the Victoria's system. Further information is at **Pillar 4**.

Table 1 groups risk factors into those that are:

- specific to adult victim survivors' circumstances
- caused by perpetrators behaviour towards an adult or child victim survivor
- additional risk factors caused by perpetrators behaviour specific to children, in recognition that children experience some unique risk factors, and that their risk must be assessed independently of adult victim survivors.

Remember

There are evidence-based risk factors which may indicate an increased risk of the victim being killed or almost killed. These serious risk factors are highlighted with bold/yellow shading in **Table 1**. Practitioners should note that the Brief Assessment, described in **Pillar 2**, is developed from this list of serious risk factors.

Factors that are emerging as evidence-informed family violence risk factors are indicated with a hash (#) in **Table 1**.

Not all professionals need to ask about each risk factor — practice guidance on use of risk assessment tools outlines what is most important to ask depending on the responsibilities of the organisation in their delivery of service to the service user.

A suite of tools is provided in **supporting resources** to this document, and further described in **Pillar 2**. The tools translate the evidence-based factors of risk, discussed below, into questions that can be asked of service users in an identification, screening (including routine screening, where applicable) or risk assessment process. The tools support practitioners, providing them with the key questions that will elicit the information they need about the risk factors.

An example of the screening tool includes:

• Has anyone in your family done something that made you or your children feel unsafe or afraid?

• Have they controlled your daily activities (e.g. who you see, where you go), or put you down?

• Have they threatened to hurt you in any way?

Table 1: Evidence-based risk factors

Risk factors relevant to an adult victim's circumstances[31]	Explanation
Physical assault while pregnant/following new birth	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 violence during pregnancy is regarded as a significant indicator of future harm to the woman and child victim. This factor is associated with control and escalation of violence already occurring.
Self-assessed level of risk #	Victims are often good predictors of their own level of safety and risk, including as a predictor of re-assault. Professionals should be aware that some victims may communicate a feeling of safety, or minimise their level of risk, due to the perpetrator's emotional abuse tactics creating uncertainty, denial or fear, and may still be at risk.[32]
Planning to leave or recent separation	For victims who are experiencing family violence, the high risk periods include when a victim starts planning to leave, 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. Victims (adult or child) are particularly at risk during the first two months of separation.
Escalation — increase in severity and/or frequency of violence	Violence occurring more often or becoming worse is associated with increased risk of lethal outcomes for victims.
Imminence #	Certain situations can increase the risk of family violence escalating in a very short timeframe. The risk may relate to court matters, particularly family court proceedings, release from prison, relocation, or other matters outside the control of the victim which may imminently impact their level of risk.
Financial abuse/difficulties	Financial abuse (across socioeconomic groups), financial stress and gambling addiction, particularly of the perpetrator, are risk factors for family violence. Financial abuse is a relevant determinant of a victim staying or leaving a relationship.
Risk factors for adult or	**Explanation**

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[31] Factors for assessing victim's risk may relate to either adult or child victim. Additional factors for assessing children's risk included below.

[32] Australian Institute of Family Studies, Family violence: Towards a holistic approach to screening and risk assessment in family support services, 'What is used to screen for and assess family violence?', 2010.

child victims caused by perpetrator behaviours	
Controlling behaviours	Use of controlling behaviours is strongly linked to homicide. Perpetrators who feel entitled to get their way, irrespective of the views and needs of, or impact on, others are more likely to use various forms of violence against their victim, including sexual violence. Perpetrators may express ownership over family members as an articulation of control.
	Examples of controlling behaviours include the perpetrator telling the victim how to dress, who they can socialise with, what services they can access, limiting cultural and community connection or access to culturally appropriate services, preventing work or study, controlling their access to money or other financial abuse, and determining when they can see friends and family or use the car. Perpetrators may also use third parties to monitor and control a victim or use systems and services as a form of control of a victim, such as intervention orders and family court proceedings.
Access to weapons	A weapon is defined as any tool or object used by a perpetrator to threaten or intimidate, harm or kill a victim or victims, or to destroy property. Perpetrators with access to weapons, particularly guns and knives, are much more likely to seriously injure or kill a victim or victims than perpetrators without access to weapons.
Use of weapon in most recent event	Use of a weapon indicates a high level of risk because previous behaviour is a likely predictor of future behaviour.
Has ever harmed or threatened to harm victim or family members	Psychological and emotional abuse are good predictors of continued abuse, including physical abuse. Previous physical assaults also predict future assaults.
	Threats by the perpetrator to hurt or cause actual harm to family members, including extended family members, in Australia or overseas, can be a way of controlling the victim through fear.
Has ever tried to strangle or choke the victim	Strangulation or choking is a common method used by perpetrators to kill victims. It is also linked to a general increased lethality risk to a current or former partner. Loss of consciousness, including from forced restriction of airflow, is linked to increased risk of lethality (both at the time of assault and in the following period of time) and hospitalisations, and of acquired brain injury.
Has ever threatened to kill victim	Evidence shows that a perpetrator's threat to kill a victim (adult or child) is often genuine and should be taken seriously, particularly where the perpetrator has been specific or detailed, or used other forms of violence in conjunction to the threat indicating an increased risk of carrying out the threat, such as strangulation and physical violence.
	This includes where there are multiple victims, such as where there has been a history of family violence between intimate partners, and threats to kill or harm another family member or child/children.
Has ever harmed or threatened to harm or kill pets or other animals	There is a correlation between cruelty to animals and family violence, including a direct link between family violence and pets being abused or killed. Abuse or threats of abuse against pets may be used by perpetrators to control family members.
Has ever threatened or tried to self-harm or commit suicide	Threats or attempts to self-harm or commit suicide are a risk factor for murder–suicide.
	This factor is an extreme extension of controlling behaviours.
Stalking of victim	Stalkers are more likely to be violent if they have had an intimate relationship with the victim, including during, following separation and including when the victim has commenced a new relationship. Stalking,

Family Violence Multi-Agency Risk Assessment and Management Framework

	when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking behaviour and obsessive thinking are highly related behaviours. Technology-facilitated abuse, including on social media, surveillance technologies and apps is a type of stalking.
Sexual assault of victim	Perpetrators who sexually assault their victim (adult or child) are also more likely to use other forms of violence against them.
Previous or current breach of court orders/ Intervention Orders	Breaching an Intervention Order, or any other order with family violence protection conditions, indicates the defendant is not willing to abide by the orders of a court. It also indicates a disregard for the law and authority. Such behaviour is a serious indicator of increased risk of future violence.
History of family violence #	Perpetrators with a history of family violence are more likely to continue to use violence against family members and in new relationships.
History of violent behaviour (not family 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. The nature of the violence may include credible threats or use of weapons, and attempted or actual assaults. Perpetrators who are violent men generally engage in more frequent and more severe family violence than perpetrators who do not have a violent past. A history of criminal justice system involvement (e.g. amount of time and number of occasions in and out of prison) is linked with family violence risk.
Obsession/jealous behaviour toward victim	A perpetrator's obsessive and/or excessive behaviour when experiencing jealousy is often related to controlling behaviours founded in rigid beliefs about gender roles and ownership of victims and has been linked to violent attacks.
Unemployed / Disengaged from education	A perpetrator's 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. Disengagement from education has similar associated risks to unemployment.
Drug and/or alcohol misuse/abuse	Perpetrators with a serious problem with illicit drugs, alcohol, prescription drugs or inhalants can lead to impairment in social functioning and creates an increased risk of family violence. This includes temporary drug-induced psychosis.
Mental illness / Depression	Murder–suicide outcomes in family violence have been associated with perpetrators who have mental illness, particularly depression. Mental illness may be linked with escalation, frequency and severity of violence.
Isolation	A victim is more vulnerable if isolated from family, friends, their community (including cultural) and the wider community and other social networks. Isolation also increases the likelihood of violence and is not simply geographic. Other examples of isolation include systemic factors that limit social interaction or facilitate the perpetrator not allowing the victim to have social interaction.
Physical harm #	Physical harm is an act of family violence and is an indicator of increased risk of continued or escalation in severity of violence. The severity and frequency of physical harm against the victim, and the nature of the physical harm tactics, informs an understanding of the severity of risk the victim may be facing. Physical harm resulting in head trauma is linked to increased risk of lethality and hospitalisations, and of acquired brain injury.

Emotional abuse #	Perpetrators' use of emotional abuse can have significant impacts on the victim's physical and mental health. Emotional abuse is used as a method to control the victim and keep them from seeking assistance.
Property damage #	Property damage as a method of controlling the victim, through fear and intimidation. It can also contribute to financial abuse, when property damage results in a need to finance repairs.
Risk factors specific to children caused by perpetrator behaviours	**Explanation**
Exposure to family violence #	Children are impacted, both directly and indirectly, by family violence, including the effects of family violence on the physical environment or the control of other adult or child family members. Risk of harm may be higher if the perpetrator is targeting certain children, particularly non-biological children in the family. Children's exposure to violence may also be direct, include the perpetrators' use of control and coercion over the child, or physical violence. The effects on children experiencing family violence include impacts on development, social and emotional wellbeing, and possible cumulative harm.
Sexualised behaviours towards a child by the perpetrator #	There is a strong link between family violence and sexual abuse. Perpetrators who demonstrate sexualised behaviours towards a child are also more likely to use other forms of violence against them, such as: • talking to a child in a sexually explicit way • sending sexual messages or emails to a child • exposing a child to sexual acts (including showing pornography to a child) • having a child pose or perform in a sexual manner (including child sexual exploitation). Child sexual abuse also includes circumstances where a child may be manipulated into believing they have brought the abuse on themselves, or that the abuse is an expression of love, through a process of grooming.
Child intervention in violence #	Children are more likely to be harmed by the perpetrator if they engage in protective behaviours for other family members or become physically or verbally involved in the violence. Additionally, where children use aggressive language and behaviour, this may indicate they are being exposed to or experiencing family violence.
Behaviour indicating non-return of child #	Perpetrator behaviours including threatening or failing to return a child can be used to harm the child and the affected parent. This risk factor includes failure to adhere to, or the undermining of agreed child care arrangements (or threatening to do so), threatened or actual removal of children overseas, returning children late, or not responding to contact from the affected parent when children are in the perpetrator's care. This risk arises from or is linked to entitlement-based attitudes and a perpetrator's sense of ownership over children. The behaviour is used as a way to control the adult victim, but also poses a serious risk to the child's psychological, developmental and emotional wellbeing.
Undermining the child-parent relationship #	Perpetrators often engage in behaviours that cause damage to the relationship between the adult victim and their child/children. These can include tactics to undermine capacity and confidence in parenting and

	undermining the child-parent relationship, including manipulation of the child's perception of the adult victim. This can have long-term impacts on the psychological, developmental and emotional wellbeing of the children and it indicates the perpetrator's willingness to involve children in their abuse.
Professional and statutory intervention #	Involvement of child protection, counsellors, or other professionals indicates that the violence has escalated to a level where intervention is required and indicates a serious risk to a child's psychological, developmental and emotional wellbeing.

Sometimes information about presence of risk factors for children is unavailable, due to failure to engage or minimal engagement from adult family members, or the age of the child. There is evidence that the following factors may indicate the presence or escalation of family violence risk, and they should be considered when assessing risk for children.

Risk factors specific to children's circumstances	Explanation
History of professional involvement and/or statutory intervention #	A history of involvement of child protection, youth justice, mental health professionals, or other relevant professionals may indicate the presence of family violence risk, including that family violence has escalated to the level where the child requires intervention or other service support.
Change in behaviour not explained by other causes #	A change in the behaviour of a child where there is known family violence that can't be explained by other causes, may indicate presence of family violence or an escalation of risk of harm from family violence for the child or other family members. Children may not always verbally communicate their concerns, but may change their behaviours to respond to and manage their own risk,[33] which may include responses such as becoming hyper vigilant, aggressive, withdrawn or overly compliant.
Child is a victim of other forms of harm #	Children's exposure to family violence may occur within an environment of polyvictimisation. Child victims of family violence are also particularly vulnerable to further harm from opportunistic perpetrators outside the family such as harassment, grooming, and physical or sexual assault. Conversely, children who have experienced these other forms of harm are more susceptible to recurrent victimization over their lifetimes, including family violence, and are more likely to suffer significant cumulative effects. Therefore, if a child is victim of other forms of harm, this may indicate an elevated family violence risk.[34]

Perpetrator behaviour and accountability

Promoting the safety of victim survivors, and holding perpetrators accountable for their actions and behaviour, is a basic objective of family violence laws, policies and programs. Individuals and systems are both responsible for perpetrator accountability.

Perpetrator accountability by an individual refers to a perpetrator's ability to accept responsibility for their actions, and work at the behaviour change process, to become safe and respectful towards their family, current or former partners and children.

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[33] Callaghan, J.E.M. and Alexander, J.H. (2015) Understanding Agency And Resistance Strategies (UNARS): Children's Experiences of Domestic Violence. Northampton, UK: University of Northampton

[34] T.I. Herrenkohl, C. Sousa, E.A. Tajima, R.C. Herrenkohl, C.A. Moylan, Intersection of child abuse and children's exposure to domestic violence, Trauma, Violence, and Abuse, 9 (2008), pp. 84–89

At a systems level, bringing perpetrators into view, monitoring their behaviour and holding them accountable is the responsibility of services and service providers.

Inconsistent responses to perpetrators increases the prevalence and impact of family violence on the safety, health and wellbeing of adult and child victim survivors. Inconsistent responses include:

- victim survivors being the only source of information about perpetrator behaviour, including for monitoring changes to behaviour
- risk management being focussed only on strategies for victim survivors to keep themselves and their children safe, without development and implementation of perpetrator risk management responses
- inconsistent or isolated service responses, including from the criminal justice system, such as where information about history of violence is not requested or shared to inform identification of who is the victim and who is perpetrator of violence over time, to inform incident-based identification, and subsequent risk assessment or management responses
- inadvertent collusion with perpetrators, including perpetrators use of service systems, justice responses, and court proceedings and processes as ways to control victim survivors
- limited capacity to identify and respond to perpetrators who access or engage with services for other needs such as drug and alcohol misuse, mental illness, housing and homelessness.[35]

Perpetrator accountability mechanisms are enacted through a continuum of formal responses from the criminal and civil justice system, through to informal responses from community service providers, the victim survivors and their family, and the wider community. Perpetrator accountability is enacted by systems, services and programs by:

- providing consistent information and messaging that violence is not tolerated or accepted
- recognising and rejecting attempts by perpetrators to seek collusion
- identifying, assessing and sharing information about risk, including contributing to the monitoring of perpetrators behaviours and working with victim survivors (such as through partner/family member contact as part of behaviour change programs)
- participating in coordinated and collaborative multi-agency risk assessment and management practice with other relevant services (including ongoing, as required, until risk is mitigated)
- supporting perpetrators to engage in behaviour change or other effective interventions
- reporting criminal offences.[36]

Misidentification and presentation of the perpetrator as a victim survivor

Some perpetrators of family violence report being victim survivors. A perpetrator can overtly present themselves as the victim of the violence to manipulate services, including police, to misidentify the real victim as a perpetrator. Presenting in this way is also consistent with 'victim stance' thinking that many perpetrators adopt to justify and excuse their behaviour.

Misidentification may also occur where a victim survivor uses self-defence or violent resistance during an incident or series of incidents of family violence.

Perpetrator actions and behaviours

While there are common risk factors of family violence, including tactics used by the perpetrator of violence, it is important to recognise that perpetrators differ in age, sexuality, culture, religious faith, and socio-economic status. While the perpetrator's mental health and drug and alcohol use are risk factors for family violence, **they are not the cause of the violence** and it is not appropriate to assume that

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[35] Adapted from Western Australia Family and Domestic Violence Common Risk Assessment and Risk Management Framework — Second edition, page 13.

[36] Adapted from Western Australia Family and Domestic Violence Common Risk Assessment and Risk Management Framework — Second edition, page 14.

these issues are always associated with identifying a perpetrator. Many individuals who experience mental illness or have problematic substance use are not perpetrators of family violence.

Remember
In Victoria, broader definitions are recognised and used by some communities of 'family' and 'family-like' relationships, and of the definition of family violence. 'Perpetrators' are also recognised as broader than only those who use violence in their intimate partner relationships, to any person in a family or family-like relationship, including carers for people with disabilities or older people, extended family, across kinship networks and communities, such as in Aboriginal and diverse communities.

Stereotypes of how perpetrators present can be misleading. Perpetrators do not always have similar backgrounds and behaviours. What they have in common is their use of coercive and controlling behaviours to manipulate, abuse and gain power over victim survivors. Signs of these behaviours include obvious and subtle coercive and controlling tactics, disregard for the law and authority, general disrespect for women and rigid views about gender roles. In addition to physical, financial and social abuse, perpetrators may also use a range of coercive and controlling behaviours as a form of spiritual, emotional and psychological abuse designed to undermine a victim survivor. This can impact on a victim survivor's mental health, self-esteem and dependency on the perpetrator who may also seek collusion from service providers to garner support for or justify their behaviours, or further their violence through a service response.

It is these commonalities of perpetrators behaviour that should be addressed by service system responses.

Family violence used by adolescents is a distinct form of family violence and requires a different response to family violence by adults

Adolescents who experience family violence often use it themselves — as a learned behaviour, through recruitment by an adult perpetrator and/or as an expression of grief, loss and trauma.[37] Violence used by adolescents is a distinct form of family violence and requires a different response to family violence committed by adults. Adolescents require therapeutic and diversionary approaches.[38] Therapeutic approaches should be used to improve identification of individual risk factors, such as previous exposure to family violence, trauma, mental illness, disability and other factors that have been linked to this form of family violence.

Some people may experience particular risks, forms of family violence and barriers to accessing support

Supporting resources include practice guidance with more detail about each of these groups. People may identify as belonging to one or more of the communities, listed below. Children and young people from these groups may also experience specific risks and forms of family violence, and barriers to accessing support.

Aboriginal people

Aboriginal people, particularly women and children, are disproportionately affected by family violence, including from family members who are not Aboriginal.

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[37] State of Victoria, Assessing children and young people experiencing family violence: A practice guide for family violence practitioners, Department of Human Services, 2013.

[38] The Commission, Report and recommendations, page 31.

Aboriginal understanding of family violence, and the form and presentations of family violence perpetrated against Aboriginal people, is outlined in Part A, on page 12.

It is essential to recognise the interconnections between, and effects of violence, social and economic disadvantage, racism and dispossession from land and culture on Aboriginal peoples, families and communities.

The history and ongoing impacts of colonisation, dispossession and the structural and systemic violence since then have contributed to increased rates of family violence perpetrated against Aboriginal people and communities. It is also important to note that the true prevalence of violence against Aboriginal people, predominantly women and children, is likely to be underestimated given the range of complex and compounding barriers to reporting and seeking support, including a lack of culturally safe services, an ongoing fear of child removal, and a profound mistrust of mainstream services.

The injustices experienced by Aboriginal people, including the dispossession of their land and traditional culture and the wrongful removal of children from their families, both historic and current, have had a profound impact on Aboriginal communities. Cultural dislocation, oppression, intergenerational trauma, lack of healing, systemic racism, institutionalised inequality and the loss of land, lore and language are all barriers to Aboriginal people enjoying good health, wellbeing and safety. It is these factors that have contributed to the increased prevalence of family violence affecting Aboriginal people, families and communities.[39]

People from culturally and linguistically diverse and faith communities

People from culturally and linguistically diverse and faith communities are disproportionately affected by family violence in that they are more likely than people of Anglo-Australian background to face barriers to services. Barriers may include lack of familiarity with services available, or their rights under the law, fear of authority, and lack of culturally, linguistically and faith-appropriate and safe service delivery. This is further complicated by the social and economic marginalisation of many people from culturally and linguistically diverse communities, especially those who have recently arrived in Australia. Services need to recognise intercultural/interfaith relationships, and that the cultural/faith background of each family member should be considered when understanding barriers and developing service responses.

Women from these communities experience the same forms of family violence as the broader community, as well as cultural or faith specific experiences such as forced/early marriage, dowry-related abuse, and coercion based on visa status, which are not readily recognised as family violence.

Women without permanent residency and uncertain visa status, including asylum seekers, also have limited access to services. Given the diversity of people from migrant and refugee backgrounds, a 'one size fits all' approach does not work for multicultural communities.

Some people from multicultural communities may also present with physical and mental health issues exacerbated by displacement and exposure to violence and trauma in their country of origin.

People from LGBTIQ communities

People from LGBTIQ communities experience particular forms of family violence as well as service access barriers. While many experiences of coercion and control are similar to those in heterosexual, cis-gendered relationships, there are some forms of family violence that differ. These include threats to expose a person's sexuality, or share private information about a person's gender history, sex characteristics or HIV status, hiding or withholding medications or hormones, and using homophobia, transphobia and lack of support as tools of control. Additionally, adherence to rigid gender roles disproportionately affects LGBTIQ young people.[40]

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[39] State of Victoria, Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027, page 45.

[40] Smith B, et al, From blues to rainbows, Australian Research Centre in Sex, Health, and Society, 2014, page 81.

When working with people from LGBTIQ communities, professionals should be aware that:

- LGBTIQ communities face additional barriers to identifying and reporting family violence and accessing appropriate services. Previous experiences of discrimination, or a lack of understanding and awareness, may result in a lack of trust in the service system and an unwillingness to access services or report family violence
- Some community members may prefer to interact with LGBTIQ-specific rather than universal services
- People may be in same-sex or heterosexual intimate partner relationships
- LGBTIQ communities have a wide variety of experiences and should not be treated as one homogenous group.

People with disabilities

People with disabilities, both adults and children, are at higher risk of experiencing family violence. Women and girls with disabilities experience even higher rates of abuse and violence than men with disabilities, who are at higher risk than men in the general population.[41]

Individuals may have a physical, sensory (which includes being deaf, hard of hearing, blind or deafblind), intellectual or cognitive disability, or a combination of disabilities. Professionals should tailor their approach and make any necessary physical or communication adjustments for people with disabilities. Cognitive impairment may impact a victim survivor's ability to effectively communicate their experience of risk.

People with a disability face an additional barrier if the abuser is also their primary carer. It should be noted that disability may increase dependence on the perpetrator. Women with children with disabilities may also face additional barriers to services. Professionals should believe people with a disability who disclose they are experiencing family violence. Some people with disabilities may doubt they will be believed because they haven't been believed in the past. People with disabilities may experience isolation and additional barriers to service access, for reasons such as perpetrators preventing access. People with disabilities may experience impairment-based family violence from a family member or carer, including using or withholding aides, medication or other devices that support the day-to-day capacity of people with disability.

People with mental health issues or mental illness

People, particularly women, with mental illness are at heightened risk of experiencing family violence. Some people may develop mental health issues or mental illness as a result of family violence abuse. People who develop or who have pre-existing mental illness may find it difficult to seek help because they may doubt they will be believed. Abusers may compound this belief with taunts relating to their credibility when reporting violence, their ability to support themselves if they leave the relationship and fear of losing any children should they leave. Victim survivors with pre-existing mental illness, and those who develop such issues during an abusive relationship, may also be unable to accurately assess their own risk or that of their children when they are affected by mental illness.

Older people

Older people can be at particular risk of experiencing elder abuse, a recognised form of family violence. Elder abuse may take any form of presentation of family violence. There is a higher prevalence of economic or financial abuse, often arising from a sense of entitlement from an adult child or carer, as well as social and service access isolation. Elder abuse can also resemble other forms of family violence, such as intimate partner violence, including sexual assault, which is experienced predominantly by older women.

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[41] Krnjacki L, et al, Prevalence and risk of violence against people with and without disabilities: Findings from an Australian population based study, Aust NZ J Public Health, 2016, page 16–21.

The perpetrator is also often the victim survivor's adult child. However, elder abuse can also be perpetrated by other family members, including extended family members or carers. Older women, who often live longer, experience higher rates of elder abuse than older men. The experience of elder abuse by older men and women may take different forms.

When working with older people, professionals should be aware that:

- Older people may be dependent on the perpetrator and be concerned about the consequences of reporting family violence, such as isolation and a loss of dignity and freedom
- Older people may believe that family violence is a private matter or may not recognise particular behaviours as violence. Traditional beliefs and values may enhance this view
- Older people may want to protect and maintain the relationship and not want to get the perpetrator into trouble, particularly if the perpetrator is the older person's adult child. This includes also where an older person is contributing as a carer to grandchildren. This may impact an older person's willingness to engage with legal and justice services
- Potential barriers to obtaining informed consent, such as access to services due to control of movements and isolation, cognitive capacity or language barriers.

Rural and remote communities

Disadvantages often faced by victim survivors living in rural communities include:

- isolation — either geographic or from services, family and friends
- women, children and young people needing to leave their community to access appropriate services, particularly for women with disabilities
- a lack of effective transport or alternative accommodation
- difficulties maintaining confidentiality and safety in smaller communities where victim survivors are more likely to encounter their perpetrators
- small communities may support perpetrators who are valued community members.

Firearms are more accessible in rural communities, which can increase women's risk. The threat or actual use of firearms is a significant reason women may not leave a relationship or seek help. There are a disproportionate number of domestic violence-related homicides in rural and remote areas.

Women in or exiting prison

Women in prison are often impacted by their experience of family violence, including:

- family violence in their childhood, disproportionately affecting them in later life
- being in prison for committing offences as a result of childhood violence or other trauma
- having been pressured to commit offences by a violent partner. Some might also be pursued by a violent partner while they are in prison or at risk of violence when they leave prison.

Women in prison have particular support needs, including therapeutic interventions in prison and protection from violence after their release. In addition, many women in prison struggle to obtain support before, during and after family violence, which can impede their recovery and lead to further criminalisation.

Male victims

Men from many backgrounds and identities experience family violence in intimate partner relationships or other forms of family violence, including gay, bisexual, trans, gender diverse and intersex men, Aboriginal men, adolescent males, men with disabilities, and older men. Research shows that a small number of heterosexual, cis-gendered men experience intimate partner violence in relationships with heterosexual, cis-gendered women.

While perpetrators against female victim survivors are most likely to be male intimate partners, perpetrators against male victims are more likely to be other male family members. Many men who are victims of intimate partner violence in heterosexual relationships also perpetrate family violence, that is, both parties may be using or experiencing violence in the relationship.

Professionals should be aware of particular considerations relating to risk, needs and choices for adult males experiencing family violence, which can include:

- fearing that they will not be believed, or that their experiences of violence and abuse will be seen as less important and less urgent than those of women and children
- being the primary carers who may require support for their children.

Pillar 2: Consistent and collaborative practice

Framework requirement

Framework organisations use a shared approach to identification, screening, assessment and management of family violence risk. Framework organisations use tools that are consistent with the evidence based factors at **Table 1**, and share information relevant to family violence risk assessment and management with other services in accordance with relevant laws.

The use of tools that share an evidence base, and information sharing, support consistency of practice across services and help to:

- keep victim survivors safe and manage ongoing risk
- keep perpetrators in view, accountable for their actions and behaviours and assisting them to change their behaviour
- reinforce a shared understanding of family violence and risk
- strengthen formal and informal collaborative arrangements.

Seriousness of risk is to be assessed through structured professional judgement, which comprises a victim's self-assessed level of risk, fear and safety, assessment against evidence-based risk factors, information sharing to inform assessment and professional judgement.

What do organisations need to do and why is this important?

Family violence risk assessment and risk management includes practices aimed at preventing, identifying, assessing and responding to family violence.

This pillar outlines the approaches to undertaking family violence risk identification, screening (including routine, where applicable), assessment and management. A shared and consistent approach to practice across the breadth of professionals who undertake risk identification, screening, assessment and management, informed by structured professional judgement is essential for effective, integrated and collaborative service responses that keep victim survivors safe, and perpetrators in view and accountable for their actions and behaviours.

Operational practice guidance on risk assessment and management, structured against the use of risk assessment approaches and tools will support system-wide understanding about the forms of family violence and seriousness of risk, and the development of appropriate tailored responses across the spectrum of family violence experience. Professionals involved in family violence risk assessment and management practice, as outlined in this pillar, will also be informed by the responsibilities, outlined in **Pillar 3.**

The Family Violence Information Sharing Scheme (the Scheme) authorises information sharing entities to share relevant information with each other to assess risk, collaborate and respond consistently.

Framework organisations can demonstrate *Consistent and collaborative practice*, by incorporating relevant information from this Pillar in their policies, procedure, practice guidance and tools,

consistent with their role in the system.

Framework organisations should determine how the suite of MARAM Framework tools may be applied to support their responsibilities in the family violence service system. Framework organisations may choose to either use the MARAM Framework tools as a whole or to include relevant questions from the tools into non-family violence specific assessments, as part of the process of alignment.

Existing validated family violence risk assessment tools that align with the evidence-base can continue to be used.

Seriousness of risk is assessed through structured professional judgement

There are three levels of risk: at risk, elevated risk, serious risk[42].

The level or seriousness of risk is determined by professionals who undertake risk assessment through structured professional judgement. This includes:

- a victim's self-assessed level of risk, safety and fear
- assessment against evidence-based risk factors
- information sharing to inform assessment
- professional judgement, using an intersectional analysis lens.

In some circumstances, the victim's self-assessed level of risk, fear or safety can be relied on to override the assessment of risk factors, particularly where there is a lack of other sources of information about the presence of factors.

The risk management and safety planning that follows is based on the assessed level of risk, and responding to the identified factors.

Evidence-based risk factors have been developed into risk assessment questions, through the suite of risk assessment approaches. Risk factors outlined in Table 1, **Pillar 1**, and related questions, are **not weighted**. However, professionals should understand the factors, particularly those which are more likely to indicate an increased risk of the victim being killed or almost killed, in determining the seriousness of risk.

It is important to recognise that an individuals' risk assessment and management practice can be accompanied by personal and systemic biases, implicit victim blaming beliefs and discriminatory attitudes that contribute to poor risk assessment and risk management responses among diverse communities and Aboriginal victim survivors. To redress some of the personal and systemic biases, all practitioners engaged in risk assessment and management should participate in ongoing cultural awareness, trauma-informed practice and family violence training.

Structured professional judgement also seeks to support practitioners to understand, using intersectional analysis, the relationship between the risk levels and how an understanding of the identity, experience, barriers and needs of the victim or perpetrator can inform determination of seriousness of presenting risk, particularly for people from Aboriginal and diverse communities and at-risk age groups.

Professionals who are undertaking behaviour and risk assessment with perpetrators of family violence should use the process of structured professional judgement to assess the level of risk. Practice guidance on this approach is provided in **supporting resources**.

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[42] Previously referred to as 'requires immediate protection', Victorian Government Family Violence Risk Assessment and Risk Management Framework, 2012, 87. Descriptions on each risk level is in Core Knowledge practice guidance.

Risk identification, screening and assessment is through tools that are consistent with evidence-based risk factors

A set of identification, screening (including routine, where applicable) and risk assessment tools with practice guidance will be provided in **supporting resources** for the use of services, service providers, professionals and organisations depending on their responsibilities and their level of family violence knowledge and expertise.

The use of consistent approaches to family violence risk assessment informed by practice guidance is vital to ensuring consistent determination of the levels of risk facing victim survivors and to promote collaborative practice between services and service users.

Risk identification includes an awareness of the signs of family violence risk, informed by the evidence-based risk factors, which are further described in the practice guide in **supporting resources**.

Remember

Family violence risk assessment is undertaken through **structured professional judgement**. This approach combines the following core elements to determine the level of risk being experienced by victim survivors:

- the victim survivor's own assessment of their level of risk, safety and fear
- assessment against evidence-based risk factors
- information sharing with relevant agencies to inform risk assessment and management, and
- professional judgement of seriousness of risk, of the service provider engaged with the victim survivor, using intersectional analysis lens.

Asking victim survivors to assess their level of risk at the end of an assessment is often more accurate as through the assessment process they are provided with information on the range of risks they are experiencing, and there is often a reduction of minimisation of risk.

A victim survivors self-assessed level of risk, safety and fear may be used to override the assessment of risk factors as it is known to be a reliable indication of the level of risk, particularly when there is no other information available.

Family violence **risk assessment** includes identifying risk factors to determine the likelihood of an adverse event occurring, its consequence, and its timing. Structured professional judgement will assist professionals to understand the relationship between likelihood of an adverse event occurring, the consequences or impact and timing of risk. While risk assessment cannot predict all events, it allows for informed, tailored and proactive risk management that can help reduce the risk that a person will be harmed.[43]

Approaches to risk assessment for child or adult victim survivors

Organisational leaders will support professionals across services to understand the appropriate risk identification, screening or assessment approach for their role.

The key to developing consistent practice across the service system is training and capacity building to enable professionals to understand the underlying evidence base of risk factors so that they can confidently apply these to family violence risk identification, screening and assessment when fulfilling their role in the system.

Remember

The approach to assessing and managing children and young people's risk of family violence includes conducting capacity and age-appropriate risk assessment with children and young people

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[43] The Commission, Investment, page 212.

and involving them in safety planning for risk management responses. The risk management responses considered for children may include therapeutic interventions, counselling and early intervention programs for children and young people, and youth-appropriate accommodation for young people escaping family violence.

Risk assessment approaches and related practice guidance have been designed to build a picture of identified risks and support shared understanding between services.

Operational practice guidance will explain how to ask appropriate questions suitable to professionals' level of expertise, and when to engage a specialist practitioner for secondary consultation and/or comprehensive assessment. The **supporting resources** will include practice guidance on the following risk assessment approaches:

• Self-assessment (adult victim survivor only)
• Identification and screening (including routine screening, where applicable)
• Brief risk assessment
• Intermediate risk assessment
• Comprehensive risk assessment.

One professional is unlikely to use **all** risk assessment tools or related practice guidance but will use the tool appropriate to the responsibilities of their role. In accordance with the Scheme and other legislative authorisation, including privacy laws, relevant information can be shared among professionals engaged in the support of a victim survivor to ensure the most accurate and informed assessment of risk and risk management plan is developed.

Questions to support assessment of family violence risk to a child or young person, including those to be direct to a child or young person, as appropriate to their age, capacity and developmental stage, are included in the suite of risk assessment approaches, including the Intermediate and Comprehensive Risk Assessments.

The section below provides a summary of each of the approaches to assessment that will be articulated further in practice guidance.

Framework organisations will be provided guidance on how to embed the consistent set of risk factors (see **Pillar 1**), through the suite of tools provided in **supporting resources**, or through alignment of their existing risk assessment tools, and related policies, procedures and practice guidance (see **Embedding Resources**).

Tools used by organisations that are validated and/or align with the evidence-based risk factors, can continue to be used.

Self-assessment

A self-assessment tool will inform the victim survivor about the nature and seriousness of the risks they may be experiencing. It asks questions about how a family member behaves towards them, allowing them to understand more about the risk they are experiencing. This information may be provided to services to support professionals' risk assessment and management.

Identification and screening (including routine screening)

Risk identification means a professional or service provider understands the evidence-based family violence risk factors, is aware of the signs of family violence risk and can identify if they are being experienced by a service user, even if the service user is not directly disclosing that they are experiencing or have experienced family violence.

A screening tool is a short assessment professionals can use when they suspect or have identified family violence.[44] Some organisations may use the questions in this tool as part of routine screening. Others will use a screening tool only when family violence is suspected or disclosed. The questions allow professionals to quickly understand the severity of the violence and take appropriate action.

Screening can be used by any service or service provider. Some may not be specialist family violence practitioners, but they may provide a service that could support identification of potential signs of family violence and contribute to early identification and information sharing. Routine screening is recommended for use by certain professionals providing antenatal or maternal health services.

Remember
Routine screening is a process of enquiry with every service user about their experience of family violence. This may be self-administered through a questionnaire prior to service engagement, or through questions asked by a professional during service provision. Routine screening for family violence may occur as part of a broader risk screening procedure within an organisation. **Routine screening is not required to be undertaken by all Framework organisations**. Routine screening is generally undertaken by a small number of Framework organisation types. The Commission recommended routine screening in all public antenatal settings.

Brief Assessment

Brief Assessment is for **time-critical interventions**. A Brief Assessment is designed to identify **serious risk factors**, associated with an increased likelihood of the victim survivor being killed or nearly killed, to assess the seriousness of risk and inform short term risk management. Information from the Brief Assessment can later be used to inform an intermediate assessment, or shared with a specialist family violence practitioner to inform a Comprehensive Assessment.

Brief Assessment should be used by frontline staff and critical responders, such as paramedics when:

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

Intermediate Assessment

Intermediate Assessment is designed for services and service providers who will take first steps in risk assessment and risk management, or used to monitor risk over time. It includes further questions, in addition to those in the Brief Assessment. Those professionals who use the Intermediate Assessment may have a short-term or an ongoing relationship with a client and can work with other services to contribute to Comprehensive Assessment.

Comprehensive Assessment

Comprehensive Assessment is designed for use where family violence has been established and a professional has specialised expertise to undertake comprehensive family violence risk assessment and management. Comprehensive Assessment can be completed for an adult or a child victim survivor. Comprehensive Assessment addresses all evidence-based risk factors, including serious risk, current and historical experiences of family violence, and other factors relevant to an individual's needs and barriers.

Comprehensive Assessment assists practitioners with specialised family violence expertise in recognising that risk factors can be experienced differently. Some risk factors may be relevant for

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[44] The Commission recommended use of routine screening in antenatal services. This tool however may be used by a range of organisations, as appropriate to their service and engagement with service users.

determining more serious risk is present for certain Aboriginal and diverse communities and at-risk age groups.

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Remember

A Comprehensive Assessment builds on information that may have been gathered through intermediate or brief assessment, in consultation with or following the referral of a victim survivor from another professional, if relevant.

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Perpetrator Behaviour and Comprehensive Risk Assessment by identified and specialist professionals

Perpetrator Behaviour Assessment, and related practice guidance, comprises the responsibilities of risk identification, screening, and risk assessment related to presenting issues, and assessment of criminogenic needs.

Conducting Behaviour Assessment with a perpetrator is designed to identify additional information that can supplement comprehensive perpetrator risk assessments conducted by specialist practitioners. Conducting a Perpetrator Behaviour Assessment can determine a perpetrator's willingness to change their behaviours and potentially engage with behaviour change programs and specialist services. This is vital when making decisions about intervention and accountability mechanisms, including criminal and non-criminal responses.

Some professionals[45] may be in a position to use the Perpetrator Behaviour Assessment and related operational practice guidance to identify service users who may be perpetrators and the presence of risk factors, share information for secondary consultation, participate in collaborative risk assessment, or refer to other agencies including specialist family violence services to provide an enhanced risk assessment and management response. In some cases, risk management of key behaviours related to presenting issues may be undertaken with the perpetrator. These may include professionals working in:

• Aged care services
• Alcohol and other drug services
• Mental health services
• Housing and homelessness services
• Gambling services
• Integrated family services
• DHHS Child Protection.

A range of perpetrator risk assessment tools are used in the criminal justice and specialist community service response systems. The form of perpetrator risk assessment, and circumstances and contexts in which it is used, are vary depending the organisation (i.e. correctional services use of offender management assessment) and relate to assessing and responding to dynamic risk factors associated with the perpetrator's belief systems and thinking, behaviours, personal and life circumstances.

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Further information in **supporting resources** will be provided for key identified professionals to assist with undertaking **Perpetrator Behaviour Assessment** and associated practice guidance.

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Assessing and managing risk of adolescents who use family violence

Adolescents who use family violence are also often experiencing family violence, or have experienced or been exposed to family violence as children. Therefore, risk assessment and management of

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[45] The Commission identified a range of professionals who have a role in perpetrator behaviour and risk assessment.

adolescents who use family violence should include assessment of their experience of family violence from other family members.

Practice Guidance in **supporting resources** will also contain advice on working with adolescents who use family violence against other family members.

Risk assessment of an adolescent's experience of family violence can be done by using a Comprehensive Risk Assessment that is adapted to consider the adolescent's or young person's age, developmental stage and capacity. Risk assessment of adolescents should also consider their needs and dependence on adults and family members for nurture, guidance and safety. Responses to the use of family violence by adolescents should prioritise the safety of family members experiencing family violence, as well as focus on maintaining relationships and connections with family members, where possible.

Service responses that include family healing to improve family relationships should prioritise the safety and wellbeing of family members. Interventions should explore and challenge attitudes and beliefs that support violence and enable adolescents to take responsibility for their actions and behaviours to support sustainable change. Responses to adolescents who use violence should include therapeutic responses and diversion programs and focus on developing skills to separate emotions from behaviours.

Risk management comprises all activities that keep victim survivors safe and hold perpetrators accountable for their actions and behaviours

Family violence risk management refers to the responses that help to reduce risk and harm. It is essential to assess the level of risk to appropriately manage risk and intervene, as appropriate, to lessen or prevent the level of risk entirely.

> Practice guidance on risk management is provided in **supporting resources**.

Every intervention that keeps adult and child victim survivors safe and keeps perpetrators in view and accountable for their actions and behaviours, is a form of risk management.

Risk management often takes the form of information sharing, secondary consultation and/or referral, risk management planning of perpetrator responses and interventions, safety planning and ongoing case management. It also often involves collaborative multi-agency decision-making.

Safety planning is just one part of risk management. It typically involves a plan developed by a practitioner with the victim survivor to manage their own safety in the short-medium term, building on what the victim survivor is already doing and what works for their circumstances. Safety planning will include strategies the victim survivor is already using to resist control, manage the perpetrator, and keep them safe. It includes key protective factors such as intervention orders, housing stability and safety, support networks, financial resources and more.

Family violence risk assessment and risk management should respect the agency, dignity and intrinsic empowerment of victim survivors by partnering with them as active decision-makers. This means undertaking the safety planning process as a collaboration between the service providers and victim survivors.

Sharing relevant information enables professionals to take timely and decisive action to respond to family violence. The suite of risk identification, screening and assessment approaches and associated practice guidance (in **supporting resources**), will advise professionals on what information is relevant to assess and manage family violence risk, and consequently relevant to share with other services under the Scheme, privacy law or other legislative authorisation. Effective information sharing is vital to keeping victim survivors safe, addressing perpetrator accountability and improving Victoria's response to family

violence.[46] This can keep victim survivors from having to repeat their experiences to multiple services, which can be discouraging, disempowering and re-traumatising.

Collaborative practice can be formal or informal arrangements between professionals to assess and manage risk for one or more service user through, for example, case conferencing meetings. Formal collaborative practices can be organisation-level arrangements, such as:

- multi-disciplinary, integrated practice, such as the Orange Door support and safety hubs
- multi-disciplinary, structured, recurrent coordinated meetings or panel arrangements, such as Risk Assessment and Management Panels (RAMPs)
- multi-agency, co-located arrangements, with processes for collaboration, such as Multi-Disciplinary Centres.

Informal collaborative risk management is the process of working with one or more organisations, utilising information sharing to seek secondary consultation to share relevant information and safety plans. Sometimes collaboration may be a one-off conversation or gaining history from an organisation that is no longer involved with the client. While there is no ongoing collaboration, there is still an element of collaborative risk management. Specialist family violence services play a unique role in this regard. The success of risk management strategies depends on coordination, communication and consistent responses among specialist and non-specialist community-based services and statutory authorities.

Risk management can be short-term to minimise or mitigate the risk of a family violence incident's severity or the immediate likelihood of an incident occurring. It also includes increasing safety and reducing the likelihood of continued family violence. However, risk management should be adaptive and ongoing until the risk is mitigated. Ongoing risk assessment and safety planning must be part of any risk management strategy.

Risk management must also focus on assisting individuals to move forward and recover from the violence they have experienced. A holistic response from a range of services to an individual's needs is required to promote stabilisation and recovery. This may include responses to a range of effects of family violence, such as emergency, interim and long-term housing, financial stability, personal safety, and psychological and physical recovery. It also recognises the victim survivor's strengths and resilience in keeping themselves safe up to this point. Their involvement in their own risk management plan is key to successful risk management and allows the victim survivor to feel that their views and opinions have been considered in the process.

To hold perpetrators accountable, professionals need to establish a 'web of accountability'[47] by coordinating formal and informal risk management responses. The Commission described a 'web of accountability' as responses that link all parts of the government, justice and social services sectors, to overcome system fragmentation and episodic responses.[48] This requires collaborative risk assessment, information sharing and coordination of risk management including safety plans (and action planning for service responses and interventions). This shifts the focus of risk management to the perpetrator, who is kept 'in view' and engaged and referred to relevant agencies, as well as being subject to justice responses. An appropriate mix of criminal justice responses and community-based programs should be considered, tailored to individual perpetrators.

Risk management can be conducted by specialist services working with perpetrators of family violence as an accountability mechanism to promote the individual taking responsibility for their actions and behaviours. Perpetrators are assisted to change their behaviour, including through men's behaviour change programs, family-violence informed counselling and case management.

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[46] The Commission, Report and Recommendations, 2016, page 20.

[47] The 'web of accountability concept is 'useful in conceptualising how multiple interventions need to occur — and be delivered consistently — in order to progress perpetrators towards reducing the harm they inflict on their families' Centre for Innovative Justice (2017). Mapping service systems and perpetrator journeys — Report to the Department of Premier and Cabinet.

[48] The Commission into Family Violence, Volume III (2016) 242.

Risk management also includes action and intervention planning and system-directed perpetrator accountability responses, including by statutory services. Practice guidance on risk management is provided in **supporting resources.**

Pillar 3: Responsibilities for risk assessment and management

Framework requirement

Framework organisations understand their responsibilities in risk assessment and management practice and how these relate to the operation of Part 5A of the **Family Violence Protection Act 2008**, as applicable.

Framework organisations assign responsibilities of services and services providers within them in accordance with **Table 3**.

What do organisations need to do and why is this important?

Organisations have various family violence risk assessment and management responsibilities. Professionals in and across organisations, may have different capacities and responsibilities. As such, defining these responsibilities in and across organisations supports development of consistency of practice across the service system, and expectations between organisations, professionals and service users.

Framework organisations can demonstrate application of responsibilities for risk assessment and management by incorporating relevant information from this Pillar in their policies, procedure, practice guidance and tools.

Responsibilities of relevant organisation, services and service providers are determined

Organisations have responsibilities in the service system if they have functions that support people who may be at risk of, experiencing or at risk of or perpetrating family violence. This may be a core part of their mandate or part of their broader service. Universal services have important roles across the spectrum of family violence early intervention, risk assessment and management.

The responsibilities below are set at the organisation or service level. These impact different services and service providers in each organisation. Responsibilities are applicable across the service system and are designed to work in existing practice models, across professions, sectors and organisations.

The responsibilities defined in the Framework, and set out below, are designed to complement the Ending Family Violence: Victoria's 10 Year Industry Plan *Responding to Family Violence Capability Framework*, which sets out the minimum expectations of skills and knowledge different professionals need to undertake family violence risk assessment and management.

The Framework includes 10 defined responsibilities. The first eight are cumulative. That is, an organisation which implements the eighth responsibility must also be able to implement all earlier responsibilities. The final two responsibilities apply to all organisations.

Each responsibility requires incorporation of the elements of shared understanding (**Pillar 1**) and consistent and collaborative practice (**Pillar 2**). The responsibilities should be enacted in line with the Principles, see page 11.

Other obligations

Professionals must also take into account other professional or legal obligations, or considerations across all interactions with all service users. Such obligations may include duty-of-care, obligations under

anti-discrimination laws, as well as mandatory reporting requirements or child safe-standards set out in the *Children, Youth and Families Act 2005*.

Many Framework organisations also have human rights obligations under the *Victorian Charter of Human Rights and Responsibilities Act 2006*. Framework organisations should therefore consider their human rights obligations when updating their policies, procedures, practice guidance and tools to ensure sufficient guidance is provided so that professionals can adhere to the Charter.

Table 3: Description of each organisation's responsibilities

Risk assessment and management responsibilities	Expectations of framework organisations and section 191 agencies
Responsibility 1: Respectful, sensitive and safe engagement	Ensure staff understand the nature and dynamics of family violence, facilitate an appropriate, accessible, culturally responsive environment for safe disclosure of information by service users, and respond to disclosures sensitively.
	Ensure staff recognise that any engagement of service users who may be a perpetrator must occur safely and not collude or respond to coercive behaviours.
Responsibility 2: Identification of family violence	Ensure staff use information gained through engagement with service users and other providers (and in some cases, through use of screening tools to aid identification/ or routine screening of all clients) to identify indicators of family violence risk and potentially affected family members.
	Ensure staff understand when it might be safe to ask questions of clients who may be a perpetrator, to assist with identification.
Responsibility 3: Intermediate risk assessment	Ensure staff can competently and confidently conduct intermediate risk assessment of adult and child victim survivors using structured professional judgement and appropriate tools, including the Brief and Intermediate Assessment tools.
	Where appropriate to the role and mandate of the organisation or service, and when safe to do so, ensure staff can competently and confidently contribute to behaviour assessment through engagement with a perpetrator, including use of the Perpetrator Behaviour Assessment, and contribute to keeping them in view and accountable for their actions and behaviours.
Responsibility 4: Intermediate risk management	Ensure staff actively address immediate risk and safety concerns relating to adult and child victim survivors, and undertake intermediate risk management, including safety planning.
	Those working directly with perpetrators attempt intermediate risk management when safe to do so, including safety planning.
Responsibility 5: Seek consultation for comprehensive risk assessment, risk management and referrals	Ensure staff seek internal supervision and further consult with family violence specialists to collaborate on risk assessment and risk management for adult and child victim survivors and perpetrators, and make active referrals for comprehensive specialist responses, if appropriate.
Responsibility 6: Contribute to information sharing with other services (as authorised by legislation)	Ensure staff proactively share information relevant to the assessment and management of family violence risk and respond to requests to share information from other information sharing entities under the Family Violence Information Sharing Scheme, privacy law or other legislative authorisation.
Responsibility 7: Comprehensive assessment	Ensure staff in specialist family violence positions are trained to comprehensively assess the risks, needs and protective factors for

	adult and child victim survivors.
	Ensure staff who specialise in working with perpetrators are trained and equipped to undertake comprehensive risk and needs assessment to determine seriousness of risk of the perpetrator, tailored intervention and support options, and contribute to keeping them in view and accountable for their actions and behaviours. This includes an understanding of situating their own roles and responsibilities in the broader system to enable mutually reinforcing interventions over time.
Responsibility 8: Comprehensive risk management and safety planning	Ensure staff in specialist family violence positions are trained to undertake comprehensive risk management through development, monitoring and actioning of safety plans (including ongoing risk assessment), in partnership with the adult or child victim survivor and support agencies.
	Ensure staff who specialise in working with perpetrators are trained to undertake comprehensive risk management through development, monitoring and actioning of risk management plans (including information sharing); monitoring across the service system (including justice systems); and actions to hold perpetrators accountable for their actions. This can be through formal and informal system accountability mechanisms that support perpetrators' personal accountability, to accept responsibility for their actions, and work at the behaviour change process.
Responsibility 9: Contribute to coordinated risk management	Ensure staff contribute to coordinated risk management, as part of integrated, multi-disciplinary and multiagency approaches, including information sharing, referrals, action planning, coordination of responses and collaborative action acquittal.
Responsibility 10: Collaborate for ongoing risk assessment and risk management	Ensure staff are equipped to play an ongoing role in collaboratively monitoring, assessing and managing risk over time to identify changes in assessed level of risk and ensure risk management and safety plans are responsive to changed circumstances, including escalation. Ensure safety plans are enacted.

Assisting organisations to determine how to apply the responsibilities

The process of aligning to the Framework will be different for each organisation. There is no one size fits all approach to categorising workforces and determining appropriate responsibilities. It requires a detailed understanding of each organisations operations. As such, organisations are required to identify and map their responsibilities as part of the alignment process. **Supporting resources** will be available to assist organisations to define workforce categories and responsibilities.

Organisations that have identified their responsibilities and effectively communicated these will help build confidence in the system, and the mutual recognition of the roles of other organisations. It also helps to identify gaps in the system's response to family violence.

Each Responsibility is supported by practice guidance and a range of risk assessment approaches in the **supporting resources**.

Supporting resources will help organisations define workforce categories and responsibilities. An initial map will assist organisations understand the minimum responsibilities for different services by describing the use of risk identification, screening and assessment approaches (tools).

Pillar 4: Systems, outcomes and continuous improvement

Framework requirement

Framework organisations:

- establish or utilise existing relevant governance and advisory structures to implement the Framework
- collect consistent information about the evidence-based family violence risk factors, through tools aligned to **Table 1**, of service users' individual experience of the forms of family violence
- undertake activities to change organisational culture and practice to promote continuous improvement in risk assessment and management practice, information sharing and enhanced collaboration with other services.

What do organisations need to do and why is this important?

The fundamental aim of the Framework is to increase the safety and wellbeing of Victorians by ensuring all services identify, assess and manage family violence risk, consistent with their roles in the service system.

Organisational leaders and governance bodies need to ensure all services use the Framework to understand their responsibilities and to ensure they are accurately assessing the level (seriousness) of risk and respond appropriately.

This pillar requires organisations to participate in system-wide data collection and evaluation. This initially consists of collecting relevant data from an organisation' system, making it available for evaluation and informing policy and programmatic decision-making. This Framework, along with the Family Violence Outcomes Framework, will provide outcomes, indicators and measures to help identify relevant data.

A focus on outcomes promotes future practice development and supports continuous improvement, see **Figure 2**, below, by:

- promoting a shared understanding of family violence and a greater understanding of risk factors and presentations of family violence across the community, including for Aboriginal and diverse communities
- promoting collaborative, multi-agency practice and information sharing
- building a stronger evidence base about risk and forms of family violence experiences
- supporting refinement and continuous improvement of the suite of risk assessment tools and associated assessment and management practice guidance in **supporting resources.**

Framework organisations can demonstrate contribution to systems, outcomes and continuous improvement, by incorporating relevant information from this Pillar in their policies, procedure, practice guidance and tools.

Across Victoria, Australia, and similar jurisdictions, there is strong data relating to intimate partner violence, where the victim survivor is female and the perpetrator is male. The evidence base of prevalence and risk factors for this cohort is well established. However, there is a need to strengthen the evidence around risk factors of other forms of family violence, including the prevalence and experience of family violence among Aboriginal and diverse communities and at-risk age cohorts.

Data is needed regarding the full range of violent behaviours outlined in the evidence-based risk factors in **Pillar 1,** and on family violence prevalence. Data on barriers to accessing service responses and the protective factors and prevention strategies adopted by different individuals in different communities, circumstances and age groups needs to be collected. Creating system-wide, consistent data collection

standards, measuring improvement in professionals' assessment and management practice and changes in client outcomes, is essential to continuous development of evidence-based best practice.

Future policy design and implementation should be informed by examining anonymised and/or aggregated client, organisational and system level data to improve understanding of the effectiveness, efficiency and impact of service responses and the Framework.

This data would inform future validation of assessment approaches, including the development of weighted risk assessment tools, future evidence-based best practice, analysis of trends and issues in the community, individual service responses and system-wide responses.

Relevant organisational governance structures

Organisations and service providers should identify relevant governance structures to support implementation, embedding and oversight of the Framework.

Existing or new governance structures in Framework organisations can provide leadership in and across services, organisations and sectors in culture and practice change. These governance structures should lead activities to align with the Framework, and to embed it in organisational systems and processes. Identified governance structures can support embedding through a range of capacity building measures, organisation-level systems (policies and procedures) and cultural change management activities. Embedding guidance will be provided in **supporting resources.**

Model of alignment

Implementing the Framework require significant culture change and system reform which will take time and effort at all levels of the service system. As such, Government's initial focus will be to support organisations by developing a model of alignment with guidance for organisations. This approach recognises the complexity of the service system and the variable starting points and stages of family violence practice literacy across different sectors. Recognising the different dimensions of change will provide flexibility so that organisations can begin the alignment process in the way that is most appropriate for their current level of maturity, and to be supported to progress to higher levels. Guidance will be provided in **supporting resources.**

The model describes the attributes expected of organisations at different levels of alignment with the Framework, starting with no or minimal alignment and ending with very strong alignment and sector leadership. It is important to note that the ongoing development of the evidence base, and the understanding of what constitutes good practice, means that alignment should be seen as an ongoing process for all organisations. **Embedding resources** will support a range of priority areas in the Framework, supporting services to understand the process of alignment and self-assess their progress.

Alignment under Part 11 of the FVPA for Framework organisations is measured against Framework requirements, set out in the Framework, and outlined under each Pillar of this document.

Guidance to support alignment activities through embedding the Framework change management activities will be included in **supporting resources.**

The next section outlines system-wide assessment and continuous improvement. Over time, and contingent on legal and funding requirements, it may be possible to connect more services to this system, enhancing the potential of the data collection and allowing systemic analysis of trends to support future reform.

Reviewing the Framework

In addition to on-going monitoring of implementation, the *Family Violence Protection Act 2008* requires periodic reviews of the operation of the Framework every five years. It also requires a legislative review of Part 11 within five years. The reviews will assess whether the Framework reflects the current evidence of best practices of family violence risk assessment and management and will recommend any changes. The findings of these reviews will be reflected in the **supporting resources**, which will be periodically re-issued.

The review will determine how well the Framework is operating, and identify if further work is needed to support implementation across the range of prescribed organisations and services. Service providers should be aware that these reviews provide an opportunity to look in more depth at services' alignment activities, including:

- how organisational practice has changed to respond to family violence, including a professional's experience of the changes
- the impact on victim survivor safety, including considerations of cultural responsiveness and the impact on perpetrator behaviour, accountability and engagement
- the effectiveness of the reforms in expanding the evidence base and supporting continuous review.

Reviews will have clear ethics considerations and approval to allow for the collection of additional quantitative and qualitative data. This will include considerations around client-level data. A priority will be ensuring the reviews capture the voices of victim survivors, so that their lived experience informs policy and program decisions.

Measuring outcomes

Organisations and service providers should understand that data collection enabled through implementation supports continuous improvement of the MARAM Framework. This supports the Victorian Government commitment to strengthened evidence-based policy. In addition, this data collection supports systems-wide outcomes measurement and contributes to the *Ending Family Violence: Victoria's 10 Year Plan for Change* and validation, including through the Family Violence Outcomes Framework.

The Family Violence Outcomes Framework outlines Victoria's priorities in preventing and responding to family violence, why these priorities matter and what constitutes success in achieving these outcomes. The priorities are:

- Family violence and gender inequality are not tolerated
- Victim survivors, vulnerable children and families, are safe and supported to recover and thrive
- Perpetrators are held to account, engaged and connected
- Preventing and responding to family violence is systemic and enduring.

The MARAM Framework, this document and **supporting resources** will contribute to all domains and outcomes within the Family Violence Outcomes Framework, including the following outcomes that are summarised below:

Domain	Outcome(s)
Victim survivors, vulnerable children and families are safe and supported to recover and thrive	Early intervention prevents escalation
	Families are safe and strong
	Victim survivors are safe
	Victim survivors are heard and in control
Perpetrators are held to account, engaged and	Early intervention prevents escalation

connected	Perpetrators are accountable for their behaviour
	Perpetrators are in view
Preventing and responding to family violence is systemic and enduring	Initiatives to respond to family violence are person-centred
	The system is united, integrated and joined-up

Whole-of-Victorian-Government outcomes, indicators and measures will assess the impact of the family violence reforms. It is important that indicators, where they do not already exist, are identified to understand the progress and processes of change across the system and measures are identified that are appropriate and feasible to assess this. Work is underway to develop more consistent approaches to measuring outcomes to help government and services to understand the impact of the Framework.

Figure 3
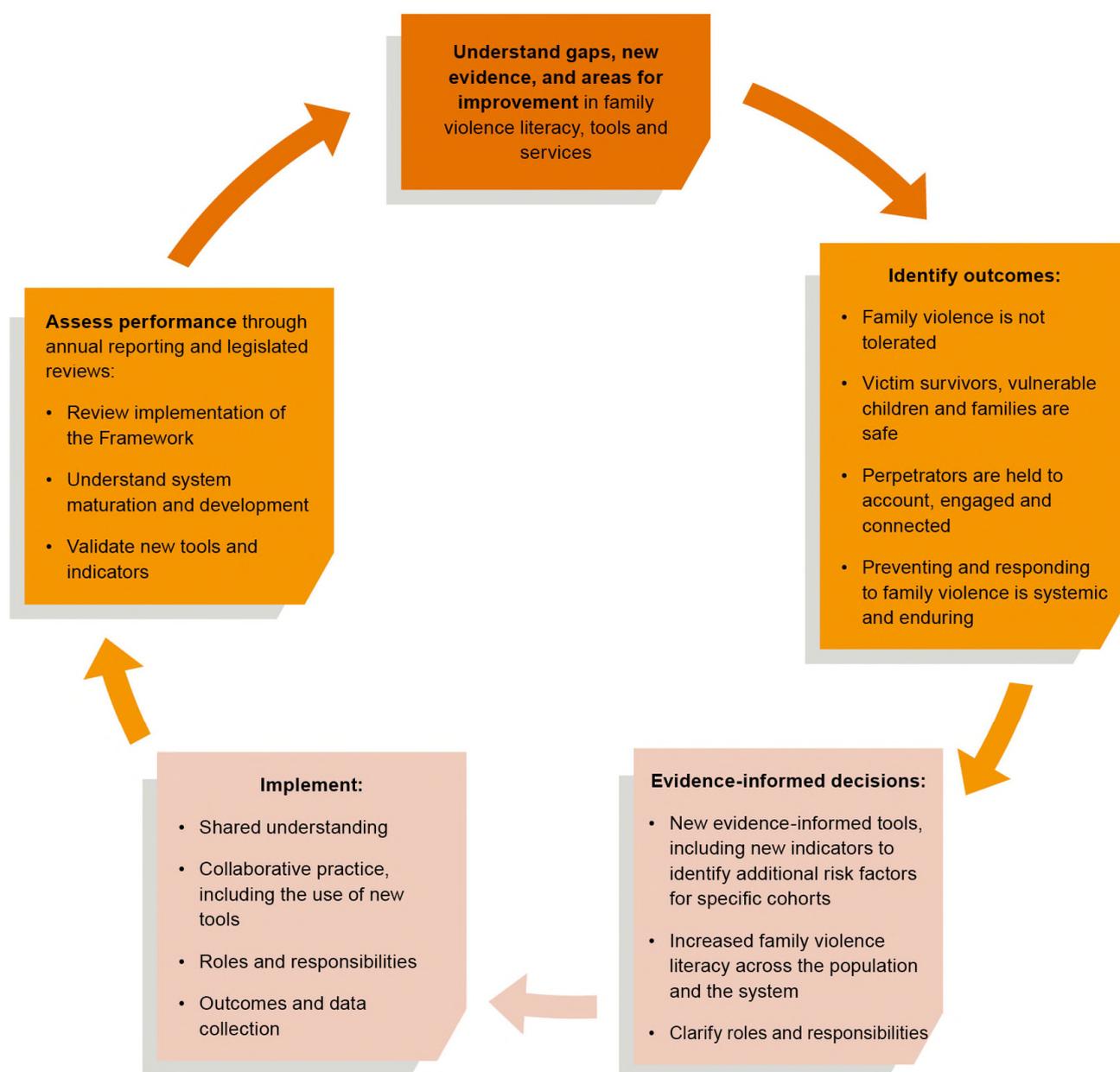
Organisations, services and service providers collect consistent data about family violence risk

The Framework requirements will improve data collected on victim survivors and perpetrators to include their age, sex, and identification with being LGBTIQ, a person with a disability, Aboriginal or from a culturally and linguistically diverse community.

The new suite of tools for risk identification, screening and assessment will support consistent data collection about victim survivors' experiences of family violence and the level of risk for the range of presentations of family violence.

Organisations undertaking family violence risk assessment must align their assessment tools to the Framework's evidence-based and evidence-informed risk factors (replicated at **Table 1**, **Pillar 1**, above) consistent with their responsibilities in the system. Data collection can be paper-based or electronic. Organisations can adapt or use relevant questions from the suite of tools in the **supporting resources**, in their assessment processes.

As previously noted, this does not necessarily require a complete adoption of Framework risk assessment tools. Over time organisations are required to incorporate into existing tools used in organisations' professional practice questions that are designed to elicit responses about evidence-based risk factors. Using the Framework evidence-based risk factors as a guide, and how these are captured in the suite of assessment approaches, will ensure data is collected in ways that enables comparison of data on risk factors for future validation and evidence-base reviews.

Consistent data collection will support future efforts to improve the Framework through the five-yearly reviews as well as initiatives that validate the assessment tools and improve the evidence base for family violence risk.

Aggregated data is used to understand service user outcomes and systemic practice issues, to support continuous practice improvement

Organisations should use data collected to better understand the needs of their service users and the demands on their staff as well as to support organisational level planning. Such analysis can improve service provision to victim survivors and perpetrators, in turn improving outcomes for victim survivors.

Data collected at the organisational level can be aggregated, de-identified and analysed across the service system. The analysis and new findings will be provided back into the system as advice, tools and practice guidance and disseminated to services by departments and peak bodies. To improve practice, data may be provided as case studies of good practice or statistical analysis of trends.

At the state-wide systems level, this data can support initiatives to improve policy and support for practice across different sectors. Data will be collected at the organisational level in different information systems (including digitised and hard copy records). Nonetheless, consistent collection will facilitate aggregation of this data to support systems improvement. In addition to the service user-level data, this includes:

- identifying the number of and extent to which individuals have multiple service engagements with professionals and services related to family violence, over time
- linking of individuals across data sets to track their interactions with the system where this is currently possible, for example; using Orange Door services' Customer Relationship Management (CRM) system.

Remember
Consistent data collection, including through integrated data systems, can aid the development of real-time monitoring and analysis of risk, particularly as it relates to escalation and re-occurrence or continued use of violence by perpetrators who present a serious risk to their family members.

Initially, the only mechanism for connecting risk assessment and management data across services will be the Customer Relationship Management (CRM) system, used by the Orange Door services. This will provide a new source of aggregated information to support service improvement initiatives.

Definitions

Aboriginal definition of family violence	The Victorian Indigenous Family Violence Task Force defined family violence in the context of Aboriginal communities as 'an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.' The definition also acknowledges the spiritual and cultural perpetration of violence by non-Aboriginal people against Aboriginal partners which manifests as exclusion or isolation from Aboriginal culture and/or community.[49]
Adolescent who uses family violence	A young person who chooses to use coercive and controlling techniques and violence against family members, including intimate partners. Adolescents who use family violence often coexist as victims of family violence and therapeutic responses should be explored.
At-risk age group	An age group that has been identified, through evidence, as being at a higher risk of experiencing or being exposed to family violence, due to their developmental stage, dependency on others or their experiencing a period of transition between dependence and independence, or vice versa. All children are vulnerable to experience or exposure to family violence, and some children may be more vulnerable.
	Infants are an at-risk age group as they are more likely to be present when family violence is occurring, as compared with all other age groups and are totally dependent on adult care to meet their needs. Risk and vulnerability diminish with increasing age of children.
	Adolescence, however, is also considered an at-risk age group as young people transition from dependence to independence, and if experiencing family violence in their family of origin, they are also at increased risk of experiencing violence in their intimate relationships.
	Older people are also recognised as an at-risk age group as at some stage they may experience ageism, and/or a period of transition from independence to dependence, and become more marginalised or devalued. In addition, their social and community connections can diminish over time and these factors can result in increased vulnerability to mistreatment and abuse.
Child	Has the meaning set out in section 4 of the *FVPA*, being a person who is under the age of 18 years (which includes infants and adolescents).
Cis-gendered	People whose gender identity is in line with the social expectations of their sex assigned at birth; i.e. those who are not transgender
CYFA	*Children, Youth and Families Act 2005* (Vic)
Commonwealth Privacy Act	*Privacy Act 1988* (Cth)
Culturally safe responses	To practice in a culturally safe way means to carry out practice in collaboration with the service user, with care and insight for their culture, while being mindful of one's own. A culturally safe environment is one where people feel safe and where there is no challenge or need for the denial of their identity.

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[49]State of Victoria, Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities — 10 year plan, Second Edition, 2008.

Family Violence Multi-Agency Risk Assessment and Management Framework

Diverse communities	Diverse communities include the following groups:
	diverse cultural, linguistic and faith communities; people with a disability; people experiencing mental health issues; lesbian, gay, bisexual, trans and gender diverse, intersex and queer/questioning (LGBTIQ) people; women in or exiting prison or forensic institutions; people who work in the sex industry; people living in regional, remote and rural communities; male victims; older people and young people (12–25 years of age).
Elder	An older person, as defined below.
	In Aboriginal communities, Aboriginal Elders hold valued positions and are recognised for their strong leadership, wisdom, expertise and contributions they make in the Aboriginal community.
Elder abuse	Is any harm or mistreatment of an older person that is committed by someone with whom the older person has a relationship of trust. In the context of family violence, this may be elder abuse by any person who is a family member (such as their partner or adult children) or carer. Elder abuse may take any of the forms defined under 'family violence'.
Family violence	Has the meaning set out in section 5 of the FVPA which is summarised here as any behaviour that occurs in family, domestic or intimate relationships that is physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening or coercive; or is in any other way controlling that causes a person to live in fear for their safety or wellbeing or that of another person.
	In relation to children, family violence is also defined as behaviour by any person that causes a child to hear or witness or otherwise be exposed to the effects of the above behaviour.
	This definition includes violence within a broader family context, such as extended families, kinship networks and communities.
Family violence assessment purpose	Has the meaning set out in s 144A of the FVPA being, the purpose of establishing or assessing the risk of a person committing family violence or a person being subjected to family violence.
Family violence protection purpose	As defined in the FVPA to mean the purpose of managing a risk of a person committing family violence (including the ongoing assessment of the risk of the person committing family violence) or a person being subjected to family violence (including the ongoing assessment of the risk of the person being subjected to family violence).
FOI Act	*Freedom of Information Act 1982.*
Framework	The Family Violence Risk Assessment and Risk Management Framework approved by the relevant Minister under section 189 of the FVPA.
Framework organisation	An organisation prescribed by regulation to be a Framework organisation for the purposes of Part 11 of the FVPA and required to align their policies, procedures, practice guidance and tools to it. References in this document to framework organisations include section 191 agencies.
FVPA	*Family Violence Protection Act 2008.*
Guidelines	The *Family Violence Information Sharing Guidelines issued by a Minister under section 144P of the FVPA.*
Imminence of risk	Likelihood of risk of harm or death escalating immediately or within a short timeframe.
Intersectionality	Refers to the structural inequality and discrimination experienced by

	different individuals and communities, and the impact of these creating barriers to service access and further marginalisation. Intersectionality is the complex, cumulative way in which the effects of multiple forms of identity-based structural inequality and discrimination (such as racism, sexism, ableism and classism) combine, overlap or intersect, in the experiences of individuals or communities.[50] These aspects of identity can include gender, ethnicity and cultural background, language, socio-economic status, disability, sexual orientation, gender identity, religion, age, geographic location or visa status.
ISE	Information sharing entity as defined in the FVPA to be a person or body prescribed, or a class of person or body prescribed, to be an information sharing entity.
LGBTIQ	Lesbian, Gay, Bisexual, Trans and Gender Diverse, Intersex and Queer/Questioning.
MARAM Framework	The Family Violence Multi-Agency Risk Assessment and Management Framework (this document)
Misidentification	Where a victim of family violence is named or categorised as a perpetrator (or respondent in criminal proceedings) for their use of self-defence, violent resistance, or as a form of defence of another family member, or where they are identified based on a misinterpretation of their presentation due to the impact of experience of violence, mental health issues, influence of alcohol or other drugs, aggression toward policy or initiation of police contact.
Older people	Any person who is aged 60 or older, any Aboriginal Victorian aged 45or older.
Perpetrator	Has the same meaning as the words "a person of concern" in s 144B of the FVPA. The FVPA provides an individual is a person of concern if an information sharing entity reasonably believes that there is a risk that they may commit family violence. This will have been identified by undertaking a Framework based family violence risk assessment.
Perpetrator accountability	The process by which the perpetrator themselves acknowledge and take responsibility for their choices to use family violence and work to change their behaviour.
	It sits with all practitioners, organisations and systems through their collective, consistent response to promote perpetrators capacity to take responsibility for their actions and impacts, through formal or informal services response mechanisms.
Predominant aggressor	The term predominant aggressor seeks to assist in identifying the actual perpetrator in the relationship, by distinguishing their history and pattern of coercion, power and controlling behaviour, from a victim who may have utilised self-defence or violent resistance in an incident or series of incidents. The predominant aggressor is the perpetrator who is using violence and control to exercise general, coercive control over their partner or family member, and for whom, once they have been violent, particularly use of physical or sexual violence, all of their other actions take on the threat of violence.
Protection entity	A prescribed information sharing entity that is authorised to request information for a family violence protection purpose.
Queer	Queer is an umbrella term used by some people to describe non-conforming gender identities and sexual orientations. Queer includes people who are questioning their gender identity and sexual orientation

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[50] Adapted from Merriam-Webster dictionary definition of intersectionality.

Reasonable belief threshold	A reasonable belief requires the existence of facts that are sufficient to induce the belief in a reasonable person. Belief requires something more than suspicion.[51]
Regulations	The Family Violence Protection (Information Sharing and Risk Management) Regulations 2018
Risk assessment	The process of applying structured professional judgement to determine the level of family violence risk.by:
Risk assessment entity	Has the same meaning as set out in the FVPA, being an information sharing entity that is prescribed to belong to the category of a risk assessment entity. Risk assessment entities can request and voluntarily receive information from ISEs for a family violence assessment purpose.
Risk identification	Recognising through observation or enquiry that family violence risk factors are present, and then taking appropriate actions to refer or manage the risk.
Risk factors	Evidence-based factors that are associated with the likelihood of family violence occurring or the severity of the risk of family violence.
Risk management	Any action or intervention taken to reduce the level of risk posed to a victim and hold perpetrators to account. Actions taken and interventions that are implemented appropriate to the level of risk identified in the risk assessment stage.
Routine screening	The use of family violence specific screening questions, asked of all individuals engaged with a service in the intake/screening/initial consultation phase.
Safety planning	Process of implementing a strategy or identifying steps to be taken, subject to timelines agreed with relevant parties, to reduce the likelihood of further family violence occurring and ensure safety for the victim/s.
Screening	The use of questions to explore the possibility of family violence being present, due to concerns through observation or other assessment.
Section 191 agency	Has the same meaning as section 188 of the FVPA being, an agency that a public service body or public entity enters into or renews a state contract or other contract or agreement with in accordance with section 191 and that provides services under that contract or agreement that are relevant to family violence risk assessment or family violence risk management. References in this document to Framework organisations include section 191 agencies.
Serious risk	Risk factors associated with the increased likelihood of the victim survivor being killed or nearly killed.
Service	Provision of a specific support or providing a formalised level of assistance, which is of benefit to individuals in the community.
Service provider	Businesses, organisations, or other professional groups which provide a service or range of services, to the benefit of individuals in the community.
Seriousness of risk	The level of risk assessed to be present, indicating the likelihood that the victim/s will be seriously harmed, killed, or be subjected to an escalation of the family violence perpetrated against them.
The Commission	Victorian Royal Commission into Family Violence.

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[51] See George v Rockett (1990) 170 CLR 104.

Third party	Has the same meaning as the words "a linked person" in section 144A of the FVPA, being any person whose confidential information is relevant to a family violence assessment purpose or family violence protection purpose other than a person who is a primary person (i.e. the victim survivor), a person of concern (i.e. the perpetrator) or is alleged to pose a risk of family violence (i.e. alleged perpetrator).
Transgender	People whose gender identity differs from the social expectations of their sex assigned at birth, that is, a person who is not cis-gender
Victim Survivor	Has the same meaning as the words "a *primary person"* (adult or child) in the FVPA. The FVPA provides a person is a primary person if an information sharing entity reasonably believes there is risk that the person may be subjected to family violence.