# MARAM PRACTICE GUIDES

# RESPONSIBILITY 3: INTERMEDIATE RISK ASSESSMENT

Working with adult people using family violence

VICTORIA
State Government

# RESPONSIBILITY 3

## INTERMEDIATE RISK ASSESSMENT



**NOTE**

This Practice Guide is for all professionals who have received training to provide a service response to a person they know is using family violence.

The learning objective for **Responsibility 3** builds on the material in the *Foundation Knowledge Guide* and in preceding **Responsibilities 1 and 2**.

# 3 INTERMEDIATE RISK ASSESSMENT

## 3.1 OVERVIEW

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

This chapter guides you in undertaking an intermediate risk assessment. This helps determine the level or 'seriousness' of risk presented by a person using family violence towards an adult or child victim survivor.

You can do this assessment directly after a service user discloses using family violence. You can also do it when you become aware of information confirming the person is using family violence, such as from another service, the victim survivor/s or a third party.

Intermediate risk assessment is also used to assess and monitor risk over time.

**Key capabilities**

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

- asking questions to obtain information related to risk factors
- using the model of Structured Professional Judgement in practice
- using intersectional analysis and inclusive practice
- using the **Adult Person Using Violence Intermediate Assessment Tool**
- understanding how observed narratives and behaviours and presenting needs or circumstances link to evidence-based risk factors
- evidence-based risk factors
- forming a professional judgement to determine the level or seriousness of risk, including 'at risk', 'elevated risk' or 'serious risk'/'serious risk and requires immediate protection/intervention'.

When working with a person using violence, an intermediate risk assessment focuses on information gathering and an analysis of:

- responses to prompting questions asked directly to the person using violence (refer to the **Intermediate assessment conversation model** in **Appendix 4**)
- your observation of the person's narratives and behaviours (refer to **Responsibility 2**)
- information shared by other services about risk factors
- the person's disclosed motivations for seeking help or support for their presenting needs or family violence behaviours
- family violence behaviours to identify recency, frequency and patterns, including patterns of coercive control.

The **Adult Person Using Violence Intermediate Assessment Tool (Intermediate Assessment Tool)** in **Appendix 3** provides a structure to support your analysis of information and application of Structured Professional Judgement to determine the level of risk.

Remember, **Responsibility 3** of the victim survivor–focused MARAM Practice Guides provides practice considerations, guidance and tools for assessing risk for children, young people and adult victim survivors.

**Responsibility 3** of the perpetrator-focused MARAM Practice Guides (this document) helps you identify and assess the person's use of violence and its impact on children, their parenting role and co-parenting relationships.

It also considers the person's motivations and capacity for change in relation to their parenting role, prioritising the safety, wellbeing and needs of children and young people.

Each guide prompts you to consider what is safe, appropriate and reasonable, considering the age and developmental stage of the child or young person as the first guiding consideration.

After an intermediate risk assessment, a professional may escalate the risk assessment (through secondary consultation or referral) for a comprehensive assessment to be undertaken by a specialist perpetrator intervention service practitioner.

**REMEMBER**

Adolescents who use violence need a different response than adults who use violence.

You should consider their age, developmental stage, whether they are also a victim survivor of violence, and their therapeutic needs.

You should also consider the specific protective factors that will support their development and stabilisation and recovery (such as family reunification where it is safe to do so), as well as overall circumstances.

For adolescents who are nearing adulthood, particularly if they are using intimate partner violence, you may use this guide with caution.

You should consider their age and developmental stage when asking prompting questions to explore risk, behaviour and motivation.

Narratives and behaviours indicating family violence from adolescents and young people nearing adulthood can be recorded in the **Intermediate Assessment Tool**.

Refer to MARAM Practice Guides for working with adolescents using violence for more information.

### 3.1.1 Who should undertake intermediate risk assessment and in what situations?

This guide is for professionals whose role is linked to, but not directly focused on, family violence.

As part of, or connected to, your core work, you will engage with people who are:

- using family violence (identified by observation of their narratives or behaviours, through direct disclosure, or information shared from another service/ third party)
- using family violence (not yet identified or disclosed) where the presenting need may contribute to their use of violence and controlling behaviours, for example:
  - their presenting need is related to mental health or drug and/or alcohol use, and may relate to family violence risk factor/s
  - their presenting need is masking or hiding their use of violence (for example, they are using the presenting need to justify, minimise or deny the use of violence)
- mandated to attend your service (their use of violence has been identified by the referring service/agency or disclosed)
- in a crisis situation as a result of their presenting needs or circumstances or use of family violence (and they are or are not aware/ready to admit/disclose this).

## 3.2 STRUCTURED PROFESSIONAL JUDGEMENT IN INTERMEDIATE RISK ASSESSMENT

Reflect on the model of Structured Professional Judgement when working with a person using violence, as outlined in **Section 10** of the *Foundation Knowledge Guide*.

**Figure 1: Model of Structured Professional Judgement**


The model of Structured Professional Judgement is an approach to risk assessment that supports you to determine the level or seriousness of risk presented by a person using family violence.

It provides a framework for analysing information to identify and understand patterns of family violence.

Risk assessment with a person using violence relies on you or another professional:

- centring the **lived experience and risk to the victim survivor** during your assessment
- identifying the **evidence-based risk factors** present.
- Victim-centred practice ensures that the **lived experience, dignity and safety** of all victim survivors is at the centre of your assessment.[1]
- You should apply your knowledge of the impact of family violence on adult and child victim survivors to understand or contextualise their experience of the person using violence.[2]
- You can share information and seek the advice and views of victim survivor advocates and/or specialist family violence services or other professionals working with adult and child victim survivors to understand their self-assessed level of risk and identify protective factors.

You can identify and analyse **evidence-based risk** factors through:

- your observations of the person using violence's presentation, violence-supporting narratives and behaviours, including attitudes and accepted norms that may underpin a person's choice or intention to use violence
- direct disclosures about their use of family violence behaviours
- the person's presenting needs and circumstances related to family violence risk factors
- your observations of patterns of coercive control, including where behaviours are targeted towards a victim survivor's identity, lived experience, needs or circumstances
- your observations or direct disclosures of motivations for engaging with your service or a family violence service.

1 Refer to **Sections 10-12** of the *Foundation Knowledge Guide*

2 Understanding the victim survivor's self-assessed level of risk can either be identified from direct assessment (if your service also works with the victim survivor), information sharing from another service working with the victim survivor, or through applying your understanding of the impacts of family violence

You can seek and **share information** to inform this approach from a variety of sources, including:

- observing or 'assessing' the person using violence directly
- proactively requesting or sharing information, as authorised, about the risk factors present, observations of narratives or behaviours of the person using violence, or other relevant information about a victim survivor's or perpetrator's needs or circumstances. This may be shared by other professionals or services, the victim survivor (if disclosed directly to your service), or a third party.

**Intersectional analysis**[3] must be applied as part of Structured Professional Judgement.

This means understanding that a person may experience structural inequalities, barriers and discrimination throughout their life.

These experiences will provide context for:

- their own identity and lived experience
- their understanding and capability to name, disclose or understand what constitutes violent behaviours
- how they manage their risk behaviours and safety towards victim survivors and themselves
- their engagement or access to services responding to their use of family violence, presenting needs and circumstances.

Applying a person-centred, trauma and violence-informed lens as part of Structured Professional Judgement also supports a better understanding of the person using violence (outlined in **Section 10** in the *Foundation Knowledge Guide*).

Together, the elements underpinning Structured Professional Judgement provide a structure for gathering and analysing information to assist you to determine the level or 'seriousness' of risk. You will use this analysis to determine intermediate level risk management responses, as required (refer to **Responsibility 4**).

3 You can find detail about applying intersectional analysis in **Section 10.3 of the** *Foundation Knowledge Guide*

**REMEMBER**

Refer to the *Foundation Knowledge Guide* and **Responsibility 1** for information on trauma and violence-informed practice.

Some people who use family violence have experienced trauma in their lives. They may need support to address this, while also addressing their use of family violence.

If your role is not to address trauma, you should support the person using violence to access a referral to a specialist service.

You may also seek secondary consultation to ensure no further trauma or harm occurs in your engagement approach.

When working with Aboriginal people using violence, it is particularly important that you understand trauma, including intergenerational trauma, and the person's healing journey as part of your engagement.

In some circumstances, experiences of trauma are a barrier to engagement in conversations about family violence risk or may be used to seek your collusion with a victim stance (refer to **Section 3.6**).

Trauma and violence-informed practice supports you to engage with the person using violence. You can acknowledge the trauma they may have experienced, minimise further trauma and reduce the likelihood of escalating the level of risk.

**REMEMBER**

Engaging with a person using family violence is critical to them stopping the violence, reducing risk and supporting motivation for behaviour change.

Refer to **Responsibilities 1 and 2** for guidance on engaging in a respectful, safe and non-collusive way to support a person using violence's ongoing contact with the service system. This also increases opportunities to monitor and manage the risk they present, while actively working towards behaviour change.

**Responsibility 3** requires a clear understanding of the drivers of family violence (outlined in the *Foundation Knowledge Guide*) and the circumstances and factors that contribute to the person's choice to use family violence (refer to **Responsibility 2**).

### 3.2.1 Information sharing to inform your assessment

Information sharing is a crucial part of your intermediate risk assessment practice.

**Responsibility 6** provides further guidance on 'risk-relevant' information when sharing information about a person using violence.

The *Family Violence Information Sharing Scheme Guidelines* and *Child Information Sharing Scheme Guidelines* outline how to make requests and share information if you are authorised under these schemes.

- Limitations on privacy and confidentiality should be clearly explained at initial engagement unless it would increase risk to a victim survivor (refer to **Responsibility 1 and Responsibility 6**).
- You should document in the **Intermediate Assessment Tool** whether a limited confidentiality conversation would increase risk to the victim survivor from the person using violence.

Intermediate risk assessment of a person using family violence is a collaborative activity. You undertake it with other professionals and services working with the person using violence, as well as adult and child victim survivor/s[4] and other family members (where relevant).

You may request information before engaging with the person using violence, particularly if:

- referral processes alert you to high-risk factors that may require an immediate risk management response to reduce or remove an identified threat
- you require further information about the risk the person presents to manage their attendance at your service, including where the identified victim survivor also attends your service.

**If you identify information that risk is escalating or imminent, and you are not working with the victim survivor, you should:**

- **call police on Triple 000**
- **seek secondary consultation and share information with specialist family violence services to support risk management responses.**

4 It is likely that the person using violence's ex/partner, child/ren or other family members identified as victim survivors are not involved with your service, or if they are, it is possible that you may not be alerted to this by the person using violence.

## 3.3 INTERSECTIONAL ANALYSIS AND INCLUSIVE PRACTICE IN INTERMEDIATE RISK ASSESSMENT

Reflect on guidance about applying intersectional analysis in the *Foundation Knowledge Guide*.

The experience of the person using violence is shaped by multiple identities, life experiences and circumstances.

Applying intersectional analysis means considering the person in their context. This involves recognising how experiences of structural inequality, barriers and discrimination can affect the person's trust in services and understanding of their use of violence.

It builds a greater understanding of the person you are engaging with. This allows you to assess risk, establish risk management strategies and support behaviour change.

It also supports you to reflect on your own views, biases and beliefs about a person's use of family violence and to respond safely and appropriately in practice.[5]

Experiences such as service barriers and discrimination related to a person's identity can influence how they might:

- talk about their use of violence, or recognise that their behaviour, beliefs and attitudes are linked to or reinforce their use of violence
- identify the service options available to them, based on actual or perceived barriers. This may be due to discrimination or inadequate service system responses experienced by themselves or people they know, including institutional or statutory services
- perceive or talk about the impact of their behaviours on their family and adult and child victim survivor/s. You may observe this through narratives that minimise, justify or blame others for their behaviour.

5 Reflective practice is outlined in **Section 10.6** of the *Foundation Knowledge Guide* and in the *Organisation Embedding Guidance and Resources*.

Use professional curiosity to remain open to the way the person using violence presents and engages with you. You can respond to their experience of systemic barriers without colluding with a narrative that justifies violent or abusive behaviour.

This includes:

- identifying and recording any concerns the person using violence has about engaging with your service. By considering their identity, circumstances or previous experiences with the service system, you can ensure your responses are safe and respectful
- engaging in a culturally safe and appropriate manner, including offering warm referral to a community specific service if the person using violence chooses. Engage with other agencies and/or the services of a bicultural/bilingual worker (ideally who is trained in family violence). This may be particularly important to assist with working with people from multicultural communities so that narratives of justification, denial and minimisation can be explored appropriately
- discussing supports available if Aboriginal people who use violence choose to engage with non-Aboriginal services due to privacy and confidentiality concerns. This may include exploring the possibilities of collaborative work between mainstream and Aboriginal community organisations or providing an Aboriginal support person
- seeking secondary consultation and possible co-case management with a service that specialises in responding to people from diverse communities in the context of family violence (refer to **Responsibilities 5, 6 and 9**)
- where safe and appropriate, discussing concerns you have about the risk they present to themselves and others because of the perceived or real barriers they face in seeking help.[6]

6 Note, it may be safe and appropriate to discuss concerns if the person using violence is mandated to attend a service (such as an alcohol and drug service) and they are aware they have a family violence intervention order (FVIO).

It is important that you explore and understand the person's:

- individual needs and circumstances, and how these relate to their use or pattern of family violence, as well as other life choices they may have made
- underlying concerns or any reluctance they have about recommended services or engagement with the system (for example, resistance to support and change)
- relationships with any victim survivor/s (including each child and/or family members) residing in the household to ascertain other risks of family violence for each person.

**REMEMBER**

Refer to **Responsibility 2** for guidance on the conditions that support the development and use of family violence.

A person's identity, early life experiences and circumstances are not excuses for their use of family violence, but they may contribute to their use of violence.

Remember to reflect on and challenge your own biases.

Violence and violence-supporting beliefs and attitudes are not an inherent part of any culture and should not be used to justify a person's use of violence.

These biases and assumptions can increase the risk of collusion with a person using violence and minimise the experience and risk to victim survivors.

Use intersectional analysis, to identify and understand a person's history of experience of violence and experiences of structural inequality or barriers to their willingness to engage or trust your service.

Secondary consultations with professionals and services can assist you to provide appropriate, accessible, inclusive and culturally responsive services to the person using violence.

### 3.3.1 Assessing risk when cognitive disability is present, including acquired brain injury

**Section 12.1.17** in the *Foundation Knowledge Guide* provides information on the prevalence, presentations and responses required in relation to people who use violence who have cognitive disability, including acquired brain injury (ABI).

**Appendix 5** provides guidance on screening for cognitive disability including ABI indicators with people using violence.

The **Intermediate Assessment Tool** for people using violence includes an intake field to record if the person using violence and/or victim survivor has cognitive disability.

You can also record the existing or required professional or therapeutic service supports in **Section 2** of the **Intermediate Assessment Tool**, 'Presenting needs and circumstances'. You can use **Sections 1 and 2** to record comments on how cognitive disability is relevant to the person's narratives and behaviours or supports required to respond to presenting needs.

#### Practice considerations for people with cognitive disability

You should have some understanding of cognitive disability, including:

- how this may affect presentation and capacity of the person using violence to communicate with you and the adjustments needed to ensure your communication approach enables engagement (**Responsibility 1**)
- observable indicators that they may have a cognitive disability
- how to screen for cognitive disability indicators, to inform your understanding of their narratives and behaviours and guide decision making on levels of risk

- when secondary consultation and referral is needed:
  - for support on communicative and neuropsychological assessment of their cognitive disability (refer to **Responsibilities 5 and 6**). This can inform service adjustments required to enable appropriate, effective interventions and address engagement barriers
  - to respond to significantly reduced cognitive capacity. This may be for the purpose of upskilling professionals, such as in making changes to the environment and minimising the risk of aggression. In some instances, management of these cases may also be occurring within Transport Accident Commission (TAC) or National Disability Insurance Scheme (NDIS) frameworks
  - for comprehensive risk assessment and management for the person with cognitive disability using violence. This includes support to tailor approaches and interventions to address the use of violence and safety for victim survivors (**Responsibilities 7 and 8**).

## 3.4 HOW TO USE THE INTERMEDIATE ASSESSMENT TOOL

A stand-alone template for the **Adult Person Using Violence Intermediate Assessment Tool** is in **Appendix 3**.

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

- identify the narratives and behaviours you observe that may indicate family violence risk
- identify family violence risk factors and behaviours by sharing information with other sources, as well as asking prompting questions when engaging with the person using violence
- identify presenting needs and circumstances that may be related to risk, increase the level of risk, impact on the person's capacity to act safely or take responsibility, or serve as protective factors
- consider the information gained through the assessment process and apply Structured Professional Judgement to identify patterns of coercive controlling behaviour, the person's intent or choice to use violence, and any motivations to engage and change behaviour. This analysis will support you to determine the level of risk at a point in time or changes in risk over time.

The **Intermediate Assessment Tool** asks you to note how you have formed the belief they are using violence.

This may be from:

- direct disclosure (from the service user)
- victim survivor disclosure
- observation of family violence risk factors (narratives or behaviours)
- information shared by another service or professional or third party (Victoria Police Family Violence Report (FVR, also known as an L17), Child Protection report, other risk assessments or information about use of violence shared by another service)
- referred or court mandated engagement.

Consider this information in your analysis of the person's intent or choice to use violence and motivation to engage and change behaviour.

The **Intermediate Assessment Tool** includes intake information and sections that help you to collect and analyse risk-relevant information.

This includes:

- **Section 1:** Observed narratives and behaviours indicating or disclosing family violence risk factors. Refer to **Responsibility 2** for guidance on identifying beliefs, attitudes and behaviours linked to the use of family violence and any narratives indicating minimisation or justification. These narratives may support you to identify underlying aspects of the person's intent or choice to use violence.

- **Section 2:** Presenting needs and circumstances that may contribute to risk behaviours, or function as a protective factor. Use the **person in their context** approach to understand and record any presenting needs and circumstances outlined under the areas of identity/relationships, community/social connections, systems interventions and practical/environmental supports.
- **Section 3:** Presence of risk factors identified by information sharing, observation or disclosure (person using violence, victim survivor, third party). Record the presence and detail of evidence-based risk factors, noting the source of information, including from other professionals and services working with the person using violence, or adult or child victim survivor. Information may be shared through professional collaboration and coordination processes. Record details of any risk factors requiring immediate response and seek secondary consultation to escalate the situation to Victoria Police and/or specialist family violence services.
- **Section 4:** Patterns of family violence behaviour and motivations. Patterns may be identified from understanding the types of behaviours used over time, including recency and frequency, and any links to situational circumstances or events. Patterns of behaviour may be different for each adult or child victim survivor. Motivation for the person's engagement about presenting needs may indicate likely motivations and readiness to engage for the purpose of addressing family violence behaviour.
- **Section 5:** Determining level of risk to an adult or child victim survivor, self (person using violence) or community/professionals. Record if the tool was used to support a determination of the predominant aggressor (where misidentification is suspected), identified patterns of coercive control and rationale for the level of risk.

An intermediate risk assessment may be completed over a number of service engagements as you build rapport and a professional relationship with the person using violence.

## 3.5 UNDERSTANDING THE INTERMEDIATE RISK ASSESSMENT PROCESS AND RISK LEVELS

Assessing risk occurs from the point of first contact and throughout your ongoing engagement with the person using violence.

Ongoing risk assessment helps build your understanding of the person in their context. This includes their risk behaviours, narratives, presenting needs and circumstances, and the impact of this on victim survivors over time.

Intermediate risk assessment can be built **into your existing organisational intake and assessment processes**.

You may already collect information relevant to the evidence-based risk factors or use direct questioning, as appropriate, to explore the person's life situation and behaviours.

### 3.5.1 Using your existing intake and engagement processes to inform risk assessment

Refer to **Responsibility 1** for guidance on safe engagement to establish trust and rapport supporting **your existing** organisational intake and assessment processes.

**Your conversation** with the person using violence should outline a process that incorporates:

- taking notes and filling out the service's intake and other relevant assessment forms[7]
- talking about the wellbeing and safety of all family members, including the person using violence (this is not just family violence–specific but for addressing a range of presenting needs and circumstances)
- information sharing (including advising the person using violence of their limited confidentiality)

7 If it is not safe to complete the Intermediate Assessment Tool in session, you may choose to do so outside of a session, e.g. using information gathered from the person using violence and other sources, and recording the information in the Intermediate Assessment Tool when the person using violence is not present.

- discussing the need to ask some challenging or difficult questions, if required, to better understand the person's needs and circumstances
- discussing what a safe environment looks like for the person using violence to discuss their needs
- discussing what a safe environment looks like for you as a worker.

Few people who use, or are suspected of using family violence, decline the process outlined above.

However, they may not disclose honestly or fully, and they are likely to provide a narrative that reflects their minimising, justifying or victim stance (discussed in **Section 3.6**).

**If they refuse to participate**, record this as a possible risk indicator. It highlights a level of resistance to address issues, including their use of family violence.

It may also indicate risk of disengagement.

You can seek support to navigate resistance or refusal through secondary consultation and supervision.

Your risk assessment process will be informed by:[8]

| Outcome | Action |
|---|---|
| **Building trust through safe, non-colluding practices** | Ask questions and listen to answers in a balanced, non-judgemental way. **You can listen and respectfully not agree with the responses.**<br>Use active listening skills and practice professional curiosity to:<br>- understand them as a person. You may use prompting questions in the **Intermediate assessment conversation model** in **Appendix 4** to explore how the person understands their own context, needs and circumstances<br>- explore their perspective about why they are at your service. This includes the person's presenting needs or circumstances, and any needs that are not explicitly named<br>- use opportunities to explore behaviours related to family violence as they present throughout your conversation. Opportunities may arise through incidental disclosures about the nature or dynamics of relationships. |
| **Identifying the motivation to engage9** | Understanding the capacity of the person using violence and/or driver of motivation to engage with your service is informed by whether they:<br>- are attending voluntarily for presenting needs or circumstances<br>- have been referred to your service<br>- are influenced to attend by ex/partner, children or family members/friends<br>- are mandated[10] to attend. |
| **Gathering risk-relevant information** | **Intake**<br>Consider risk-relevant information recorded in your organisation's client intake form to build further understanding of the presenting needs or circumstances of the person using violence. For example, presenting needs such as housing and homelessness issues and gambling. Intake forms also often contain information about family violence evidence-based risk factors, including alcohol and drug use, employment, education, and financial stability.<br>**Presenting needs and circumstances**<br>Identify risk factors and risk-relevant information from the presenting needs, and other needs and circumstances gained throughout the session/over time. |

8 This table provides examples only and is not a comprehensive list.
9 Engagement motivation at this point in time will relate to engagement with any support service. Over time you can continue to assess for motivation for referral to specialist perpetrator intervention services, addressed in **Responsibility 4**.
10 Court or corrections interventions at this point in time may or may not relate to family violence offences. Mandated interventions may arise by court order, part of corrections intervention or service, or parole conditions.

| Outcome | Action |
|---|---|
| **Analysing risk-relevant information** | Analyse information gathered with a risk lens, building an understanding of the 'person in their context' and family violence risk presented by the person using violence, as well as their capacity and motivations to take (a level of) responsibility for their use of violence.<br>Assess the level of risk through evidence-based risk factors, observations of their narratives and behaviours, disclosures (if any), information sharing from other professionals or services, and/or the victim survivor/s.<br>Analysing risk-relevant information also requires you to identify patterns of coercive controlling behaviour over time. |
| **Ongoing engagement and keeping the person using violence in view** | This engagement may be the first time the person using violence has a conversation about their presenting needs and circumstances, family relationships, motivations and/or use of family violence.<br>It is important you meet the person using violence 'where they are at'.<br>Do not rush an assessment 'to get it completed', as this:<br>... may increase likelihood of disengagement, or increase risk to the victim survivor or the person's risk to self<br>... may not achieve longer-term engagement or enable collection of risk-relevant information over time.<br>Using a strengths-based approach, including acknowledging help-seeking behaviour and feelings of shame or discomfort, may communicate to the person using violence you are there to support them.<br>Strength-based approaches when engaging with a person using violence will direct conversations towards implementing strategies to address their presenting need and the level of family violence risk present, in a collaborative and empowering way for the person using violence.<br>These approaches support the person to identify how they can address their needs, giving them responsibility and ownership for their decisions, actions and behaviours.<br>This builds the foundation for accepting responsibility for their use of violence and the impacts on victim survivors.<br>Offering ongoing engagement, where appropriate to your service, is a way to support the person using violence to remain 'in view' of the service system. Supporting the person to address their needs and stabilise their life circumstances is a useful risk management strategy. |
| **Responding to change in risk over time** | Ongoing risk assessment supports you to monitor for changes in behaviour, needs and circumstances over time.<br>Changes to presentations and patterns of risk will require you to update your risk management actions and interventions.<br>This includes responses to presenting needs, information sharing, secondary consultation or referral for specialist perpetrator interventions – or police interventions where there is serious risk requiring immediate intervention. |

### 3.5.2 Conversation prompts to support intermediate risk assessment

The **Intermediate Assessment Tool** should be used in conjunction with the **Intermediate assessment conversation model** (the **Assessment conversation model**) in **Appendix 4**.

This provides an example interview structure, including prompting questions to support your engagement with the person using violence.

The **Assessment conversation** model sets out how to use prompting questions to:

- engage in a dialogue with the person using violence, to uncover their understanding and narrative about themselves and their presenting needs
- build your understanding of how the person using violence views themselves in their context. For example, how they describe themselves as an individual, their relationships and family, and their environment (including social context and community)
- link presenting needs to the impact on relationships and identity, open a conversation about family violence behaviours[11] and encourage disclosure of family violence perpetration (if present)
- support a conversation to uncover information about their underlying beliefs, attitudes and accepted norms that contribute to their intention or choice to use family violence behaviours (refer to **Responsibility 2**). It may also support early conversations about readiness and motivation to address presenting needs and/or use of family violence, and connect to specialist perpetrator intervention services (further explored in **Responsibility 4**).

11 In general, the Assessment conversation model is asking about risk-relevant behaviours, needs and circumstances, without naming family violence directly, unless there is a disclosure that supports direct conversation and it is safe, appropriate and reasonable to continue the conversation.

You can use the **Assessment conversation model** with the person using violence in one session or across a series of sessions.

You should apply Structured Professional Judgement to analyse information the person shares with you.

Every engagement, non-engagement, conversation or observation you have with or in relation to the person using violence will inform your decision making in risk assessment and risk management.

The **Assessment conversation model** provides prompts to help you build rapport with, and elicit responses from, the person using violence. The goal of this is to explore their behaviours, needs and circumstances, including those that may be related to the use of family violence.

It may not be safe or appropriate in the circumstances or at this stage to use the words 'family violence' when talking to a person using violence. You may instead describe the behaviour and the impact of the behaviour.

This is not minimising the use of family violence. Rather, this practice reflects a balanced approach to avoid confrontation.

Introducing behaviours and their impact is a step towards enhancing self-awareness. This aims to increase the person's readiness and motivation to name, identify and address their use of family violence and seek help or referral for specialist interventions and support.

The **Assessment conversation model** is only a guide. You should use your engagement skills and experience to determine the best approach to your conversation with the person using violence, and navigate the conversation based on their responses and any immediate needs.

When preparing for conversations that can identify risk-relevant information, it is important that you consider the questions in the context of:

- your professional role and goals for engagement
- the person's presenting needs leading to engagement with your service, and other needs (identified or not)
- the person's identity, relationships and circumstances
- the nature of the person's relationship to the victim survivor/s
- the person's capacity and capability to participate in the conversation.

Planning for a session will be guided by the initial information you have about the person from previous contact, referral forms and information sharing.

You can seek secondary consultation from senior co-workers, your supervisor or team leader.

The prompts in the **Assessment conversation model** align with the areas of information collected in the **Intermediate Assessment Tool** at **Appendix 3**, and are signposted throughout.

**NOTE**

People who use family violence will characteristically take little or no responsibility for their use of family violence.

Where they do acknowledge their behaviours, they generally seek to minimise or justify it.

They may not be aware, or do not believe, behaviour such as verbal, emotional, financial and psychological abuse constitutes family violence.

They might frame their use of intimidation, isolation or other controlling behaviours as part of their role in the family, explaining and justifying their behaviour, rather than denying it.

### 3.5.3 Risk levels

The **Intermediate Assessment Tool** supports you to record and analyse information to assess the level or seriousness' of the risk presented by the person using violence to an adult or child victim survivor, to themselves and the community/ professionals.

Before you undertake intermediate risk assessment, it is important to understand the levels of risk that the person using family violence may present to victim survivors, as outlined in the table below. The likely circumstances for risk level, below, are examples only. As each person's situation is different, professionals must apply Structured Professional Judgement to determine the level of risk.

Table 1: Levels of family violence risk when working with the person using violence or victim survivor

| Risk level | Person using violence | Adult or child victim survivor |
|---|---|---|
| **At risk** | High-risk factors are not identified as present.<br>Some other recognised family violence risk factors are present. | |
| | **Likely circumstances for risk level**<br>Police involvement may have occurred.[12]<br>The person using violence may be in a contemplative stage[13] – they are considering the need to address their use of family violence.<br>A Safety Plan is developed for the person using violence, and strategies are supported by them. A Risk Management Plan may have been developed and this is consistent with the risk management strategies developed with the victim survivor/s.<br>Referral to a specialist perpetrator intervention service has occurred or is being considered.<br>The person using violence may:<br>... have stable accommodation<br>... be connected with services to address other presenting needs or circumstances<br>... be adhering to orders or interventions related to their use of violence<br>... present with a pattern of behaviour that has been successfully intervened or managed to lessen or prevent risk.[14] | Protective factors and risk management strategies, such as advocacy, information and victim survivor support and referral, are in place to lessen or remove (manage) the risk from the person using violence.<br>Adult victim survivor's self-assessed level of fear and risk is low, and safety is high.<br>Victim survivor/s are engaged with a specialist family violence service or other appropriate services supporting their safety, needs and recovery. |

12 Previous history of family violence is a strong risk indicator of future family violence. History is often indicated through past police incident records. However, be aware that some high-risk perpetrators, including those who commit homicide, will have had no prior involvement with police or the justice system. Lack of history of police involvement alone does not indicate lower level of risk.
13 Refer to **Responsibility 4** for further information about stages of change.
14 The pattern of behaviour must be considered alongside the tactics of coercive control and impact on victim survivor/s.

| Risk level | Person using violence | Adult or child victim survivor |
|---|---|---|
| **Elevated risk** | A number of risk factors are present, including some high-risk factors. Risk is likely to continue if risk management is not initiated/increased. | |
| | **Likely circumstances for risk level**<br>A Safety Plan may not yet be in place for the person using violence, or they are unable[15] to enact it.<br>Risk management strategies may:<br>... not be in place<br>... require review to strengthen the approach<br>... have successfully reduced risk from a previously assessed level of 'serious risk'.<br>Police have been involved on more than one occasion.[16]<br>The person using violence may:<br>... be in a pre-contemplative stage[17] – not believing there is a problem<br>... have intermittent contact with services responding to their presenting needs, circumstances or behaviour that impact on risk<br>... be likely to disengage from services<br>... present with changes to dynamic risk factors and level of coercive control, or have likely changes in the near future[18]<br>... present to services falsely reporting to be the victim, making false cross-accusations of violence, or is known to seek collusion from professionals increasing risk of misidentification.[19] | The likelihood of serious injury or death is not high. However, the impact of risk from the person using violence is affecting the victim survivor/s' day-to-day functioning.<br>Adult victim survivor's self-assessed level of fear and risk is elevated, and safety is medium.<br>Victim survivor/s are engaged with a specialist family violence service or other appropriate services supporting their safety, needs and recovery. |

15 This may be related to other presenting needs and circumstances impacting on risk, or level of readiness and motivation for engagement and change.
16 Refer to footnote 12 regarding police intervention and contact.
17 Refer to **Responsibility 4** for further information about stages of change.
18 Dynamic risk must be considered alongside an understanding of the changing level and dynamics of coercive control. Understanding levels of coercive control is outlined further in **Responsibility 7**.
19 Consideration is required to identify tactics and levels of systems abuse.

| Risk level | Person using violence | Adult or child victim survivor |
|---|---|---|
| **Serious risk** | A number of high-risk factors are present.<br>Frequency or severity of risk factors may have **changed or escalated**.<br>Serious outcomes may have occurred from current violence and it is indicated **further serious outcomes** from the use of violence are **likely**, and there **may be imminent** threat to the life of the victim survivor, themselves or the community.<br>Immediate risk management is required to lessen the level of risk or prevent a serious outcome from the identified threat presented by the person using violence. Statutory and non-statutory service responses are required and coordinated and collaborative risk management and action planning may be required. | |
| | **Likely circumstances for risk level**<br>The person using violence may:<br>... have previously and/or repeatedly used family violence against current and/or previous victim survivors<br>... have had police attendance at family violence incidents on several occasions[20]<br>... be actively counteracting the risk management or system interventions in place, including avoiding police, statutory authorities, or services, to remain 'unknown' or out of view of the system<br>... present with changed or escalating frequency or severity of violence within a short period of time (1–4 weeks)<br>... display a pattern of coercive controlling behaviours that has escalated or changed, with increased hostility, including extreme displays of entitlement, revenge and retribution, underlying their intention or choice for using violence | Adult victim survivor's self-assessed level of fear and risk is high to extremely high and safety is low.<br>Victim survivor/s are seeking an immediate intervention or unable to seek intervention due to levels of fear and risk. |

20 Crime Statistics Agency reports that 'Only 6.9% of alleged perpetrators had more than five family violence incidents recorded over the past ten years, but this group accounted for 30.7% of all family violence incidents.' Crime Statistics Agency 2016, *in fact*, no. 2.

| Risk level | Person using violence | Adult or child victim survivor |
|---|---|---|
| | ... present with characteristics linked to serious risk[21]<br>... have breached or is at risk of breaching court orders, intervention orders, community-based correction orders or family court orders. This includes recent, increasing or persistent breaches of orders.<br>... have very intermittent attendance or engagement with your service or has disengaged, and/or has no contact with any service<br>... have presenting needs or circumstances linked to risk that have not been addressed, have changed/escalated recently, or are linked to deterioration of circumstances. | |
| | ***Most serious risk cases can be managed by standard responses including by providing crisis or emergency responses by statutory and non-statutory (e.g. specialist family violence) services.***<br>***There are some cases where serious risk cases cannot be managed by standard, coordinated and collaborative responses and require formally convened crisis responses (such as RAMP).***<br>**Serious risk and requires immediate protection (for victim survivor) or intervention (for person using violence):**<br>*In addition to serious risk, as outlined above:*<br>Previous strategies for risk management have been unsuccessful.<br>**Escalation** of severity of violence has occurred/is likely to occur.<br>The person using violence does not respond to internal or external motivators. Concerns and observations about escalating behaviours become evident and require direct intervention.<br>There are threats to suicide or self-harm present. The threats are recent, repeated and/or specific. There may be other risk factors present, including stalking, sexual assault, change in behaviours. Non-fatal strangulation has occurred.<br>**Likelihood of homicide escalated and/or imminent.**<br>**Formally structured coordination and collaboration of service and agency responses is required.**<br>Involvement from statutory and non-statutory crisis response services is required (including possible referral for a RAMP response). This includes risk assessment and management planning and intervention to reduce or remove serious risk that is likely to result in lethality or serious physical or sexual violence.<br>Adult victim survivor self-assessed level of fear and risk is high to extremely high and safety is extremely low. | |

21 Characteristics linked to serious risk are outlined in **Responsibility 7**. This includes how to understand and assess patterns of coercive control.

### Supporting your assessment

The above table helps you analyse the information you have gathered through your intermediate risk assessment process.

However, the **Intermediate Assessment Tool** is just one resource you can use to determine the level or seriousness of risk of the person using violence.

You should use your Structured Professional Judgement and your professional experience, skills and knowledge to support your decision-making processes on the level of risk and your risk management actions.

## 3.5.4 Determining seriousness or level of risk

The model of Structured Professional Judgement provides a framework for gathering and analysing information to assist you to determine the level or 'seriousness' of risk.

This includes information about victim survivor lived experience and self-assessed level of risk, the presence of evidence-based risk factors including patterns of behaviour and intention to use violence, and experiences of structural inequality that impact on the person's risk and capacity for safety.

When working with a person using violence, determining the level of risk requires you to analyse all information related to:

- risk factors (static and dynamic)
- the perpetrator's behaviours, presenting needs and the background to the circumstances that brought them to the service system
- the pattern, history and intention for using family violence.

These elements, combined with an understanding of the effect their behaviour has on adult and child victim survivors, will assist your decision-making processes throughout intermediate risk assessment and risk management.

### Static and dynamic risk factors

Risk factors are recognised as static or dynamic. This reflects how much they are able to change (present/not present, frequency, escalation).

Some risk factors are 'highly static', such as history of violence and prior behaviours, as their presence does not change.

Some are 'highly dynamic', such as recent separation, impending court hearings and alcohol and drug use, as their presence can change risk rapidly.

Some dynamic risk factors are more stable in nature, in that they may take longer to change, such as beliefs and attitudes.

Both static and dynamic risk factors contribute to assessing and managing family violence risk.

They can also inform a discussion with the person using violence about safety planning, if appropriate (refer to **Responsibility 4**).

**REMEMBER**

It is unlikely you will be able to accurately determine the severity, frequency, change or escalation of risk from intermediate risk assessment conversations with the person using violence alone.

Information sharing is a critical input to your understanding of risk.

This will support you to more accurately determine the level or seriousness of risk.

You should proactively seek risk-relevant information from other services and professionals working with the person using violence or victim survivor/s to inform your assessment.

Understanding the concepts of severity, frequency, change or escalation of risk will support you to determine the level of family violence risk.

This is particularly important when analysing information shared by the victim survivor or another service that has undertaken a risk assessment with the victim survivor.

For further information about victim survivor–focused risk assessment, refer to victim survivor–focused **Responsibilities 3 and 7**.

### 3.5.5 Reviewing risk assessment over time

The intermediate risk assessment process is ongoing and should occur throughout your ongoing contact or engagement with the person using violence.

When you decide on the level or seriousness of risk, this reflects risk at 'a point in time'.

Your risk management strategy should be a direct response to the determined level of risk. It should address the risk factors, behaviours, needs and circumstances underpinning your rationale for risk level (developing a risk management strategy is outlined in **Responsibility 4**).

Risk is dynamic and can rapidly change or escalate over time.

Ongoing risk assessment requires you to assess and monitor the person using family violence's presentation and engagement, and presenting needs or circumstances related to family violence risk.

Risk factors will change and may escalate or de-escalate depending on the circumstances of the person using family violence.

Where possible, ongoing engagement ensures you can identify change or escalation of risk and behaviours.

You should take **every engagement** (such as conversation or observation), **non-engagement** (where the person declines to engage), **disengagement** (where person discontinues engagement with your service), as well as **historical and current information** into consideration when assessing the risk presented by the person using violence.

You should regularly revisit and build upon the prompting questions outlined in the **Assessment conversation model** with the person using violence. This helps you to understand changes in presentation and risk, and to gain a deeper understanding of the person's pattern and intent to use family violence.

You should also regularly and proactively seek and share information with others to inform and update your risk assessment.

If you identify changes in a person's behaviours, needs or circumstances, or gain further information related to risk, apply Structured Professional Judgement to determine the 'point in time' level of risk.

You can record this information using the **Intermediate Assessment Tool** and compare with previous risk assessments to identify patterns and changes to risk over time.

**The key to determining seriousness of risk is to understand how risk changes or escalates over time.**

If you identify that no change has occurred, you can continue to observe and monitor narratives related to risk. This will allow you to identify patterns of coercive control and the person's intent or choice to use violence.

Remember, no change or no reported change can also indicate risk.

Factors that impact the dynamic nature of risk presented by the person using violence can include:

- patterns of family violence behaviour
- family violence intervention orders and family violence safety notices, including when recently made, served, varied or expired
- events such as high-profile sports, religious or public holidays or school holidays (if applicable)
- court matters (generally) and Family Court matters pending, being resolved or remaining unresolved – particularly if related to divorce settlement, parenting orders/arrangements and change to arrangements
- emotional distress linked to relationship breakdown or parenting issues/changed arrangements (e.g. outside of court orders, above), particularly around holidays, birthdays or other significant events

- pregnancy/new birth for the adult victim survivor
- housing or homelessness, or change in accommodation or accommodation needs (such as related to family violence intervention order exclusion conditions)
- change in employment or financial situation/instability, disengagement with education
- alcohol or drug use, problematic gambling, and change in behaviour or access to these
- isolation or disconnection from family and/or friends, community
- isolation related or due to cultural or religious/faith-based beliefs.

Change in the relationship or power dynamics can be reflected in a change or escalation of the person's use of family violence.

Change outside of their control, such as change in circumstances or system interventions, may relate to retaliation and co-occurring escalation of family violence risk and general violent behaviours.

**NOTE**

It is likely the actual risk level is higher than you identify from your conversation, disclosure or observed narratives in a session with a person using violence.

This is because people rarely disclose more serious risk behaviours and incidents, often due to shame, denial or guilt.

This is not uncommon across many forms of engagement and counselling practices when client/worker relationships are forming.

Minimising, denying and blaming are common narratives. It takes time and skill to shift the narrative to one of taking responsibility and accountability.

It is important that you manage any uncomfortable feelings you have about this. Your communication should remain balanced, as this will support your engagement with the person using violence and increase the likelihood of their ongoing engagement with the service system.

## 3.6 RECOGNISING INVITATIONS TO COLLUDE

Collusion occurs when professionals, organisations and the service system act in ways that reinforce, support, excuse or minimise a person's use of family violence and its impacts.

It reduces your own and the service system's capacity to keep the person using violence engaged, in view and accountable for their behaviour, and to keep victim survivors safe.

All professionals have a responsibility to understand the drivers, contributing factors and presentations of family violence across different relationships and communities (refer to *Foundation Knowledge Guide*).

This knowledge will help you recognise and respond to invitations to collude throughout your practice.

In your engagement with people using violence, you may hear statements that invite you to collude.

These are often identified in narratives, outlined in detail in **Responsibility 2**, including narratives:

- specific to the type of relationship the person using violence has with the victim survivor, such as narratives about intimate partners may vary to narratives about children, family members or people in their care
- that deny, minimise, justify or blame-shift use of coercive control and violence
- that position the person using violence as a victim (victim stance) to further minimise or justify their use of violence
- that the person is entitled to use coercive control or violent behaviour
- that represent myths and stereotypes about family violence, identity, culture, faith and age.

Some people who use violence seek collusion through their narrative and description of their needs or circumstances. This helps them to avoid responsibility for their family violence behaviour, and to deny, minimise or justify their use of violence and control. Some narratives can sound convincing.

The person using violence may be very confident in expressing their justifications, denial and/or minimisation about their behaviour, their rigid beliefs, or use of inflammatory remarks about victim survivors. They may believe these will go unnoticed or unchecked, particularly if they have not been responded to in the past.

Some invitations to collude may be deliberate, considered and calculated. The person using violence may attempt to manipulate you to get you on side or instil doubt in you. This is usually preceded by a set of tactics, where the person using violence seeks to enlist your support for their perspective over time. For example, they may first seek your agreement that their life situation is 'challenging', that they are acting 'reasonably' given the circumstances they face, and that any 'disagreement' with the victim survivor is understandable.

You may be colluding with a person using violence when you accept this narrative as true and respond using terms such as 'relationship issues'.[22] You may continue to collude when you base your professional decisions only on the perspective of the person using violence. This means you accept the person's narrative on face value without considering the experience of the victim survivor.

You may adopt terms such as 'mutual violence' to describe the situation in case conference discussions. Your risk management actions and interventions may actually increase risk for the victim survivor. Refer to **Section 3.9** for guidance on predominant aggressor and misidentification.

22 This terminology implies that both parties are equally 'responsible' and minimises the actions of the person using violence. If there is uncertainty about the identity of the victim survivor or person using violence / predominant aggressor, refer to **Section 12.2.1 in the** *Foundation Knowledge Guide*.

Be aware that:

- People who use violence are poor predictors of, or intentionally minimise, the level of risk they present to others.
- It is uncommon for a person using violence to be open and honest about their patterns of coercive controlling behaviours or violence in the initial stages of engagement.
- People who take little or no responsibility for their use of family violence may be heavily invested in inviting you to collude with them by agreeing or empathising with their story.
- People who use violence often make attempts to avoid acknowledging their use of violence. If they do, they often couch disclosures in narratives that seek to minimise the impact of their behaviour or blame something external for their actions (such as work stress, the behaviour of the victim survivor, or alcohol use).

There are two broad obstacles to a person using violence taking responsibility for their behaviour:

- feelings of shame about their actions
- using deliberate attempts to minimise, deny, shift blame or remove their own responsibility in order to maintain power and control over victim survivors.

Often, a combination of these two obstacles occur simultaneously for the person.

### 3.6.1 Recognising collusion based on a victim stance

People who use violence often present with a victim stance.

They may adopt a victim stance when they don't recognise their behaviours as family violence. This is particularly the case if they believe physical violence is the only form of family violence and when their use of other behaviours has resulted in police or service intervention.

'Victim stance' is an emerging and complex concept, arising from descriptions of professionals in direct practice in specialist perpetrator interventions.

**Responsibility 2** outlines narratives related to a victim stance.

The headings below provide more information on the contexts in which people using violence may adopt a victim stance.

### The person has past or recent experiences of trauma

A person using violence may adopt a victim stance when presenting (legitimately) as a victim of violence, trauma, experiences or systems. They may do this without taking responsibility for, or even admitting to, the harm they have caused.

When questioned about their own use of violence or control, the person may respond with avoidance and redirection, shifting the focus of conversations to speak to their own experiences.

This may include their own experiences of family violence and abuse, particularly as a child.

It can be difficult for a person using violence to talk about their own behaviour or beliefs and attitudes that underpin their use of family violence.

For some, changing the conversation to their victim history and using statements such as, 'I'm a victim, too', shifts focus away from themselves and relieves any emotional discomfort.

When professionals accept this invitation to move the conversation away from the person's use of violence, the person learns that strategies of avoidance and redirection work. They do not need to feel the discomfort or shame attached to their behaviour or take personal responsibility for their actions.

### The person adopts a victim stance as learned behaviour to reduce responsibility

For some people using violence, adopting a victim stance may be a learned behaviour.

The person may have learned over time that diverting attention away from their behaviour by any means necessary works, and they continue to do so to purposefully avoid responsibility.

Taking a victim stance may be a motivated, purposeful way to hide their responsibility and deflect the conversation.

This is particularly the case where deflection allows them to blame the real victim survivor. They may accuse the victim survivor of being a perpetrator and create the conditions for misidentification.

### The person perceives themselves as a victim of the system

This may arise from previous encounters with the justice, police or social services systems. This may be their own experience or that of people they know. This experience may be of real or perceived barriers, structural inequality or systemic and individual discrimination.

Experienced practitioners report that people who use family violence disclose trauma histories to strengthen their victim stance.

This allows them to push back on or avoid a professional's attempts to initiate a difficult conversation about their own violent behaviour.

A victim stance may also arise as a response to the system itself.

When people are arrested or issued with court orders, they may feel as if they have been wronged.

One of the things people using violence do to maintain abusive patterns is normalise these behaviours. Therefore, when the system intervenes, they often perceive this as an unjust intervention.

If your service engages with mandated clients, this is likely to be familiar to you.

Autonomy is a basic psychological need[23] – when autonomy is taken away, you should expect some sort of resistance. The victim stance is just one example of this.

23 Steindl C et al. 2015, 'Understanding psychological reactance: new developments and findings', *Zeitschrift fur Psychologie*, vol. 223, no. 4, pp. 205-214. doi:10.1027/2151-2604/a000222

### 3.6.2 Recognising collusion through systems abuse

People who use family violence may seek to manipulate services and systems and use them as a 'weapon' against victim survivors.

This is sometimes called 'systems abuse'. Reflect on guidance in **Sections 11.1.2 and 12.1.18** of the *Foundation Knowledge Guide*. *This is sometimes referred to as 'systems abuse'*

Systems abuse can include:

- vexatious applications to courts (which are particularly prevalent in family law proceedings)
- controlling victim survivor access to support services if the person using violence has caring responsibilities
- malicious reports to statutory bodies such as police, health services, family services and Child Protection.

Systems abuse occurs within the broader context of coercive control. It is a strategy to maintain control over a victim survivor or cause further harm.

Systems abuse can have extreme and long-term impacts on victim survivors. **Section 12** in the *Foundation Knowledge Guide i*ncludes a range of examples across relationships and communities.

Systems abuse can also lead to misidentification of people using family violence and victim survivors, particularly where the person using violence adopts a victim stance that goes unnoticed or unchallenged.

Women are more likely to be misidentified as the person using family violence than men,24 and evidence suggests this is a particular risk if victim survivors require interpreters, have a disability or a mental illness, or are Aboriginal or Torres Strait Islander.

Myths and stereotypes about the presentation of victim survivors and binary gender norms also contribute to misidentification within LGBTIQ relationships.

Systems abuse can occur when people who use violence target the victim survivor's identity or experiences in their methods of coercive controlling behaviour. This may also increase the likelihood of misidentification of a perpetrator/ predominant aggressor.

This has the effect of exacerbating or exploiting existing structural inequality, barriers and systemic and individual experiences of discrimination. In doing so, they further their own position, undermine the victim survivor and continue to perpetrate violence.

You should be aware that a person using violence may be intentionally manipulating you, your service or parts of the system to further harm or control a victim survivor.

This use of power and coercive control aims to invite you to collude with their position or intention for using violence against the victim survivor.

**REMEMBER**

- Accepting invitations to collude increases the risk to victim survivors and reduces your capacity to appropriately engage in risk assessment and risk management.
- If you believe you are being invited to collude with a person using violence, you can seek both internal and external support by:
  - talking with senior co-workers, your supervisor or team leader for support in your response
  - seeking secondary consultation with a specialist perpetrator intervention service.

24 Women's Legal Service 2018, *Policy Paper 1: 'Officer she's psychotic and I need protection': Police misidentification of the 'primary aggressor' in family violence incidents in Victoria,* p. 1.

### 3.6.3 Key practices to minimise the risk of collusion

For professionals working with a person using family violence, it can be complex and challenging to balance a trusting, respectful working relationship with non-collusive and accountable practice.

When attempting to respond without colluding through agreement (compliant collusion), you must also be equally aware of the challenges of responding without colluding through argument and confrontation (oppositional confrontation).

In both response types, you risk acting in ways that reinforce the person's position of not taking responsibility for their use of family violence.

You may be concerned that engaging proactively with people using family violence signals implicitly or explicitly that you endorse their behaviour.

However, staying engaged with a person using violence allows you to assess and manage risk.

If you feel your professional decision-making process is being compromised by collusion, you should seek secondary consultation with a specialist service working with people using violence.

You can also seek advice from other professionals, such as mental health or alcohol and drug services, who work with the person using violence to identify if they are also being invited to collude.

If the person using violence is Aboriginal or identifies as belonging to a diverse community, you can seek consultation with professionals working in targeted and specialist community services. This can help ensure you do not discount legitimate experiences of discrimination and trauma while taking a balanced approach to engagement.

#### Be curious and invitational – use professional curiosity

Ask questions and be open to hearing the narrative and understanding the behaviour of the person using violence.

It is important, as outlined in **Responsibility 1**, to build trust and rapport. This will enable a person using violence to continue to engage with your service.

Key practices to balance safe and respectful engagement while minimising the risk of collusion include:

- keeping the victim survivor's experience and the effects of the violence as your central concern. You can do this by listening for information that could be relevant to risk and indicate the impacts on victim survivors
- being alert to the potential of implicitly or explicitly endorsing violence-supporting narratives or behaviours of the person using violence
- intentionally listening, taking an invitational but objectively analytical approach. This can help you to avoid the risk of inadvertently supporting minimising, justifying or blame-shifting narratives of a person using violence
- avoiding confrontation with the person using violence. This helps you to reinforce help-seeking behaviours and model non-confrontational problem solving.

You should be aware of the conditions that contribute to family violence perpetration as outlined in **Responsibility 2** and hold these in mind throughout your engagement.

Applying intersectional analysis, outlined in *Foundation Knowledge Guide* and in **Section 3.3** above, can enable you to understand the person's multi-layered identity, circumstances and life experiences.

### Using a balanced approach to engagement

The table below illustrates three styles of engagement professionals often use when working with people who use violence:

- compliant collusion
- a balanced approach
- oppositional confrontation

The style you adopt when engaging with people using violence can affect your capacity to build rapport and trust, keep them engaged with your service, and encourage responsibility-taking.

At times you may adopt a different style in response to invitations to collude.

- Compliant collusion occurs when you become invested in the person's narrative as it is presented, which is likely to reinforce and validate the beliefs or attitudes of the person using violence.
- Using a balanced approach means you are aware of the purpose of their engagement with your service to address a need, you understand that they may disclose or share information with you that indicates they are using family violence, and you can hold these two narratives in mind when working with them in a way that is non-collusive.
- The oppositional confrontation approach is when you use your position, power and knowledge to argue with the person using violence or oppose their invitations to collude. This emulates the power and control of the person using violence, and it can both increase risk and reinforce the message that this type of behaviour is rewarded with more power. Oppositional confrontation occurs when your judgement, assumptions, beliefs or agenda override your risk and safety engagement practices, and you use an aggressive tone, presentation or behaviour that mirrors that used by the person using violence in their relationships. While your intent may be to 'hold the person using violence to account', it can increase risk to the victim survivor and push the person further away from personal accountability and change. Using an oppositional confrontation approach reinforces their behaviour as being appropriate and acceptable.

You should respond using a **balanced approach** to avoid reinforcing behaviour that rewards the use of power over people, while also avoiding validating the person's violence-supporting narratives.

**NOTE**

There is no one way to have a conversation with a person using violence about their needs, circumstances, relationships and risk to inform a family violence risk assessment. You should build your style and presentation into the process.

Reframe the prompts in the **Assessment conversation model** to align with your own approach, engagement skills, competency and personality. This is important, as a genuine, enquiring and curious approach will build your professional relationship and rapport with a person using violence.

One approach to feel confident in your engagement is to be guided by the responses from the person using violence and use follow-up questions.

It is important to trust your skills, knowledge and experience in the engagement process.

This will support your capacity to elicit answers that build your understanding of the person's story in a safe and respectful way.

Table 2: How to respond to invitations to collude[25]

| Compliant collusion | A balanced approach | Oppositional confrontation |
|---|---|---|
| Engagement occurs and the conversation feels friendly, personal and easy. You hear their narrative and there is little challenge and conflict, which can lead to validating their experiences and narrative. | **You engage with the person using violence, acknowledging their needs and increasing their readiness to engage with the services you offer or provide.**<br>**You know these services will actively contribute to reducing risk associated with family violence and provide feedback about how these may improve other aspects of their life, like relationships with family members.**<br>**These sessions may be difficult because the person using violence experiences internal conflict, vulnerability or shame, but may not necessarily name these feelings at this point.** | You use information from others to tell the person you know about their use of family violence.<br>You use information to 'catch them out'.<br>The person notices you are judging them for their use of violence, either through what you say or your body language. They respond to you with the same level of opposition, which you experience as 'resistance'. |
| You join in with the person's views about the behaviours of others (such as perceived 'provocation' to use violence or blame-shifting to focus on another person's behaviour), and the impact of that behaviour on them. | **You use professional curiosity to ask questions to understand the relationship and context of the behaviours the person using violence is listing.**<br>**You invite them to consider what they are bringing into the situation they describe and make gentle suggestions to challenge themselves about how they would like to interact differently in this situation.**<br>**You can acknowledge a person's experience of violence without colluding with narratives that shift blame.** | You confront the person using violence with their wrongdoings, and/or tell them they are probably the cause of someone else's behaviour towards them. |

25 Adapted from No to Violence nd, *Tips for engaging men on their use of family violence,* https://www.thelookout.org.au/sites/default/files/tips-for-engaging-men-who-use-family-violence.pdf, and Geldschläger H 2019, ENGAGE *Roadmap for frontline professionals interacting with male perpetrators of domestic violence and abuse to ensure a coordinated multi-agency response to perpetrators,* https://www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/ENGAGE/engage_EN_190313_web.pdf

| Compliant collusion | A balanced approach | Oppositional confrontation |
|---|---|---|
| You over-empathise when the person talks about themselves as a victim of others or their circumstances. | **You listen to the person using violence's description and use professional curiosity to gather information about the situation and the potential risks they present. You ask questions about whether they feel fearful or unsafe from any other people in the family.**[26]<br>**If they state they are not fearful for themselves, you can explore their capacity for empathy about their behaviour, circumstances or capacity for empathy towards the other person who may be affected in the situation.** | You don't empathise at all or tell them they sound like they are actually a person using family violence. |
| The person using violence feels you understand them better than their partner or family members. You feel liked by the person using violence and less anxious about your engagement. | **The person using violence may come to value and respect your help.** | The person using violence dislikes you and is unlikely to engage with you. They may disengage from the service and other services.<br>The person using violence becomes visibly angry or upset. They may become verbally aggressive or completely withdraw from the conversation. |

**REMEMBER**

The person using violence will disclose objective indicators of risk and risk factors during assessment of their presenting needs and circumstances, such as employment, use of alcohol or drugs and mental health.

They may also use narratives related to these presenting needs and circumstances that invite you to collude with their minimisation or justification of their use of family violence.

Applying non-collusive practice means you recognise these invitations, do not respond with agreement or argument, but instead use professional curiosity and a balanced approach to explore the person's narrative and use the information to inform your risk assessment and risk management.

If a person using violence invites you to collude, this is risk-relevant information. You can record these invitations as an observed narrative or behaviour in the **Intermediate Assessment Tool** in **Appendix 3**.

26 If they express a high level of fear, you can consider if there has been misidentification of their use of violence. Refer to **Section 12.2.1** of the *Foundation Knowledge Guide*.

## 3.7 OPPORTUNITIES TO ENGAGE AND MONITOR RISK OVER TIME

Family violence is rarely a single 'incident'.

It is usually a pattern of coercive and controlling family violence behaviours over time.

However, any disclosure of family violence or an identified 'incident' is an opportunity to engage the person using violence in the service system.

There are key points in time[27] following an 'incident' where a person using violence may come into contact with services.

These points in time present opportunities to assess risk and support people who use family violence to stabilise their needs and circumstances and enhance their capacity to change their behaviour.

Time-based opportunities can include:

- following first disclosures in the course of their initial engagement (such as alcohol and other drug use or related to a court order)
- over the course of your ongoing professional relationship with the person to address presenting needs.

An 'incident' may be police-attended (or not), be followed by a new intervention order and/or disclosed as part of the person's engagement with you.

The table below provides an overview of opportunities for non-family violence specialist professionals to engage based on timeframes following an 'incident' or disclosure.

This is generalised information and should be used as a guide only.

This will inform your risk assessment of the person using violence and support you to tailor your responses to each individual presentation (refer to **Responsibility 4** for further information about time-based risk management responses).

27 RMIT Centre for Innovative Justice 2018, *Bringing pathways towards accountability together: Perpetrator journeys and system roles and responsibilities*

Table 3: Key timeframes for assessing and monitoring risk after disclosure or you become aware of a family violence incident

| Timeframe after you become aware of family violence | Purpose of engagement, risk assessment and monitoring |
|---|---|
| **Immediately following, up to two days** | Contact at this time may have resulted from police, Child Protection, health or mental health service system response – this will affect how a person using violence moves through the service system, re-presents to services, or engages with you about their needs or family violence risk behaviour.<br>In this timeframe, your risk assessment actions can include:<br>... commencing intermediate risk assessment through your assessment of presenting needs<br>... identifying any immediate risk or crisis response required for each person<br>... providing early support to create an experience of trust in the system<br>... identifying initial motivation to seek help from your service. |
| **Within two weeks** | The person using violence may be excluded from the home (temporarily or for an extended period).<br>This time may enable them to adjust, or conversely resist, new living arrangements and any changes in their relationship, such as separation.<br>If they do not adjust to the new arrangements, they may return to the family home in breach of a family violence intervention order. They may believe things can return 'to normal' or express motivation to work towards this.<br>They may have increased motivation to engage with services about family violence risk or related behaviours, parenting or other needs or circumstances.<br>During this period, they may have support needs such as crisis mental health services.<br>Proactive, timely and safe engagement can increase the likelihood of engagement about the incident and acceptance of supports offered.<br>In this timeframe, your risk assessment actions can include:<br>... continuing your intermediate risk assessment through follow-up engagement and conversations<br>... information sharing to enhance your understanding of family violence risk factors, patterns of behaviour and coercive control<br>... identifying the range of presenting needs outside those leading to the person using violence's contact with your service<br>... identifying and monitor in/stability of presenting needs and circumstances related to risk or protective factors<br>... identifying motivation to seek help from your service or other services<br>... increase trust with continued engagement, enabling you to monitor for change or escalation of risk. |

| Timeframe after you become aware of family violence | Purpose of engagement, risk assessment and monitoring |
|---|---|
| **Two to three weeks** | The person using violence may acknowledge some aspects of family violence or related behaviour, reflecting an increased sense of shame or guilt.<br>You may identify attitudes towards compliance or non-compliance with any police/court interventions or family violence safety notice or intervention order conditions.<br>In this timeframe, your risk assessment actions can include:<br>... review and update your risk assessment to reflect any information about change or escalation of family violence risk, including attitudes or compliance with family violence intervention orders and conditions<br>... identify changes in motivation to engage with your service or other services<br>... monitor for risk of disengagement, being aware that some people using violence may:<br>... disengage with services at this time, believing that the 'crisis' has passed (refer to guidance on disengagement in Section 3.7.1)<br>... minimise their responsibility or impact of their behaviours.<br>... regarding time since last incident – monitor narratives/behaviours indicating shame, remorse, minimising, denying, blaming or change/escalation<br>... repeat incidents or pattern of coercive and controlling behaviours (where identified in risk assessment and information sharing). |
| **One to four months** | Your engagement can support the person's capacity for change while monitoring risk over time by:<br>... offering consistent engagement and support to increase capacity for behaviour change<br>... identifying and responding to change or escalation of risk associated with any interventions or engagement with the person using violence.<br>In this timeframe, your risk assessment actions can include those outlined in 'Two to three weeks', as well as:<br>... identifying new dynamic risk factors or change or escalation of existing risk factors, including alcohol or drug use, gambling, disengagement from employment or education<br>... identifying changes in the person using violence's external and internal motivations to engage or change. |
| **Ongoing** | Where appropriate to your professional role, keep the person using violence engaged with your service to monitor for change or escalation of family violence risk.<br>Identify the impact of your support to stabilise the person's needs and circumstances on their level of risk.<br>In this timeframe, your risk assessment actions can include those outlined in 'One to four months', as well as:<br>... contributing to ongoing risk assessment (to monitor and identify any change or escalation of needs or circumstances that may indicate likely family violence)<br>... sharing risk-relevant information on change or escalation of risk with services supporting the person using violence, adult or child victim survivors, as appropriate. |

### 3.7.1 What to do if the person using family violence disengages

**Disengagement** enables the person using violence to be invisible to the service system (not in view) or not accountable, often leading to:

- change or escalation in frequency or severity of family violence. This may relate to changes in needs and circumstances related to risk, such as increased use of alcohol or drugs, housing instability, change in mental health
- increased risk for victim survivors and family members. The inability of services and systems to monitor for change or escalation in risk reduces the likelihood of timely and appropriate responses to new family violence 'incidents'
- increased likelihood that the person using violence will not voluntarily seek help in the future. People using violence may feel abandoned by, or reject the usefulness of, the systems they sought help from or were directed to for help. This may lead to reluctance or rejection of engagement with service systems in future.

You should consider disengagement using a risk assessment lens, and whether it reflects a change or escalation of risk.

If you determine that risk is likely to escalate following disengagement, consider whether there are immediate risk management strategies you need to implement (refer to **Responsibility 4 to 6**).

This includes considering if you have direct contact with an adult or child victim survivor, or with another professional working with them including specialist family violence services.

### 3.7.2 Intermediate risk assessment without victim survivor contact

In your engagement with people using violence, you may not have any contact with adult or child victim survivors.

You should nonetheless hold the lived experience of the victim survivor at the centre of your intermediate risk assessment.

This is vital to maintain safe and non-collusive practice and to reduce risk for the victim survivor.

As a professional providing services to the person seeking help, it is easy to be drawn into their narrative as a 'real' or 'true' account. This is particularly the case when you are not able to ascertain a victim survivor's self-assessment of risk.

If this is the case, you should:

- reflect on your knowledge of the impact of perpetration of violence on victim survivor/s (*Foundation Knowledge Guide* and the victim survivor–focused MARAM Practice Guides)
- assess, reflect and contextualise your observations of the person using violence's presentation and narrative and how it may demonstrate coercive and controlling behaviours
- seek secondary consultation with a specialist family violence service
- reflect on and challenge your biases and assumptions
- request and share risk-relevant information
- apply your Structured Professional Judgement.

### 3.7.3 When you do have contact with the victim survivor, or a professional working with them

It is possible in your engagement with the person using violence that you will have contact with the victim survivor.

The victim survivor's self-assessment of their own risk is a crucial component in assessing the level of risk presented by the person using family violence.

The victim survivor's risk assessment should inform your assessment with the person using violence and risk management strategies including safety planning (discussed in **Responsibility 4**).

Contact with a victim survivor might occur when:

- the victim survivor independently seeks support from your service
- the victim survivor engages with you to share information about risk
- the victim survivor attends the appointments/service
  - remember, do not ask the victim survivor about family violence in the presence of the person using violence, or the person using violence about their behaviour in the presence of the victim survivor
  - refer to **Responsibility 2** – your organisation should have policies and procedures for safely separating the victim survivor and the person using violence so you can have a private space for conversation.
- you provide an outreach service that includes engaging with family members
- the family is part of the treatment plan to support presenting needs of the person using violence
- the person using violence invites the victim survivor to be involved
- your intake and assessment process requires contact with family members
- information sharing from another professional working with the victim survivor.

**REMEMBER**

You must not share information about a victim survivor with the person using violence, even to attempt to verify some or all of the narrative of the person using violence.

This could significantly increase the risk of violence towards the victim survivor by the person using violence.

Risk assessment and risk management with a victim survivor should occur when the person using violence is not present.

If the victim survivor requests that the person using violence is present, this may need further exploration with the victim survivor to ensure there is no coercion from the person using violence.

A person using family violence may invite you to disclose if you have contact with the victim survivor.

In your response, state your organisation's guidelines regarding information sharing and confidentiality.

## 3.8 IDENTIFYING MOTIVATIONS

People who use violence are likely to enter your service with a range of motivations, both conscious and unconscious, short and long-term.

Some motivations are extremely influential on day-to-day behaviours and others are never acted upon.

The strength of motivations can increase and decrease depending on internal and external interests and influences.

Motivation may arise in response to a need or reflect a person's values and beliefs. For example, a person may be in crisis and have short-term, immediate needs to find stable accommodation. This same person may also hold a longer-term motivation related to parenting or caring roles, reflecting their values of family and relationships.

When working with a person using violence, you can work with them to identify their motivations for:

- engaging with you and accepting support for their presenting needs
- addressing their presenting needs and other circumstances that raise issues or challenges
- discussing their use of violence
- addressing their use of violence or working towards safety and change.

The latter two points are discussed in **Responsibility 4**.

The person using violence may speak about motivation in ways that are not inherently abusive. For example, they may want a relationship with their children following separation.

However, the person's narrative should be approached with caution, as their actions may indicate a continued use of violent and controlling behaviours.

Where safe and appropriate to your role and relationship with the person using violence, you can discuss motivations with them to assess the person's readiness to accept further support for behaviour change.

Refer to the **Intermediate assessment conversation model** (**Appendix 4**) and **Intermediate safety planning conversation model** (**Appendix 9**) for examples of prompting questions to explore motivation as part of intermediate risk assessment and management.

**Responsibility 4** has further guidance on using motivators to increase readiness for behaviour change as part of risk management.

### 3.8.1 Parenting as a motivation for engagement and change

You should prioritise the safety, wellbeing and needs of children and young people and adult victim survivors.

Engaging and intervening with people who use family violence who are parents, or who have an ongoing parenting role, is an important part of this.[28]

During your engagement and risk assessment process, you should identify if they have a parenting or caring 'identity' or role.

The person's narratives that relate to their parenting or caring identity often indicate their beliefs and attitudes about parenting, including expectations about themselves and other parent/s.

This information can provide insight into their intention or choice for using coercive controlling behaviours and any targeting of behaviours.

For example, the person may express beliefs about parental ownership of children. Together with an expectation of being entitled to a parenting role regardless of their behaviour, this may result in the person continuing to harass, harm or intimidate the adult victim survivor after separation.

**Responsibility 4** provides guidance on determining whether it is safe, appropriate and reasonable to use parenting or caring as a motivator.

**Caution: parents using violence can also use children to further control and harm a non-violent parent/carer who may also be a victim survivor.**

It is important to keep child and adult victim survivors at the centre of your practice when using conversation prompts during intermediate risk assessment.

Parenting can be a motivator for engagement and behaviour change. However, the person using violence may use their parenting responsibilities to mask violent behaviours towards adult and child victim survivors.

28 Adapted from No to Violence 2017, *Position statement: fathering programs for men who use family violence.*

Additionally, the person using violence may associate the parent/carer identity or role with shame, hopelessness, and resentment. Each of these aspects is risk-relevant for your risk assessment.

You can also refer to **Section 3.8.2** for further guidance on identifying change or escalation of risk related to the parenting role, and **Section 3.10** for guidance on narratives and indicators of homicide–suicide risk.

Children and young people's safety, needs and wellbeing must be kept at the centre of your decision making for exploring whether parenting can be a motivator for engagement or behaviour change.

Use your Structured Professional Judgement and training in working with people using violence to navigate these conversations in a curious way, while not colluding with their motivations related to their parenting if these are linked to their use of coercive control and violence.

You can seek secondary consultation support from a victim survivor specialist family violence service or specialist perpetrator intervention service to guide your consideration of parenting, understanding of the person's intent or choice to use violence, and any behaviours directly targeting the non-violent parent/carer (refer to **Responsibility 5**).

#### Disclosures of family violence use

During your engagement, a person using violence may openly acknowledge their use of family violence.

This may include where they are attending your service related to a court order.

Be cautious of the **motivations** of a person who provides details of their behaviours and presents as 'desperate' to seek help.

If safe and appropriate, a further exploration of their narrative can unpack their level of actual motivation and willingness to stop their use of family violence and reduce risk to family members or engage in services to change their behaviour.

For the purposes of your risk assessment, be aware of how the person using violence expresses their motivations for engaging and disclosing family violence behaviours. Observe their narratives and behaviours to identify their underlying intent or choice to use violence (refer to **Responsibility 2**).

People who openly disclose details of their use of family violence typically do this to:

- minimise what is happening
- demonstrate to their ex/partner/family their willingness to change
- seek a letter for court appearances
- invite you to collude with their narrative to shift blame at a later time
- gain access to their children through increased or changed parenting arrangements/orders.

In applying your Structured Professional Judgement, where you believe the motivation to change is genuine, consider ways of engaging that maintain the person in your service and the system to support long-term involvement and behaviour change opportunities.

### 3.8.2 Serious risk escalation related to change in parenting role and relationships status

Threats by the person using violence to report the other parent/caregiver to authorities (systems abuse) are common. This often indicates a heightened level of control being exercised on the adult and children.

In cases of separation or changes to parenting arrangements related to court matters, the threat to report can become more frequent.

It is common for people using violence to contact services to find out the best ways to do this. They often support their allegations with material such as photos and statements from witnesses. They may invite service providers to collude with them in their reports against the adult victim survivor/parent.

At the point of separation, people who use violence can escalate their controlling behaviour to keep their partner in the relationship, particularly when children are involved.

This can trigger a new narrative that their relationship with their children is being destroyed by the other parent.

Indicators of serious and escalating risk that must be acted upon immediately include when the person using violence:

- expresses feelings of losing control of the relationship, in particular, observing obsessive and desperate behaviours and victim stance narratives
- presents with declining mental wellbeing and statements about inability to cope, expressions of feeling hopeless
- experiences a loss or reduction of protective factors, such as employment, connections with other family, friends or community supports
- expresses narratives that empathise with people who have killed partners or children, for example 'I now understand what they went through when they killed their partner/child'.

You may identify risk factors related to escalation when discussing the person's presenting needs, circumstances and relationships.

**Each of the examples listed above can indicate suicide and homicide–suicide risk.**

**Refer to Appendix 6 for guidance on what you should keep in mind to identify suicide risk when observing or exploring family violence risk factors with a person using violence.**

## 3.9 MISIDENTIFICATION OF VICTIM SURVIVOR AND PERSON USING FAMILY VIOLENCE (PREDOMINANT AGGRESSOR)

**Section 12.2.1** of the *Foundation Knowledge Guide* describes the issue of misidentification of the 'predominant aggressor' or perpetrator of family violence.

Complexity can arise where:

- the victim survivor uses self-defence or violent resistance in response to ongoing coercive and controlling family violence behaviours from the predominant aggressor/person using violence
- there are cross-accusations of violence
- the person using family violence uses systems abuse, seeking to manipulate professionals and services by overtly presenting themselves as the victim in the situation (victim stance)
- the predominant aggressor / person using family violence uses significant coercive and controlling behaviours to minimise, justify and deflect responsibility to undermine or confuse the 'real' victim survivor to believe themselves as the perpetrator.

These complexities can lead to the 'real' victim survivor being identified as the person using family violence.

You should be aware of this issue and alert to common family violence narratives and behaviours (as outlined in Section 1 of the **Intermediate Assessment Tool** and the *Foundation Knowledge Guide*).

Where complexity in presentation arises and you are uncertain about the identity of the person using violence, you should:

- identify any invitations to collude with a perpetrator's victim stance, or narratives that minimise, justify, deny or shift blame. Acceptance of invitations to collude can unintentionally reinforce the person's victim stance and can silence, minimise or justify violence used against a 'real' victim survivor
- document identified risk factors and observed narratives and behaviours in the **Intermediate Assessment Tool**
- proactively share risk-relevant information to identify further detail related to family violence risk factors and the person's pattern and history of coercive control
- use Structured Professional Judgement to identify who may be using patterns of coercive controlling family violence behaviours.

You can document that you have used the **Intermediate Assessment Tool** to support your determination of the predominant aggressor in response to suspected misidentification or where complexity in presentation arises (in **Section 5**). Where a determination is made in response to suspected misidentification, ensure your records are corrected and proactively share information with appropriate organisations.

Where there is continued uncertainty about the identity of a person as either a victim survivor or person using family violence, document this in **Section 5** of the **Intermediate Assessment Tool**, seek secondary consultation and share information with specialist family violence services.[29]

29 Specialist services are Risk Assessment Entities (RAEs) under the FVISS, and where an ISE is uncertain of the identity of a person as either a victim survivor or person using violence, RAEs are responsible for undertaking assessment to determine the identity of the victim survivor and predominant aggressor / perpetrator.

Prior to and following determination of identity of the parties, each person should be supported to be safe in the relationship through comprehensive risk assessment, risk management and safety planning.

It is important that each person is provided with their own individual support to ensure their safety and dignity is upheld throughout any risk assessment, risk management and ongoing support offered.

In these circumstances, it **is not appropriate** to work with both parties as a couple, or for both parties to be supported by the same professional (except where this is not practicable – such as in some remote/rural settings).

Regardless of identifying a victim survivor and predominant aggressor / perpetrator, each person will likely present with their own risk, needs, trauma and use of violence/violent resistance. Each person can be better supported through a tailored and responsive approach.

Specialists will use the guidance on identifying the predominant aggressor (person using family violence) in **Responsibility 7**.

Practice guides for **Responsibilities 5 and 6** will also help you to respond to this issue through information sharing, secondary consultation and referral to specialists.

## 3.10 IDENTIFYING 'IN COMMON' RISK FACTORS OF SUICIDE AND USE OF FAMILY VIOLENCE

**Appendix 6** outlines the 'in common' or 'shared' risk factors for suicide and family violence risk, as well as:

- guidance on the context (such as presenting needs or circumstances) and
- importance of responding to key common risk factors.

Effective risk assessment for determining accurate levels of suicide risk are still emerging. The trajectories and contributing factors to suicide risk are complex.

For these reasons, this guidance is framed as practice considerations for what you should keep in mind to identify suicide risk when exploring family violence risk factors.

Combining established research with reflective practice provides an approach that takes account of contextual nuances. This is often called 'evidence-informed practices'.[30]

Consistent with family violence risk factors outlined in the *Foundation Knowledge Guide*, serious family violence risk factors — those that may indicate an increased risk of the victim being killed or almost killed — are highlighted with **bold**/**shading**.

30 'Dodd S and Savage A 2016, 'Ethics and values, research and evidence-based practice', Social Work Profession, doi:10.1093/acrefore/9780199975839.013.91.

Guidance is intended to recognise the 'in common' risk factors for **adults** who use family violence.[31]

There are additional suicide (only) risk factors, noted in a separate section, which are not 'in common' with family violence risk factors.

You may identify these additional suicide risk factors through your engagement when discussing presenting needs and circumstances.

**Responsibility 4** has further guidance and questions to identify suicide risk with a person using violence as part of preparing a Safety Plan.

Call police on **Triple Zero (000)** if there is **immediate risk.**

If risk is not immediate, you can seek secondary consultation or refer to an appropriate suicide response service or appropriately trained clinician.

If an individual has let you know they are Aboriginal or identify as belonging to a diverse community, you can ask them if they would like to be referred to a specialist targeted community service.

31 Risk factors for suicide in common to adolescents who use family violence are outlined in the Adolescents who use family violence MARAM Practice Guides.

### 3.10.1 Identifying narratives and indicators of homicide–suicide risk (imminent risk)

There are some in common narratives indicating suicide and homicide risk from the person using violence to adult and child victim survivors.

If these narratives are present in your family violence risk assessment, they indicate an assessment of 'serious risk and requires an immediate intervention' (imminent risk). These may include:

- narratives of sympathy with another person who has died by suicide and/or killed others, such as expressing empathy for a homicide case in the media
- narratives of revenge or the victim survivor 'deserving consequences' for their actions
- indications they believe the ultimate show of power and control over ex/partner would be by removing children from them, by any means possible
- indications of extreme fixation, rumination or focused hatred against the victim survivor or the system as having wronged them
- extreme hopelessness about the end of a relationship or lack of access to children/parenting arrangements combined with strong narratives of entitlement and possession.

If you hear these narratives, there is **immediate risk**, you should call police on **Triple Zero (000)**.

If the person is attending your service, you can seek secondary consultation or refer to an appropriate suicide response service or appropriately trained clinician.

You should proactively share information with professionals working with adult or child victim survivors to enact risk **management interventions.**

## 3.11 WHAT'S NEXT

Once the level or 'seriousness' of risk is determined, refer to **Responsibility 4** for guidance on developing a Risk Management Plan and Safety Plan, as required.

If the assessed level of risk is 'serious risk' or 'serious risk and requires immediate intervention' (imminent risk), call police on Triple Zero (000).

You can seek advice and information from specialist family violence services and specialist perpetrator intervention services:

- for support to determine level of risk, risk management and safety planning actions with the person using family violence
- to develop or update risk assessments, risk management and safety plans with victim survivors.

In some circumstances, it is appropriate to seek secondary consultation or referral to a specialist perpetrator intervention services for comprehensive risk management.

Secondary consultation or referral:

- must occur if the assessed level of risk is 'serious risk' or 'serious risk and requires immediate intervention'
- may occur if the assessed level of risk is 'elevated risk'.

These situations may also require police action. Consider referring the matter to Victoria Police for investigation, particularly where there is serious risk to the safety of any person.

You may still have a role if another professional, usually in a specialist perpetrator intervention service, takes a leadership role in coordinating risk management activities targeted towards the person using violence and creating a comprehensive safety plan.

This may include:

- collaborating to create the risk management plan
- agreeing to actions assigned to you or your service
- keeping the person using violence engaged with you
- regularly sharing information about their family violence narratives, behaviour, needs or circumstances, particularly as related to change or escalation of risk.

Guidance on:

- making referrals and seeking secondary consultation is outlined in **Responsibility 5**
- information sharing is outlined in **Responsibility 6**
- collaborative ongoing risk assessment and management is outlined in **Responsibility 10**.

### 3.11.1 Document in your organisation's record management system

It is important that you document the following information in your service or organisation's record management system:

- limited confidentiality conversation
- intermediate risk assessment details, determined level of risk, identified patterns of coercive controlling family violence behaviours and rationale for risk level
- (if possible) contact details for the victim survivor (refer to victim survivor-focused MARAM Practice Guides)
- (if possible/applicable) children's details
- if an interpreter was used in the assessment
- if a support person was present and relationship to the person using violence
- information related to direct disclosures made by the person using violence. This may include their general statements about their behaviour and any links to observable narratives and behaviour documented in the risk assessment. You should take care not to document in ways that collude with the person's minimisation or justification of violence, and refrain from using mutualising language in your descriptions.
- identified motivations to seek help, case notes and any other relevant information about the person using family violence or circumstances of the victim survivor
- if misidentification was suspected or there is uncertainty about the identity of parties or their presentation and you used the Intermediate Assessment Tool to support your determination of the predominant aggressor
- actions taken to correct your records where misidentification previously occurred and steps to proactively share information about the predominant aggressor with other organisations
- any information sharing and secondary consultation actions you undertake to support your risk assessment, including for the purpose of seeking further assessment to determine the predominant aggressor.

# APPENDIX 3: ADULT PERSON USING VIOLENCE INTERMEDIATE ASSESSMENT TOOL

## Service user details

| | |
|---|---|
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| **Gender:**<br>☐ Male ☐ Female<br>☐ Self-described (please specify)<br>☐ Client preferred not to say<br>☐ Unknown | **Intersex:**<br>☐ Yes ☐ No<br>☐ Client preferred not to say<br>☐ Unknown |
| **Transgender:**<br>☐ Yes ☐ No<br>☐ Client preferred not to say<br>☐ Unknown | **Sexuality:**<br>☐ Same sex/gender attracted<br>☐ Heterosexual/other gender attracted<br>☐ Multi-gender attracted<br>☐ Asexual<br>☐ None of the above<br>☐ Client preferred not to say<br>☐ Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Service provider client ID: |
| **Aboriginal and/or Torres Strait Islander**<br>☐ Aboriginal ☐ Mob/Tribe:<br>☐ Torres Strait Islander<br>☐ Both Aboriginal and Torres Strait Islander<br>☐ Client preferred not to say<br>☐ Neither<br>☐ Not known | **CALD** ☐ Yes ☐ No ☐ Not known<br>**LGBTIQ** ☐ Yes ☐ No ☐ Not known<br>**People with disabilities** ☐ Yes ☐ No ☐ Not known<br>**Cognitive, physical, sensory disability**:<br><br>**Rural** ☐ Yes ☐ No ☐ Not known<br>**Older person** ☐ Yes ☐ No ☐ Not known |
| Was a language or Auslan interpreter used? | ☐ Yes ☐ No (If yes, what language): |
| Country of birth: | Year of arrival in Australia: |
| Are you on a visa? | ☐ Yes ☐ No (If yes, what type): |
| Language mainly spoken at home: | |
| Emergency contact:<br>Relationship to service user: | Name:<br><br>Contact Number: |

**Person identified as using violence by:**

☐ Direct disclosure (self)
☐ Victim survivor disclosure
☐ Observation of family violence risk factors (narratives or behaviours)
☐ Information sharing from another professional or service, or third party
☐ Referred or court order for mandated engagement

**Limited confidentiality conversation conducted?**

☐ Yes
☐ No, detail reason:

The status of the family unit:

☐ Lives alone ☐ Lives with carer
☐ 0 Family live together/ not separated
☐ Recently separated/anticipated
☐ Separated where child/children reside with the victim survivor
☐ Separated family where child resides with the person using family violence
☐ Separated, children are in alternant/kinship or family care

**Further details**

## Adult victim survivor details (add per adult victim survivor)

Full Name:

Alias:

Date of Birth:

Also known as:

**Gender:**

☐ Female ☐ Male
☐ Self-described (please specify)
☐ Client preferred not to say
☐ Unknown

**Intersex:**

☐ Yes ☐ No
☐ Client preferred not to say
☐ Unknown

**Transgender:**

☐ Yes ☐ No
☐ Client preferred not to say
☐ Unknown

**Sexuality:**

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

Primary address:

Current Location:

Contact number:

Comments:

**Aboriginal and/or Torres Strait Islander**

☐ Aboriginal ☐ Mob/Tribe:
☐ Torres Strait Islander
☐ Both Aboriginal and Torres Strait Islander
☐ Client preferred not to say
☐ Neither
☐ Not known

**CALD** ☐ Yes ☐ No ☐ Not known
**LGBTIQ** ☐ Yes ☐ No ☐ Not known
**People with disabilities** ☐ Yes ☐ No ☐ Not known
**Cognitive, physical, sensory disability**:

**Rural** ☐ Yes ☐ No ☐ Not known
**Older person** ☐ Yes ☐ No ☐ Not known

| | |
|---|---|
| Country of birth: | Year of arrival in Australia: |
| Are they on a visa? | ☐ Yes ☐ No (If yes, what type): |
| Language mainly spoken at home: | |

**[if applicable]**

**Child 1 Details#**
**(Add per child victim survivor)**

**#Separate risk assessment must be completed**

| | |
|---|---|
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| **Gender:**<br>☐ Male ☐ Female<br>☐ Self-described (please specify)<br>☐ Client preferred not to say<br>☐ Unknown | **Intersex:**<br>☐ Yes ☐ No<br>☐ Client preferred not to say<br>☐ Unknown |
| **Transgender:**<br>☐ Yes ☐ No<br>☐ Client preferred not to say<br>☐ Unknown | **Sexuality:**<br>☐ Same sex/gender attracted<br>☐ Heterosexual/other gender attracted<br>☐ Multi-gender attracted<br>☐ Asexual<br>☐ None of the above<br>☐ Client preferred not to say<br>☐ Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Relationship to person using violence: |
| **Aboriginal and/or Torres Strait Islander**<br>☐ Aboriginal ☐ Mob/Tribe:<br>☐ Torres Strait Islander<br>☐ Both Aboriginal and Torres Strait Islander<br>☐ Client preferred not to say<br>☐ Neither<br>☐ Not known | **CALD** ☐ Yes ☐ No ☐ Not known<br>**LGBTIQ** ☐ Yes ☐ No ☐ Not known<br>**People with disabilities** ☐ Yes ☐ No ☐ Not known<br>**Cognitive, physical, sensory disability**:<br><br>**Rural** ☐ Yes ☐ No ☐ Not known<br>**Older person** ☐ Yes ☐ No ☐ Not known |

## Section 1: Observed narratives or behaviours indicating or disclosing use of family violence risk factors

**Item**

Includes family violence risk to adult victim survivor (partner, ex-partner, older person, person in care, family member) or child/young person victim survivor

| | Yes | No | Not known | Comment/detail of observation |
|---|---|---|---|---|
| **Observed narratives: Beliefs or attitudes** | | | | |
| Makes statements that indicate sexist, misogynistic, homophobic, biphobic, transphobic, ableist, ageist or racist beliefs (denigrating person or group based on identity) | ☐ | ☐ | ☐ | |
| Makes statements that indicate gendered entitlement to power, control and decision making | ☐ | ☐ | ☐ | |
| Makes statements that indicate belief in ownership over victim survivor | ☐ | ☐ | ☐ | |
| Comments negatively on victim survivor's decisions and actions | ☐ | ☐ | ☐ | |
| Pathologises victim survivor (describing their behaviour or presentation as behavioural disorder, mental illness or addiction) | ☐ | ☐ | ☐ | |
| Displays limited empathy or desire to understand experiences of victim survivor | ☐ | ☐ | ☐ | |
| Complains that victim survivor does not show them 'respect' | ☐ | ☐ | ☐ | |
| Openly dismisses victim survivor's viewpoints and/or needs, particularly if it conflicts with their own | ☐ | ☐ | ☐ | |
| **[Adult victim survivor only]** Makes decisions for adult victim survivor | ☐ | ☐ | ☐ | |
| **[If applicable]** Displays indictors of ownership and entitlement, in relation to children and rights to access and/or custody | ☐ | ☐ | ☐ | |
| **[If applicable]** Threatens to report partner/ex-partner to authorities about their 'poor parenting' | ☐ | ☐ | ☐ | |
| **[If applicable]** Criticises ex/partner's parenting (put downs, devaluing worth) | ☐ | ☐ | ☐ | |
| **Observed behaviours: Physical / verbal behaviour** | | | | |
| Displays controlling behaviour | ☐ | ☐ | ☐ | |
| Displays indicators of jealousy and/or possessiveness | ☐ | ☐ | ☐ | |
| Displays indicators of fixation with victim survivor's actions and whereabouts (monitoring, rumination and intent focus) | ☐ | ☐ | ☐ | |
| Controls adult victim survivor's finances and/or access to employment | ☐ | ☐ | ☐ | |

| | Yes | No | Not known | Comment/detail of observation |
|---|---|---|---|---|
| Demonstrates threatening non-verbal behaviour (physical standover, intrusion into personal space) | ☐ | ☐ | ☐ | |
| Hostile language and attitudes towards authority figures and systems | ☐ | ☐ | ☐ | |
| Talks about victim survivor in emotionally abusive or degrading ways | ☐ | ☐ | ☐ | |
| Interrupts, corrects and/or dominates victim survivor in conversation | ☐ | ☐ | ☐ | |
| Raises voice and/or yells | ☐ | ☐ | ☐ | |
| Is violent and/or controlling towards victim survivor before, during or after the session | ☐ | ☐ | ☐ | |
| Insists on sitting in on appointments with victim survivor | ☐ | ☐ | ☐ | |
| Discloses any harm or threat to harm animals or pets | ☐ | ☐ | ☐ | |
| Physical signs of violent altercation (on victim survivor or person suspected of using violence) | ☐ | ☐ | ☐ | |
| Expresses feelings of excessive anger that is 'outside their control' | ☐ | ☐ | ☐ | |
| Discloses that they have targeted and/or damaged victim survivor's property | ☐ | ☐ | ☐ | |
| **Observed narratives: Minimising or justifying** | | | | |
| Minimising physical harm and/or neglectful behaviour | ☐ | ☐ | ☐ | |
| Direct comments or euphemisms that could indicate use of violence | ☐ | ☐ | ☐ | |
| Presents or talks about themselves as the real victim (victim stance) | ☐ | ☐ | ☐ | |
| Presents as having difficulty with emotional and/or behavioural regulation | ☐ | ☐ | ☐ | |
| Uses impulsivity as a justification of violent and abusive behaviours (may relate to presenting needs such as mental health, use of alcohol/drugs) | ☐ | ☐ | ☐ | |
| **Observed narrative or behaviour: Practitioner experience** | | | | |
| Tries to get you **[professional]** to agree with their negative views about partner or family member **[invitation to collude]** throughout service engagement, over time | ☐ | ☐ | ☐ | |
| Practitioner observes or feels intimidated, manipulated and/or controlled during sessions | ☐ | ☐ | ☐ | |
| **Immediate risk** | | | | |
| Discloses a targeted threat against any person | ☐ | ☐ | ☐ | |

## Section 2: Presenting needs and circumstances (related to risk or protective factors)[1]

Identify presenting needs and circumstances that contribute to family violence risk and require support to stabilise or may be strengthened as a protective factor[2]

| Consider the person's context: | Note any presenting needs or circumstances that could be stabilised or protective factors that could be strengthened<br>Note link to any identified risk factors |
|---|---|
| **Personal identity, status of relationships/dynamics[3]** | |
| Personal identity, attributes and experiences | |
| Partner – current | |
| Partner – former | |
| Children | |
| Other family members | |
| **Social and community connections[4]** | |
| Connection to friends or extended family network | |
| Connection/sense of belonging to community, cultural groups, networks, social media, clubs | |
| **Presence of systems interventions** RF | |
| Police (e.g. family violence safety notices, intervention orders) | |
| Child Protection | |
| Court matters (recent, pending, orders) | |
| Corrections | |
| Coordinated system interventions, including RAMPs | |
| **Practical or environmental issues** | |
| Aboriginal cultural or diverse community support services | |
| Centrelink or employment services RF | |
| Communication (e.g. access to telephone, social media ) | |
| Counselling services (e.g. alcohol RF and other drugs, RF gambling) | |
| Counselling (e.g. problematic sexual behaviours RF) | |
| Disability services | |
| Financial security, counselling | |
| Housing or homelessness, tenancy or private rental services | |
| Legal services | |
| Medical or mental health RF | |
| Migration services | |
| Transport | |

## Section 3: Presence of risk factors identified by information sharing, observation or disclosure

| Information about risk factors present | Source (Organisation name, contact person)[5] or Observed, disclosed | Information sought from/shared with Date received Detail Information safety (note if not to be shared with perpetrator)[6] |
|---|---|---|
| Risk factors relevant to an adult victim's circumstances | | |
| Physical assault while pregnant/following new birth* | | |
| Self-assessed level of risk | | |
| Planning to leave or recent separation | | |
| Escalation — increase in severity and/or frequency of violence* | | |
| Imminence | | |
| Financial abuse/difficulties | | |
| **Risk factors for adult or child victim survivors caused by perpetrator behaviours** | | |
| Controlling behaviours* | | |
| Access to weapons* | | |
| Use of weapon in most recent event* | | |
| Has ever harmed or threatened to harm victim or family members | | |
| Has ever tried to strangle or choke the victim* | | |
| Has ever threatened to kill victim* | | |
| Has ever harmed or threatened to harm or kill pets or other animals* | | |
| Has ever threatened or tried to self-harm or commit suicide[7]* | | |
| Stalking of victim* | | |
| Sexual assault of victim* | | |
| Previous or current breach of court orders/intervention orders | | |
| History of family violence | | |

5 Risk factor identified from information shared from other service, victim survivor, disclosure from perpetrator, or other source.
6 Note whether information should be withheld/safeguarded from perpetrator.
7 Refer to suicide and self-harm assessment and safety plan in **Responsibility 4**.

| Information about risk factors present | Source (Organisation name, contact person)[5] or Observed, disclosed | Information sought from/shared with Date received Detail Information safety (note if not to be shared with perpetrator)[6] |
|---|---|---|
| History of violent behaviour (not family violence) | | |
| Obsession/jealous behaviour towards victim* | | |
| Unemployed / disengaged from education* | | |
| Drug and/or alcohol misuse/ abuse* | | |
| Mental illness / depression | | |
| Isolation | | |
| Physical harm | | |
| Emotional abuse | | |
| Property damage | | |
| **Risk factors specific to children caused by perpetrator behaviours** | | |
| Exposure to family violence | | |
| Sexualised behaviours towards a child by the perpetrator | | |
| Child intervention in violence | | |
| Behaviour indicating non-return of child | | |
| Undermining the child-parent relationship | | |
| Professional and statutory intervention | | |
| **Risk factors specific to children's circumstances** | | |
| History of professional involvement and/or statutory intervention | | |
| Change in behaviour not explained by other causes | | |
| Child is a victim of other forms of harm | | |

## Section 4: Identifying patterns of family violence behaviour and motivation

Identify pattern of family violence and timeframes related to frequency and recency[8]

| Timeframe | | Identifying frequency, pattern and timeframes of family violence<br>Identifying opportunities to engage and respond |
|---|---|---|
| **Recency**:<br>... 1–2 days<br>... 1–3 weeks<br>... 1–3 months<br>**Frequency:**<br>'How often has this kind of event occurred?' (that is, what is the frequency or number of times this occurred?): | | |
| Once only / rarely | A few times per year<br>Indicates at risk | Consider the scale of the escalation, change in severity and the impact on the victim survivor. |
| Sometimes | Monthly / at least once a month / every few weeks<br>Has the frequency or severity changed/ escalated?<br>**May indicate elevated risk** | |
| Often | Weekly / at least once a week | |
| Always / all the time | Daily<br>Has the frequency or severity changed/ escalated?<br>**May indicate serious risk** | |

### Identified motivations to seek help or support for change about presenting needs or family violence risk behaviours[9]

**Motivations/readiness present to seek support (self-reflective related to status / capacity / goals):**

- ☐ Circumstances (stabilisation of presenting needs)
- ☐ Safety – capacity to empathise with impact of behaviours (adult or child victim survivor, service user (self), community)
- ☐ Relationship with partner / family member
- ☐ Relationship with children (identity as parent / carer; bond with children)
- ☐ Relationship with person in care
- ☐ Self-worth / identity as better person
- ☐ Court or system interventions
- ☐ Direct disclosure

8 See information sharing time-based protocols with specialist family violence (perpetrator and victim survivor) services with regard to coordinated service responses supporting perpetrator accountability. Understanding change or escalation to frequency and severity is important in identifying risk of lethality and may indicate if risk is imminent.

9 Identifying patterns of coercive control may include family violence targeting retaining a relationship with an adult or child victim survivor, linked to identity as partner/carer or parent/ parenting role.

## Section 5: Determining level of risk and describing identified patterns of coercive control

### Level of risk (victim survivor, self and community):

Professional who determined level of risk:[10]

☐ Self

☐ By another professional or service

### Level of risk (adult or child victim survivor)[11]

☐ At risk

☐ Elevated risk

☐ Serious risk

☐ Serious risk and requires immediate protection

### Risk to self (perpetrator suicide or self-harm)

☐ Not indicated

☐ Indicated

☐ Requires immediate intervention

### Risk to community (including you/professional)

☐ Not indicated

☐ Indicated

☐ Requires immediate intervention

### Responding to suspected misidentification:

Have you used this tool to determine the predominant aggressor? (responding to misidentification)

☐ Yes – **If yes, update your records and share information with other professionals.**

☐ No

Shared with:

Is further assessment required to determine the predominant aggressor? (if uncertain)

☐ Yes

☐ No

Identified patterns of coercive controlling family violence behaviours[12]

Rationale for risk level

Perpetrator Safety Plan completed:[13]

☐ Yes ☐ No

☐ By another professional or service

☐ Not known

10 Determination of level of risk made by you or another professional/service working with victim survivor (adult or child).
11 Refer to levels of risk in **Responsibility 3, 7**.
12 Identifying patterns of coercive control may include family violence targeting victim survivor's identity, experience, needs or circumstances, including through use of systems abuse tactics.
13 See **Responsibility 4**.

# APPENDIX 4: INTERMEDIATE ASSESSMENT CONVERSATION MODEL

The table below outlines an example conversation model. It provides guidance on the context and importance of the prompting questions to support your use of the **Adult Person Using Violence Intermediate Assessment Tool (Intermediate Assessment Tool)**.

**Sections 1–5** within the **Intermediate Assessment Tool** are signposted throughout the guidance, so you can record the information you gather into the tool.[1]

The **Assessment conversation model** proposes an interview flow from the commencement of your engagement, exploring the person's:

- presenting needs
- relationships
- behaviours, needs and circumstances and their impact on family members and themselves
- motivations for engaging with services.

Consider the level and type of involvement your service has with the person using violence, their level of active engagement and motivation for support, and adapt the flow of prompting questions as appropriate to the situation.

You can use this guidance to support your interaction with the person using violence in one or across a series of sessions to inform your risk assessment. Applying the model of Structured Professional Judgement and your engagement skills and experience will enable you to navigate the conversation in a safe and non-collusive way.

**Be prepared for these prompting questions to elicit emotional responses from the person using violence. Refer to Responsibilities 1 and 3 for more information on considerations for safe, non-collusive communication when working with a person using family violence. Responsibility 4 also has guidance on closing the conversation safely.**

Further questions to elicit information regarding risk factors are explored in **Responsibility 7**. If a service user is not ready to engage with specialist services, you can seek secondary consultation support around this.

1 References in this appendix to 'Sections' mean those in the Intermediate Assessment Tool, unless otherwise specifically stated.

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|
| *Making a connection and building a professional relationship with the service user* | |
| **Leading questions**<br>*Before we talk about what brought you here today, tell me a bit about yourself. I'm interested to find out who you are so I can better support you.*<br>**Following questions**<br>*Tell me about:*<br>... *your work*<br>... *where you live and with who*<br>... *activities, sports, or community activities you are involved with*<br>... *any cultural community connection you have.*<br>*Are there activities that you are involved with regularly or occasionally?*<br>*What do you like doing when you are not at home or work?*<br>*Are there things that you don't do that you would like to do?*<br>*How would you describe yourself to others?*<br>*What would you like me to know about you?* | **Why is this important to consider for family violence risk assessment?**<br>Responses to these questions will start the process of building a picture of the person in their context. Knowing who the person resides with will give you an indication of who may be most affected by the person's presenting needs and help you identify victim survivor/s.<br>At this stage, you may observe the presence of beliefs or attitudes (**Section 1**) and any environmental factors that contribute to the person's choice to use violence and reinforce, support, excuse or minimise their behaviours (such as friend, group or workplace cultures).<br>You may also identify protective factors (**Section 2**), including positive influences in the person's life, that may reduce risk (for example, family or a community member who role models safety and wellbeing).<br>While not asking directly about risk factors, the person's responses to the questions may provide insight into risk (for example, financial issues, unemployment, mental illness, alcohol or drug use, lack of support networks – **Section 3**).<br>Their responses may also identify isolation and withdrawal from family, friends and community. |

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|
| | **Practice considerations**<br>Asking open, invitational questions about who they are indicates to the person using violence you are genuinely interested in them as a person, not just for the reason they have presented at your service.<br>This will increase your understanding of the person, their circumstances and environment. It may also help you uncover the person's perceptions or expectations about themselves and others, which may provide insight into their intention or choice for using violence (refer to **Responsibility 2**).<br>If it is part of your professional practice, you may choose to use an ecomap (refer to **Appendix 16**) to help you explore with the person their relationships, supports, connections to work, friends, community and other services. This may highlight aspects of the person's world that are important to them, as well as lacking supports or relationships with others. It may also reveal their willingness to actively engage in a conversation with you at this time.<br>It is important to observe any feelings of shame as the person starts to share their story with you. If the person feels judged by professionals or services through real or perceived experiences of discrimination or stigma, this may impede help-seeking and future engagement with services. Refer to guidance on shame in **Section 12.1.14** in the *Foundation Knowledge Guide*.<br>If the person talks about trauma in their life, it may reveal their level of stress and anxiety in attending and engaging in the session. Trauma may also be used as an excuse for their use of violence and abuse, shifting responsibility onto the trauma and away from the choices they have made (refer to **Section 10.4** on trauma and violence-informed practice in the *Foundation Knowledge Guide* for further information). Referral to a specialist service to address their trauma might be the most appropriate response if your role or service is not to undertake trauma work. |

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|

***Asking about why they are at your service***

Note: your experience and knowledge will assist you in these discussions. If you are not qualified or skilled to address additional presenting issues, you should link the service user to the appropriate service.

### Leading questions

*Tell me about what brought you here today.*

*What is the most pressing issue you would like to discuss?*

### Following questions

*What are your thoughts on why you've come to this service?*

*What would you like to get out of this?*

*How did you find out about our service? Were you referred by someone?*

*How do you feel about the referral?*

Where the person has attended your service before or another service for the same presenting need:

*What was that experience like for you? What did you find helpful/not helpful?*

*How have you found your interactions with other services?*

*How does your (presenting need X) affect you?*

*How does your (presenting need X) affect your* [family member, partner, children]*?*

*What are you most worried about?*

*What would others in your life say they are most worried about in relation to your (presenting need X)?*

*Are you noticing yourself behaving in ways that you don't normally?*

*How does this affect you and others around you – your* [family member, partner, children]*?*

### Why is this important to consider for family violence risk assessment?

Presenting needs may contribute to the person's use of family violence and coercive control (**Section 2**). The presenting need may not be family violence, but relate to family violence risk factor/s (for example, unemployment/disengagement from education, drug and/or alcohol use, mental illness/depression, financial difficulties – **Section 3**), or be masking their use of violence (for example, they use the presenting need to justify, minimise or deny the use of violence).

The person's understanding (description) of their presenting needs will provide insight into:

- who they hold responsible for 'causing' the presenting needs to be in their life (for example 'stress at work is causing me to drink too much')
- their belief in their capacity/confidence to exert control over their own behaviour and choices (self-efficacy) (**Section 4**)
- their motivation/s for addressing the presenting needs and other issues or challenges they face (**Section 4**)
- how they understand the impact of the presenting needs on others in their life (capacity for empathy)
- their ability to reflect on self and engage in challenging conversations, demonstrated by their physical, emotional and verbal behaviours and presentations.

If the person describes having a diagnosis of depression or depression symptoms, assess for severity, including degree of hopelessness. Deteriorating mental health, including experiencing suicidal ideation, are particular risks associated with suicide and homicide–suicide among people who use violence.

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|
| | **Practice considerations**<br>Exploring the person's presenting need will assist in your assessment of its impact on relationships and identity and contribute to early understandings of the type of narrative likely to be presented about their use of family violence. You can use this to determine when it may be safe and appropriate to prompt further about the links between their presenting needs and their use of violence.<br>You may also identify supports the person requires to address presenting needs and circumstances that contribute to family violence risk, current and historical patterns of engagement with services, and the person's readiness and motivation to accept further professional intervention (**Section 2 and 4**).<br>Aboriginal people and people from diverse communities may experience multiple layers of discrimination and barriers to opportunities, including barriers to accessing employment or housing. While this may result in instability across aspects of a person's life circumstances, it does not in itself indicate an increased risk of family violence for these communities.<br>It is important to understand the context surrounding the person's presenting needs (for example, long-term discrimination when attempting to gain employment) to understand how it may impact the presence of family violence risk factors (for example, perpetrator unemployed) and extent to which they impact on victim survivors (for example, victim survivor being forced to work and hand over income to the person using violence).<br>You should also consider how the presenting needs have changed recently to bring the person into contact with your service (for example, whether mental health and symptoms have changed recently), and whether the presenting needs are co-occurring with others (for example, gambling with alcohol or drug use). This information may support you in your analysis of risk and formulating your rationale for risk level (**Section 5**). |

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|

*Asking about important people and relationships*

### Leading questions

*Could you describe what your relationship is like with your family/people who are important to you? This can be family, close friends, communities you are part of.*

*Can you tell me a little about your family growing up?*

### Following questions

*Who is in your family?*

*Who are the important people in your life?*

*Who would you go to for help?*

*Are there other people or community members who you consider to be family or like family?*

*Who do you live with?*

*What are your memories of how you were raised?* (positive and negative)?

*What is your relationship like now with your parents, siblings, grandparents, extended family members?*

*Do family members visit and/or stay at your home?*

[if children]

*In what ways do you think your life until now has shaped the way you relate to your children, partner, family members?*

### Why is this important to consider for family violence risk assessment?

Responses about the person's relationships with family and people important to them will further contribute to your understanding of the person in their context.

As the person shares information with you, you may start to observe narratives (beliefs or attitudes) and behaviours (verbal expressions) about family members as well as their perception of relationship dynamics (**Section 1**).

You may hear about experiences of childhood, and norms within broader family life and social circles, which may provide further context to understand their intent or choice in using violence. You may also identify possible risk factors including victim survivor/s' experiences of isolation or controlling behaviours (**Section 3**).

Responses to questions about help-seeking in family, friendship and community contexts will provide you with some indication of who, if anyone, the person engages with for emotional support. If the person does not identify anyone, you can explore who they ideally would like to be able to approach for help and the reasons this feels inaccessible.

You may uncover narratives about social norms and beliefs about help-seeking and feelings about pressure to conform to these beliefs. You may also be alerted to potential risk if the person is isolated and also experiences depression, extreme sadness or hopelessness. This may be an indicator of suicide risk.

Responses to questions about childhood and families of origin may indicate possible adverse childhood experiences, including experiences of family violence, trauma, and systemic discrimination and marginalisation.

It is important to observe whether the person adopts a victim stance, identifies with violence as a learned behaviour, or uses these conversations as opportunities to deflect or hide their responsibility for their own behaviours.

### Practice considerations

If it is part of your practice, you may choose to use a genogram (refer to **Appendix 13**) to help you explore with the person their relationships with family members, including families of origin and families of choice, as well as those close connections who the person identifies as family in their life, including friends and community members.

You should explore any relationships the person using violence has with children, including children and step-children in current or past intimate relationships, children they provide care to, and any children they may have contact with as part of a short-term or dating relationship. This conversation will assist you to identify whether the person has a parenting or caring 'identity' or role.

It is important to apply an intersectional and trauma and violence-informed lens when using a genogram with the person using violence.

Being aware of who is involved in this person's life may assist you and the person using violence to identify appropriate people they can draw upon for support in addressing their family violence risk (refer to the **Intermediate Safety Plan** at **Appendix 8** and **Intermediate safety planning conversation model** at **Appendix 9**.

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|

*Asking about adult victim survivors*

### Leading questions

*Can you tell me more about your partner/family member?* (who you have identified as an adult victim survivor; if known, use their name throughout discussion, if not known, ask their name).

### Following questions

*How would you describe your family member* [adult victim survivor/s] *in five words* (adjectives) *with a couple of examples of why you chose these?*

**Where the relationship is an intimate partner:**

*How long have you been/were you together?*

*What was it that brought you together?*

**Where the relationship is not an intimate partner:**

*How would you describe your relationship with them?*

*How long have you provided care for them/lived with them?*

**For all relationship types:**

*What does your family member do?*
*What do they like doing?*

*How do they spend their time?*

*What would you say their strengths are?*

*What would you say their weaknesses are?*

*How do you think they might describe (see) themselves?*

**Why is this important to consider for family violence risk assessment?**

These conversation prompts seek to elicit the narrative (beliefs or attitudes) of the person using violence in relation to the victim survivor, including beliefs of power in relationships and expectations of behaviours and roles (**Section 1**).

Responses may indicate the presence of a range of risk factors, including but not limited to, controlling behaviours, obsession/jealous behaviour and emotional abuse (**Section 3**). You may observe verbal behaviours, such as the person speaking in degrading ways and criticising the victim survivor's abilities and decisions.

You may also identify the victim survivor is in some way reliant on the person using violence for care and/or financial support (for example, for migration purposes, older people, people with disability, stay at home parent). If this is identified, consider ways to ask about the behaviours of the person using violence that may elicit further information about any targeting of the victim survivor's identity, experience, or exploitation of dependence throughout your conversation. This information may provide you with some insight about their pattern of coercive controlling family violence behaviours (**Section 5**).

You may also observe whether the person using violence has an ability or willingness to empathise with the victim survivor's point of view.

You should familiarise yourself with **Section 1** to consider the range of narratives and behaviours that may indicate the use of family violence.

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
| --- | --- |
| | **Practice considerations**<br>Throughout your conversation, it is important to consider ways to bring the voice and lived experience of the victim survivor into the room.<br>As a practitioner, you should use the name of family members (where known), particularly if they are a victim survivor, throughout your conversation with the person using family violence. Not using the person's proper names can be a way the person using violence chooses to objectify or further display power over the victim survivor.<br>If it is within your service's usual course of business to invite a family member to receive support from the organisation, or for the family member to attend the service with the person using violence, consider whether it is safe and appropriate to do so. The person using violence may attempt to suggest the victim survivor also needs 'help', which may be an invitation for you to collude with the narrative the person using violence has about the victim survivor's capacity, needs and circumstances.<br>If the family member does engage with your service for a discussion about the relationship or support needs of the person using violence, it is important to ask about family violence separately. Refer to victim survivor–focused MARAM Practice Guides.<br>**Note:** discussions relating to family violence should not occur in the first instance with a couple or family group. This should only occur with consent from the victim survivor or family member and where your assessment of risk through Structured Professional Judgement determines it safe to do so. A discussion with the victim survivor or family member alone should be considered. If not possible, a secondary consultation with a specialist family violence service working with victim survivors is advised. |

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|

If applicable: ***Asking about ex-partners***

Note: If the person is in a current relationship, you should use your knowledge of the person to identify appropriate timing to have a conversation exploring their relationship with their ex-partner/s.

### Leading questions

*Tell me about your past relationships/your relationship with your ex-partner* (if known, use their name throughout discussion, if not known, ask their name).

### Following questions

*How would you describe the relationship?*

*How would you describe the reasons for the relationship ending?*

*When you think back on this relationship, are there things you learned that you have taken into your current/future relationships?*

### Why is this important to consider for family violence risk assessment?

Information about the timing (recency) of separation, who instigated the separation and how the person using violence makes sense of the separation are critical to risk assessment. Separation is a high-risk time and can be linked to homicide–suicide risk (**Section 3**).

The person using violence may be unable to accept that the separation has occurred, may be hopeful that the relationship will be reunited, may place blame with the ex-partner, and/or may not be willing to negotiate any separation-related processes, such as parenting orders and division of assets.

You may observe narratives or physical and verbal behaviours that indicate anger and resentment, jealousy, obsession and controlling behaviours.

You should consider the risk assessment and practice considerations outlined above (asking about adult victim survivors) when observing the responses of the person using violence about ex-partners.

The narrative of the person using violence about past relationships may provide insight into current or future relationships and assist you to identify patterns of violent and coercive controlling behaviours (**Section 5**).

### Practice considerations

When discussing separation, the person using violence may present as:

- distressed, despondent, anxious or agitated
- hostile or angry towards the victim survivor
- not accepting of the separation and post-separation outcomes (financial and parenting).

During these conversations, it is important to pay attention to invitations to collude, and any experiences or feelings you have of the person attempting to intimidate, manipulate or control you and the conversation (**Section 1**).

Seek support and advice from colleagues and supervisors for support in your responses and to ensure your own safety. If you are concerned that the person using violence may increase their risk, refer to **Responsibility 4** for guidance on closing the conversation safety and proactively share information with relevant services.

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|
| If applicable: ***Asking about children*** | |
| **Leading questions**<br>*I'd like to talk some more about your children/step-children/ children you provide care to and your relationship with them. Can you tell me about them?* (if known, use their name throughout discussion, if not known, ask their name).<br>**Following questions**<br>*What are they like? What is it about each of them that you love?*<br>*What do they like doing? What do they not like doing?*<br>*When* [child] *gets angry or upset, how do they behave?*<br>*When they see you or your ex/ partner/other carer unhappy, distressed or angry, what do they do? Do you think they are they worried about you? Do they express being worried or anxious about their own safety?*<br>If child/ren are accessing support from services: *How do you show your support to* [child] *around their engagement with X service/professional?*<br>If the person has contact with children within a dating relationship context: *What is your relationship like with* [dating partner's] *child/ren?* | **Why is this important to consider for family violence risk assessment?**<br>Through the person using violence's responses about each child, you may start to build an understanding of the types of relationships the person has formed with children in their life (for example, they take on a disciplinary role), how they place value on children (for example, the person's narrative may indicate they are considered possessions), and how they empathise with or respect children's decisions or needs (for example, 'my child makes a big deal out of nothing, just like their mother') (**Section 1**).<br>You may also start to build an understanding of how the person views their parenting or caring identity or role, including whether they accept their role, feel an expectation to accept a parenting role, or assume a parenting role early in a dating relationship.<br>You should observe any narratives indicating the person's sense of entitlement to relationships with children, including forcing themselves into children's lives where it may not be safe or appropriate for them to have a parenting or caring role.<br>The narrative the person uses may indicate that children are exposed to family violence, its impacts or being directly targeted by the person's violence (**Section 3**).<br>Each child and young person in a family will have different experiences of the violence and some may be targeted more than others.<br>Targeting includes expressing hostility, resentment or indifference towards a child, using tactics to isolate a child from their other parent, culture and/or community supports, isolating a child from health, mental health and wellbeing, medical and educational services, threatening to enforce mental health treatment as a form of control, or using highly authoritarian parenting practices.<br>Risk may increase where the children are not biologically related to the person using violence (**Section 3**).<br>Where the person using violence discloses that their child/ren are accessing mental health and wellbeing services, including counselling, you may consider prompting for how the person using violence engages with or feels about the service's involvement. You may observe narratives that indicate control over the child/ren's access to services, hostility towards services, or are degrading or critical of their child/ren for requiring support. |

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|
| | **Practice considerations**<br>Throughout your conversation, it is important to consider ways to bring the voice and lived experience of children as victim survivors in their own right into the room.<br>Although children can be a strong motivator for change for people using family violence, they are also commonly targeted for abuse, or used as tools to further the abuse, coerce and control the other parent.<br>Depending on your relationship and level of disclosure from the person using violence about their behaviours and use of coercive control, there may be opportunities to discuss the impact of violence on children and family functioning.<br>This includes through direct or indirect exposure to their use of violence, ongoing behaviours towards the other parent, and the use of systems to isolate children from the non-violent parent/carer.<br>Refer to guidance on using parenting as a motivator for change in risk assessment (**Responsibility 3**) and risk management (**Responsibility 4**) to support your practice. You can record any identified motivation related to children in **Section 4**.<br>Consider your mandatory reporting obligations to Child Protection (**Responsibility 4**).<br>Depending on the person using violence's responses, you may consider whether it is safe, appropriate and reasonable for your engagement, and the safety of all family members, to notify the person about requirements to report to Child Protection. If you are unsure, use a secondary consultation with a specialist perpetrator intervention service to seek their advice about informing the person using violence.<br>Where you are unsure about assessing the risk and needs of children through the narrative provided by the person using violence, it is important to seek secondary consultation from a senior practitioner or supervisor within your own organisation, or from another appropriate service provider. |

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|

If applicable: ***Asking about parenting***

### Leading questions

*Can we talk about you as a parent and the role you play?*

### Following questions

*Tell me about yourself as a parent. What roles and responsibilities do you take on as a parent/in the home?*

*How do you and your partner decide on parenting roles? What roles and responsibilities for parenting/in the home do you notice your partner taking on?*

*How do you work with your partner to support your child/ren?*

*Are there times when being a parent is hard?*

*When things get hard how do you manage these situations?*

*Do you think your child/ren are struggling with what is going on at present?*

*Tell me about how you discipline your child/ren?*

*What was your experience like of being parented?*

### Why is this important to consider for family violence risk assessment?

People who use violence often engage in behaviours that cause damage to the relationship between an adult victim survivor / non-violent parent/carer and their child/ren.

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 survivor.

This can have long-term impacts on the psychological, developmental and emotional wellbeing of children, and it indicates the person using violence's willingness to involve children in their abuse.

These prompting questions seek to elicit information about the person using violence's behaviour towards the other parent, including narratives about the other person's parenting, assumed expectations about parenting roles, and established parenting norms.

You should familiarise yourself with **Section 1** to consider the range of narratives and behaviours that may indicate the presence of risk factors specific to children and document identified risk factors in **Section 3**.

### Practice considerations

Parenting practices and norms across all families is varied. It is important to be aware of and understand culturally relevant family and parenting norms, such as for families within Aboriginal and diverse communities, in order to understand and contextualise the person's behaviour and identify family violence.

While it may be tempting for the person using violence to focus on the non-violent parent/carer's behaviours and perceptions of skill and capacity. It is critical that you bring the person's attention back to themselves through use of a **balanced approach to engagement**.

You may use statements such as *'It's helpful to hear about how you understand [name's] parenting. I'm wondering about how you understand your own parenting – how would you describe that?'*.

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|

If applicable: ***Asking about parenting with an ex-partner***

### Leading questions

*Can you tell me what parenting is like for you as a separated family?*

### Following questions

*What is your relationship like with your ex-partner?*

*How does this impact on the children?*

*How do you manage shared parenting?*

*How do your child/ren feel when they leave you?*

*How do your child/ren feel when they leave their [other parent/s]?*

*Are there any court orders in place that we need to be aware of that talk about the children?*

*Do you think it's important for the children that they see their parents being friends?*

### Why is this important to consider for family violence risk assessment?

Some people who use violence may provide a narrative that they are a safe parent. This is often presented through statements that seek to explain their behaviours as 'only' directed at adult victim survivors and not towards children.

It is important to note that violence directed towards an adult victim survivor/non-violent parent/carer and safe parenting are incongruous. The use of family violence is a harmful parenting choice.

Through these conversation prompts, you may uncover risk factors (**Section 3**) related to:

- undermining the other parent's relationship with children
- use of violence at times of child handover
- adherence to court-ordered arrangements, including behaviours that indicate the non-return of children
- third parties, including family members, friends or others, who may monitor or support child contact arrangements
- the use of systems to continue their violent and coercive controlling behaviours, including through family law proceedings and reporting to Child Protection.

If you identify risk to third parties, you should document this in **Section 5**. If it is appropriate to your role and you have a built a professional, trusting relationship with the person using violence, you may be in a position to further explore risk to third parties.

You can also seek secondary consultation with specialist perpetrator intervention services about the person using violence's presentation and risk, and to identify options for engaging with third parties for risk assessment and risk management.

### Practice considerations

Having conversations with people who use violence about their co-parenting relationships and children can be challenging for professionals. A range of family violence behaviours and tactics may emerge that are difficult and uncomfortable to hear.

It is important to continuously reflect on your own assumptions, values and beliefs as you work with the person using violence and seek supervision and support from senior practitioners.

People who use violence may not provide accurate or holistic information about their children and the non-violent parent/carer. You should be attentive to indicators demonstrating the person using violence's pattern of behaviour to understand the impacts on children, the non-violent parent/carer, and overall family functioning.

You can document your observations about the person's pattern of behaviour and impacts in **Section 5** and use this to inform your determination of risk level.

Using a **balanced approach to engagement** can help you to navigate this conversation with the person using violence, who may present to you with conflicting beliefs and behaviours about themselves as a parent – a belief they are a 'good' parent while acknowledging the use and impact of family violence on children.

Where appropriate to your role and relationship with the person using violence, you may use the person's cognitive dissonance to enhance motivation to engage with services, address their violence and parenting and set goals for safety.

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|

***Using the presenting need to ask about person's use of family violence***

Note: If safe, appropriate, and reasonable to do so, you may use these prompts to link what you have noticed about how the person has responded to previous questions to explore family violence risk indicators.

### Leading questions

*You came here because of* [presenting need, such as drug use, homelessness, etc.].

*In our discussions you have described disagreements or fighting at home.*

*Can we talk about this more? I am concerned for you and your family.*

### Following questions

*Can you talk me through what is happening for you?*

*You have indicated that what is occurring is a lot more fighting. Can we talk some more about what fighting looks like?*

- *What happens when you and your family member fight?*
- *What does this look like?*
- *How do you feel when this happens? Do you regret this or feel ashamed?*
- *Who else is around when this happens?*
- *How often does it happen? When was the last time it happened?*
- *Has there ever been any police or court involvement?*
- *How do you think your* [presenting need] *relates to your behaviour?*

*Are there any* [court/intervention] *orders in place that I need to know about?*

*Can you tell be about how the* [court/intervention] *orders came about?*

### Why is this important to consider for family violence risk assessment?

Asking directly about family violence behaviours using the person's chosen words to describe situations can contribute to your understanding and assessment of risk. By inviting the person to tell their 'story', you can listen for:

- how they make sense of their use of violence
- the types of violence they are ready to acknowledge (noting they may not think some of these behaviours are violent)
- what strategies they use to harm, control or dominate victim survivor/s
- any emerging patterns of behaviour
- how they understand the impact of their violence on others
- any evidence that behaviours are increasing in frequency or severity (for example, 'we are fighting more, it used to be one a month').

You can document observed or disclosed risk factors caused by the person using violence's behaviours in **Section 3** and patterns and timeframes related to frequency and recency in **Section 4**.

Through discussions on the presence and conditions of court orders such as a family violence intervention order, you may uncover risk factors related to the person's use of family violence. This can include narratives that indicate controlling behaviours, stalking, emotional abuse and breaches of orders.

While people who use violence often significantly under-report their use of violent and coercive controlling behaviours, their descriptions are key to informing how you approach conversations about safety planning and undertake collaborative risk management.

If you have identified the adult victim survivor is dependent on the person using violence for care and/or financial support, you may ask further prompting questions to uncover information relevant to their particular circumstances and any behaviours that target the victim survivor's identity, experience, or dependence.

For example, *'what does police/court involvement mean to your family member's migration application?', 'what does this "fighting" mean in relation to your family member's mobility?'*

Behaviours that target the victim survivor form part of the person's pattern of coercive controlling behaviour and can be documented at **Section 5** to form part of your process for determining the level of risk.

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|
| | **Practice considerations**<br>The relationship you have built with the person and level of disclosures made throughout your conversation should give you an indicator of the depth of family violence specific questions you can ask the person without risking them having an elevated emotional response, or escalating risk to victim survivors.<br>You may already have intake and assessment processes that ask a broad range of questions to help you understand the person in their context, including to seek clarification on all legal issues. These questions can be a useful 'in' to commence discussing family violence matters.<br>It is important to be aware of any feelings of shame as the person discloses their use of violence with you. Refer to **Section 12.1.14** in the *Foundation Knowledge Guide* for more information on shame.<br>It is important to maintain a **balanced approach to engagement** while the person using violence tells their 'story'. You can use professional curiosity to ask questions to understand the context of the person's behaviours and invite them to reflect on their own actions rather than that of others. |

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|

*Asking about others' experience of their use of violence and past strategies to stop*

### Leading questions

*Tell me about what is and isn't working for you and your family when you use violence / fight?*

### Following questions

*Are there times when you feel unsafe?*

*Do you think there are times when those people close to you* [partner/ children/ other family members] *feel unsafe or afraid?*

*How do you feel about your behaviour?*

*I am wondering what you want to do about this.*

*Do you want to look at changing your behaviour? Would you like to 'check in' on your actions and get some information about how others in similar situations have found this helpful?*

*What are you getting really tired of? What kinds of strategies have you tried in the past to change your actions? What has worked, even in the short term?*

### Why is this important to consider for family violence risk assessment?

Exploring the person's understanding of their use of violence, including what is and isn't working for them, may indicate their capacity and/or willingness to display empathy for victim survivor/s and readiness to discuss the possibility of changing their behaviour. People who use violence may attempt to dismiss these questions, commenting that:

- violence is inevitable as a result of someone or something else that 'triggered' them
- the violence (for example, fighting) isn't bad, comparing it to others' violence
- it doesn't matter what they do about it because the 'problem' sits with the other person (victim survivor).

These types of responses will give you an indication that family violence risk is likely to continue. This will contribute to your understanding of the person's intent or choice for using violence (refer to **Responsibility 2**).

### Practice considerations

Professionals should be particularly attentive to rationalising, minimising and justifying narratives. If the person continually evades taking responsibility for their behaviour and adopts a victim stance, it may not be appropriate to your role and responsibilities to pursue this conversation.

Keeping the person engaged with your service in order to address their presenting needs may be the best opportunity you have to keep the person in view of the system. Their continued engagement with you will provide opportunities for ongoing monitoring of risk and collaborative and coordinated risk management.

Narratives of denial, minimisation, justification and blame are designed not only to keep up appearances to community services but also as a means by individuals to protect themselves against feelings of shame. The experience of shame impairs decisions for help-seeking and can increase risk of family violence towards victim survivors, as well as harm to self.

It is important to maintain a respectful, non-judgemental and strengths-based approach when working with the person using violence, to increase the likelihood of their continued engagement with your service. For more information on creating safe, non-collusive communication practices refer to **Responsibilities 1 and 3**.

These conversation prompts seek to understand how the person using violence is making sense of their behaviours and the extent to which they are able to separate themselves from their behaviours, marking the starting point of conversations to explore motivation (**Section 4**).

| Conversation-prompting questions | What should you keep in mind when asking these questions? |
|---|---|

***Exploring motivations to address presenting needs and/or use of violence***

Note: these questions are posed to support the person using violence to explore what is important to them and how this might look differently in the future for themselves and their family.

### Leading questions

*While we are addressing the issue/s that brought you here are there other areas of your life that you might like to work on?*

*We talked about the need to make changes in your life to address the needs you have, so can we talk about how we might put this into action?*

### Following questions

*If you were to describe the person you want to be, what might that look like?*

*If you made changes to your life, what impact do you think this might have on your relationship with your family/partner?*

*If you made changes to your life, what impact do you think this might have on you and your relationship with your children? What kind of parent would you want to be? How do you want the kids to see you in one year, or five years?*

*How important is this difference for you and your family?*

*Let's talk about what small things you can do now to change. What things can we put in place now?*

### Why is this important to consider for family violence risk assessment?

Throughout your risk assessment process, and ongoing professional relationship, you may identify a range of motivations, both short and long-term, that the person using violence holds (**Section 4**). Short-term motivations may include experiencing crisis, including through homelessness and police and court involvement, while long-term motivations tend to arise from their values, such as becoming a better parent, or having healthy and loving family relationships.

If the person preferences short-term motivations and cannot identify and connect with longer-term ones, their capacity for engaging in conversations to address their risk to victim survivors may be limited.

It is important to identify and understand the person's motivation at various points in time to make best use of the opportunity you have to assess risk and create a safety and risk management plan. You can document motivations and readiness in **Section 4**.

### Practice considerations

Strengths-based approaches when working with the person using violence provides opportunities for them to identify and articulate what they can do to address their needs. Steps towards taking responsibility and ownership for their goals, decisions, actions and behaviours related to presenting needs can form the foundation for addressing their use of family violence.

The person's role as a parent can be a significant motivator for change. While you may uncover motivation through your ongoing professional relationship with the person using violence, it is not expected that you will work with them to address parenting and/or violence, unless it is within the scope of your role to do so.

Consider the person's readiness and motivations to address parenting in the context of their use of family violence and explore options for a referral to an appropriate service to respond to their specific need.

Determining if it is safe, appropriate or reasonable to engage with parenting as a potential motivator for change is outlined in **Responsibility 4**.

# APPENDIX 5: SCREENING QUESTIONS FOR COGNITIVE DISABILITY AND ACQUIRED BRAIN INJURY

When you screen for cognitive disability with a person using violence, remember they may not answer the questions honestly for a range of reasons.

They may be distrustful of why you are collecting the information, or may not remember or know the answers.

Refer to **Responsibility 1** for guidance on developing trust and rapport for safe engagement.

The responses to questions are indicated with 'disclosed' or 'not disclosed' to note that these questions don't lead to a definitive 'yes' or 'no'. Instead, they screen for what the person is willing and able to tell you.

The responses you get in these screening questions are not definitive 'assessments', but they may prompt you to adjust your communication approach and support referrals to another service.

It may be appropriate for you to ask if there is a family member or another person that knows the service user who could support with providing this information.

To initiate the screening assessment,[1] you can say and ask the following:

'We ask all service users a broad range of questions about their health and wellbeing in order to better support them. With this in mind …'

1 Abbreviated version of the OSU TBI-ID screening tool; Corrigan JD and Bogner J 2007 'Initial reliability and validity of the Ohio State University TBI identification method', *Journal of Head Trauma Rehabilitation*, vol. 22, no. 6, pp. 318–329.

### Screening questions

| Screening for possible general cognitive disability | Guidance and further questions |
|---|---|
| *Q: Can you tell me why you are here today?* | This question asks the person why they think they are at the service and to explain their situation.<br>This will give an indicator of capacity or potential limitations if they are not able to explain.<br>It can also support you to understand which communication adjustments or supports might be required.<br>Follow-up questions you can ask about a person's daily life include:<br>*How did you get here today?*<br>*What kind of doctors do you see?*<br>*Do you drive?*<br>Answers to these questions may indicate the supports they receive.<br>You may be able to contact these services for secondary consultation when considering approaches to adapting communication. |

| Screening for possible general cognitive disability | Guidance and further questions |
|---|---|
| *Q. Have you had an injury to the brain?*<br>*This could be from stroke or other illnesses, use of alcohol or other drugs, near drowning, strangulation or any other causes?* | If relevant to their response, you can ask:<br>*Have you ever needed help with how much you drink alcohol or because of the drugs you take?*<br>*Have you ever had an operation on your brain? Did you have difficulties learning at school?*<br>*Which school did you go to? (Look for any answers suggesting a specialist school or specialist support service.)*<br>*Did you have specialist support in the classroom, such as speech therapists, occupational therapists or other aides?* |
| **If not disclosed – stop here.** | If not disclosed, you can still offer adaptations to communication. Suggested wording for this could be:<br>*'I understand this can be a stressful situation.*<br>*When I'm stressed, I understand information better when it's in an easier way.*<br>*Does that work for you too?'* |
| **If disclosed:**<br>*Q: From this injury, have you had troubles with your body or mood? Such as: your speech, memory, increased feelings of anger or being impulsive, or any other changes?* | If relevant, you can reflect on other progressive neurological disorders, including multiple sclerosis or dementia. |
| Q: *Do you receive support from NDIS, TAC or Forensic Clinical Service?*<br>*If so, which one and what for?* | |
| *Q: Do you receive a disability support pension?*<br>*If so, what for?* | |
| *Q: Have you ever had an assessment, including the following:*<br>... *speech pathology*<br>... *occupational therapist*<br>... *neuropsychiatrist*<br>... *other professional?* | Remember to ask these questions with sensitivity. It is helpful to have developed a level of trust and rapport with the service user before asking these questions. |
| *Q: Do you think people in your life would say there has been a big change in your behaviour recently?* | |
| **Screening for other forms of cognitive disability** | |
| There are further behaviours you might observe that could indicate a person has cognitive disability, including:<br>... verbal aggression<br>... physical aggression against objects<br>... physical acts against self<br>... physical aggression against other people<br>... inappropriate sexual behaviour<br>... repetitive behaviour<br>... wandering/absconding<br>... inappropriate social behaviour<br>... Impulsivity and risk-taking behaviours | These indicators are documented in the Overt Behaviour Scale,[2] a measure purpose-designed to assess challenging behaviours after ABI. If you are trained you may choose to use this resource measure, however, you are not expected to as part of your MARAM responsibilities. |

2 Kelly G, Todd J, Simpson GK, Kremer P, Martin C. The Overt Behaviour Scale (OBS): A tool for measuring challenging behaviours following ABI in community settings. Brain Injury. 2006; 20: 307-319.

| Screening questions specifically for acquired brain injury[3] | Guidance and further questions |
|---|---|
| *Q. Have you ever had an injury to your head?* | If relevant, further questions include:<br>*Have you ever gone to the hospital or Emergency room?*<br>*Have you ever had any injuries from:*<br>*... car or bicycle accidents*<br>*... being hit by something or someone*<br>*... falling down*<br>*... playing sport*<br>*... injury during military service or at work?* |
| **If not disclosed, stop ABI screening questions here** | Consider asking about other forms of cognitive disability using the above prompts. |
| **If disclosed:**<br>*Q. Were you ever knocked out or did you lose consciousness?*<br>*If so, what was the longest time you were knocked out or unconscious?* | This question helps you to identify the most severe traumatic brain injury (TBI) the person has sustained. The severity of the injury is classified by the length of time that the person was knocked out or lost consciousness (less than 30 min, indicates a MILD TBI; between 30 min and 24 hours indicates a MODERATE TBI; 24 hours or longer indicates a SEVERE TBI). |
| *Q. How old were you the first time you were knocked out or lost consciousness?* | The age that someone first sustained a TBI is important to know, as people who sustain injuries at a younger age (children, adolescent, early adulthood), have an increased chance of displaying more challenging behaviours. |
| *Q: Have you ever sustained an injury to your neck?* | This question is asking about non-fatal strangulation and the possibility of loss of oxygen to the brain (hypoxia). |

If a person has a diagnosed cognitive disability including ABI, discloses this, or your observation using the above information suggests they might have, use Practice Guides for **Responsibilities 5 and 6** to inform your approach to secondary consultation and referral for specialist support including neuropsychological assessment, aged care assessments (if appropriate), Forensic Clinical Services and NDIS.

3 Note that acquired brain injury includes traumatic brain injury (TBI) due to an external force applied to the head, and non-TBI, including from stroke, lack of oxygen or strangulation, or poisoning. Brain Injury Australia (2018) *The Prevalence of Acquired Brain Injury among Victims and Perpetrators of Family Violence,* page 2.

# APPENDIX 6: RECOGNISING SUICIDE RISK IN THE CONTEXT OF ADULT PEOPLE USING VIOLENCE

The table below describes risk factors that are 'in common' to both family violence and suicide risk for adults who use family violence.

It also emphasises the importance of understanding suicide risk in the context of family violence and coercive control.

Refer to the MARAM Risk Factors in **Section 9** of the Foundation Knowledge Guide and the victim survivor–focused Practice Guide **Appendices 2 and 8**.

Professionals with **Responsibilities 7 and 8** should also refer to **Appendix 12 Comprehensive assessment interview guide** for additional guidance related to homicide–suicide risk.

Serious family violence risk factors — those that may indicate an increased risk of the victim being killed or almost killed — are highlighted with **bold/shading**. 'In common' **suicide risk factors** are described under the practice guidance with the correlating family violence risk factors.

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| The following risk factors refer to the **circumstances** relevant to the victim survivor | |
| Physical assault while pregnant/ following new birth | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>**Sexual assault of victim survivor**<br>**Suicide risk factor:**<br>In isolation, this is not a known common risk factor for suicide or self-harm risk.<br>However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk requiring immediate response**. |

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| Planning to leave or recent separation | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>**Escalation — increase in severity and/or frequency of violence**<br>Imminence<br>**Suicide risk factor:**<br>Recent separation<br>**Why is this important to consider for suicide risk?**<br>People experiencing 'relationship breakdown', family conflict or conflict with their partner are at higher risk of death by suicide.<br>'Disruption of family by separation and divorce', 'problems in relationship with spouse or partner', 'problems related to primary support group', 'other stressful life events affecting family and household', and 'problems in relationship with parents and in-laws' are indicated in the most frequently occurring psychosocial risk factors in coroner-certified suicide deaths in Australia.[1]<br>For Aboriginal and Torres Strait Islander people, 'problems in relationship with spouse or partner' is the number one psychosocial risk factor identified in coroner-certified suicide deaths in 2017.[2]<br>**What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?**<br>When people who use violence feel they are losing control of the victim survivor, or their relationship with them, they may increase the frequency and severity of their abusive behaviours in an attempt to regain control. They may also become distressed, despondent, desperate or anxious about the prospect of separation or current situation.<br>You may hear narratives from the person using violence that link separation to their life 'being over', or feelings of 'giving up'. Narratives that appear to catastrophise outcomes, including that they will never have contact with their children again, or express feelings of shame or hopelessness, are key indicators of concern. |

1 Government of Australia 2019, *Psychosocial risk factors as they relate to coroner-referred deaths in Australia, 2017,* Australian Bureau of Statistics, Canberra.
2 Ibid.; World Health Organization 2014, *Preventing suicide: a global imperative*, WHO, Geneva.

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| Escalation — increase in severity and/or frequency of violence | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>Imminence<br>Physical harm<br>**Controlling behaviours**<br>Emotional abuse<br>**Threats**<br>**Stalking of victim**<br>**Common suicide risk factors:**<br>**Imminence**<br>**Why is this important to consider for suicide risk?**<br>If the behaviour of the person using violence increases in severity and/or frequency, they may be more likely to have contact with authorities.<br>Their escalated use of violence may also relate to increased involvement with systems or because they feel they have lost control over their life situation and/or victim survivors.<br>Suicide risk is likely higher at the time of, or directly after, situational stressors occur, and/or if a change within the person's life involves a loss of control or power.<br>Situations include: removal from the home, when paperwork is served (following a family violence notification – either a 'caution' or a family violence intervention order), when a court report is handed down, leading up to court appearance, family court and parenting orders (that result in loss of/reduced access to children).<br>People in contact with the legal system, including with police, courts and corrections, are at higher suicide risk. This risk has been found to increase with '**recency**' and '**frequency**' of contact.[3]<br>'Problems related to other legal circumstances' is a frequently occurring psychosocial risk factor in coroner-certified suicide deaths in Australia in 2017 – particularly for males aged 25 to 64 years.[4]<br>When there are Family Court matters in the context of family violence, the perpetrator may feel disempowered and may experience a loss of control, which can increase risk.<br>Times when the Family Court denies the person using violence access to their children present particularly serious risk to the adult and child victim survivors. Consider if there are other decision points pending such as Child Protection proceedings. |

3 Webb RT, Qin P, Stevens H, Mortensen PB, Appleby L and Shaw J 2011, National study of suicide in all people with a criminal justice history. *Archives of General Psychiatry*, vol. 68, no. 6, pp. 591-599. doi:10.1001/archgenpsychiatry.2011.7

4 Government of Australia 2019, *Psychosocial risk factors as they relate to coroner-referred deaths in Australia*, 2017. Australian Bureau of Statistics, Canberra.

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| | **What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?**<br>A person's use of violence and pattern of behaviour occurring more often or becoming worse is associated with increased risk of serious injury or death. This includes when a victim survivor reports that physical violence has increased in severity or frequency.<br>An increase in severity may not be just about physical violence. The person using violence may increasingly make threats to victim survivors, damage property, monitor or stalk (including through technology), or use other family violence behaviours more regularly or to more serious extents than in the past.<br>An example may include if the person using violence has previously made threats to kill and has recently escalated to threats involving specific actions of how they will kill the victim survivor.<br>The person using violence may describe feeling out of control or overwhelmed about their life, the involvement of authorities, or other situational stressors. Escalation of family violence and increased contact with policing and legal systems should be considered alongside any presentation of threats to suicide or self-harm to identify both suicide and homicide–suicide risk.<br>If a perpetrator feels like a court case is not going to go their way, their level of violence can escalate.<br>Some perpetrators use the court process as a means of abuse. This can include purposefully prolonging proceedings, attacking the victim survivor's character and negatively impacting on their circumstances (whether it be housing, finances, contact with children etc.) where possible. They will attempt to manipulate children to side with them, feel sorry for them and blame the other parent/carer. |
| Imminence | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>**Planning to leave or recent separation**<br>**Escalation — increase in severity and/or frequency of violence**<br>History of violent behaviour (not family violence)<br>History of family violence<br>**Common suicide risk factors:**<br>**Why is this important to consider for suicide risk?**<br>Refer to guidance on **Escalation – increase in severity and/or frequency of violence.**<br>**What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?**<br>Where you have identified imminence in the context of family violence risk assessment, you should consider both the presence and likelihood of suicide and homicide–suicide risk.<br>You may hear statements from the person using violence that indicate an imminence of self-harm or suicide, empathy with others who have suicided or homicide-suicided, greater specificity in terms of the nature of threats to victim survivors and self, increasing hostile rumination about the victim survivor, or intense hopelessness about their situation.<br>For children and young people, take into account factors such as parenting arrangements and hand over when considering imminence. |

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| Financial abuse/ difficulties | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>Unemployed / disengaged from education<br>**Common suicide risk factor:**<br>Financial difficulties<br>**Why is this important to consider for suicide risk?**<br>People experiencing unemployment and financial difficulties are at higher risk of death by suicide. 'Unemployment', 'problems related to economic circumstances', 'threatened or actual job loss', 'other physical and mental strain related to work' and 'gambling and betting' are indicated in the commonly occurring psychosocial risk factors in coroner-certified suicide deaths in Australia.[5]<br>**What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?**<br>Asking questions about income and employment may be standard within your organisation's intake and assessment processes.<br>You should explore financial difficulties to identify issues related to gambling, debts, recent changes to income (including through loss of employment), and other ways the person feels financial pressure.<br>Financial pressure may include responsibilities for financial support to extended families or others in their life.<br>You should assess for the impact of financial difficulties and abuse on victim survivors and observe and identify intensity of despondency, stress, or powerlessness associated with gambling, financial pressures and/or debt. |
| The following risk factors refer to the behaviour and/or circumstances of a person using violence against adult **or** child victim survivors | |
| Controlling behaviours | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>**Obsession/jealous behaviour toward victim survivor (as a driver of controlling behaviour)**<br>Emotional abuse<br>**Stalking of victim**<br>**Escalation — increase in severity and/or frequency of violence (refer to associated risk factors)**<br>Imminence<br>**Has ever threatened or attempted self-harm or suicide**<br>**Common suicide risk factor:**<br>**In isolation**, this is not a known common risk factor for suicide or self-harm risk.<br>However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**. This may include homicide–suicide risk. |

5 Government of Australia 2019, *Psychosocial risk factors as they relate to coroner-referred deaths in Australia*, 2017, Australian Bureau of Statistics, Canberra.

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| Access to weapons | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>**Use of weapon in the most recent event**<br>**Controlling behaviours**<br>Emotional abuse<br>**Threats to kill**<br>**Common suicide risk factor:**<br>Access to weapons<br>**Why is this important to consider for suicide risk?**<br>Access to weapons is associated with increased risk of suicide.<br>**Restricting access to the means of suicide** is one of the most effective suicide prevention strategies.<br>Significant declines in 'general suicide rates have been reported after restricting access to firearms, toxic domestic gas, pesticides, barbiturates, erecting safety barriers and introducing "safe rooms" (which eliminate suspension points for hanging) in prisons and hospitals'.[6]<br>People living in rural communities may have increased access to means/weapons.<br>**What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?**<br>You may identify that the person using violence has access to weapons through direct disclosure or orders requiring the removal or surrender of firearms/weapons.<br>Access to weapons may be related to occupation (for example farming or law enforcement), involvement in sports or recreational activities (for example shooting/pistol club), or involvement in criminal activities.<br>Where the person has previously made attempts to suicide, you may explore the presence of any weapons in the home, or ideation and/or plans involving use of weapons. |

6 Black Dog Institute 2016, *An evidence-based systems approach to suicide prevention: guidance on planning, commissioning and monitoring.*

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| Use of weapon in the most recent event | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>**Access to weapons**<br>Emotional abuse<br>Property damage<br>**Threats to kill**<br>Physical harm<br>**Common suicide risk factor:**<br>**Access to weapons**<br>**Why is this important to consider for suicide risk?**<br>In isolation, the use of a weapon in the most recent event is not a known common risk factor for suicide or self-harm risk.<br>However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**.<br>This may include homicide–suicide risk. |
| Has ever harmed or threatened to harm victim survivor or family members | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>Emotional abuse<br>Imminence<br>**Has ever threatened or attempted self-harm or suicide**<br>**Common suicide risk factor:**<br>Has ever threatened or tried to self-harm or suicide<br>**In isolation**, this is not a known common risk factor for suicide or self-harm risk.<br>However, in combination with suicide or self-harm risk factors it may indicate a **serious risk and/or requiring immediate response**. This may include homicide–suicide risk.<br>Refer to 'imminence' and 'escalation' related to change or escalation in recency or frequency of violence. |
| Has ever tried to strangle or choke the victim | **In isolation**, this is not a known common risk factor for suicide or self-harm risk.<br>However, in combination with suicide or self-harm risk factors it may indicate a **serious risk and/or requiring immediate response**. This may include homicide–suicide risk. |
| Has ever threatened to kill victim survivor | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>Emotional abuse<br>**Common suicide risk factor:**<br>Has ever threatened or tried to self-harm or die by suicide<br>**Why is this important to consider for suicide risk?**<br>People using violence often use threats to kill in combination with threats to self-harm or suicide.<br>Refer to 'Has ever threatened or attempted self-harm or suicide' for more information. |
| Has ever harmed or threatened to harm or kill pets or other animals | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>**Controlling behaviours**<br>Emotional abuse<br>**In isolation**, this is not a known common risk factor for suicide or self-harm risk.<br>However, in combination with suicide or self-harm risk factors it may indicate a **serious risk and/or requiring immediate response**. This may include homicide–suicide risk. |

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| Has ever threatened or attempted self-harm or suicide[7] | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>**Has ever threatened or tried to self-harm or commit suicide**<br>**Controlling behaviours**<br>Emotional abuse<br>Mental illness/depression<br>**Common suicide risk factors:**<br>Has ever threatened or tried to self-harm or suicide<br>Mental illness/depression<br>Chronic suicidality<br>**Why is this important to consider for suicide risk?**<br>Personal history of self-harm is the most frequently occurring psychosocial risk factor in coroner-certified suicide deaths in Australia for 2017.[8]<br>Within the family violence context, 'threats of self-harm or suicide' are considered to be a risk factor for homicide–suicide and an extreme extension of controlling behaviours by a person using violence.<br>Suicide prevention practice considers 'threats of self-harm or suicide' as a key warning sign to be taken seriously.<br>A significant number of men who commit suicide each year have a history of using family violence.<br>Risk is heightened for people who have a plan to take their life, who have had a previous suicide attempt and where suicidal ideation is present.<br>Suicidal ideation is not uncommon, and only some people who have thoughts of suicide will attempt to take their lives. However, it is important to treat all suicidality seriously.<br>Leading practitioners in suicide prevention have determined that people with chronic repetitive suicidality are a distinctly different cohort to those with episodic suicidal behaviour – that is, suicidal behaviour that manifests over a shorter time.[9]<br>A history of chronic, repetitive suicidal behaviour is considered a significant risk factor for suicide, with one study placing young men who had a history of previous attempts at 30 times the risk of suicide.[10] Furthermore, suicidality including suicidal ideation and attempts are a core feature of borderline personality disorder, with individuals diagnosed indicated as having a high risk of suicide.[11]<br>Threatening to self-harm or suicide as a means of controlling a victim survivor is not always linked to the presence of mental illness. However, in some instances they may be co-occurring. |

7 Note practice advice on language has changed since MARAM Framework was published in 2018, and the term 'commit' suicide is no longer used.

8 Government of Australia 2019, *Psychosocial risk factors as they relate to coroner-referred deaths in Australia*, 2017, Australian Bureau of Statistics, Canberra.

9 Paris J 2007, *Half in love with death: Managing the chronically suicidal patient*, Lawrence Erlbaum, Mahwah, NJ.

10 May AM, Klonsky ED and Klein DN 2012, 'Predicting future suicide attempts among depressed suicide ideators: a 10-year longitudinal study', Journal of Psychiatric Research, vol. 46, no. 7, pp. 946-952, doi:https://doi.org/10.1016/j.jpsychires.2012.04.009; Gould MS, Greenberg TED, Velting DM and Shaffer D 2003, 'Youth suicide risk and preventive interventions: a review of the past 10 years', *Journal of the American Academy of Child & Adolescent Psychiatry*, vol. 42, no. 4, pp. 386-405. doi:https://doi.org/10.1097/01.CHI.0000046821.95464.CF

11 Broadbear JH, Dwyer J, Bugeja L and Rao S 2020, 'Coroners' investigations of suicide in Australia: the hidden toll of borderline personality disorder', *Journal of Psychiatric Research*, vol. 129, pp. 241-249. doi:https://doi.org/10.1016/j.jpsychires.2020.07.007

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| | **What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?**<br>Understanding the presence, context and characteristics of this risk factor provides insight into the state of mind of the person using violence.<br>The use of threats or attempts to suicide or self-harm to control another person is the key aspect of this risk factor, not the genuine threat or attempt in isolation.<br>All threats should be taken seriously, both in terms of genuine intent to suicide or self-harm, as well as a means to control the victim survivor.<br>Where there is escalation in threats or attempts, or greater specificity of threats, consider steps for immediate intervention and risk management.<br>**The combination of threats to suicide or self-harm with other controlling behaviours and threats to kill or harm adults, children or pets indicates serious risk.**<br>At times it may be challenging to differentiate between suicidal ideation linked to desperation/distress as opposed to acts of control.<br>In your engagement, you may hear narratives of hopelessness and shame, statements about depression or anxiety, and observe changes in the person using violence's mood or presentation.<br>You may also observe narratives placing blame on victim survivor/s for the mental health or current situation of the person using violence (refer to situational stressors above). The person may make threats to harm themselves to punish victim survivor/s.<br>Any risk of suicide and threat to self-harm must be taken seriously and you must respond appropriately.<br>Refer to guidance on safety planning in **Appendix 9 Safety planning conversation model** and **Responsibilities 5 and 6** for information about secondary consultation, referral and information sharing. |
| Stalking of victim survivor | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>**Controlling behaviours**<br>**Obsession/jealous behaviours towards victim**<br>Isolation<br>Emotional abuse<br>**Threats to kill**<br>**Common suicide risk factor:**<br>**In isolation**, this is not a known common risk factor for suicide or self-harm risk.<br>However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**. |
| Sexual assault of victim survivor | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>Emotional abuse<br>Physical harm<br>**Physical assault while pregnant/following new birth**<br>**Controlling behaviours**<br>**Obsession/jealous behaviours towards victim**<br>**Has ever tried to strangle or choke victim**<br>**Stalking of victim**<br>**In isolation**, this is not a known common risk factor for suicide or self-harm risk.<br>However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**. |

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| Previous or current breach of court orders/intervention orders | Other family violence risk factors to keep in mind when identifying this risk factor include:<br>**Controlling behaviours** (also refer to Escalation)<br>**Stalking of victim**<br>**Threats**<br>Emotional abuse<br>Common suicide risk factor:<br>**In isolation**, this is not a known common risk factor for suicide or self-harm risk.<br>However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**. This may include homicide–suicide risk.<br>Contravention is highly linked to repeat offending, including frequent use or escalation of family violence. This is a strong indicator of future violence.<br>In addition, breaches of other orders, particularly relating to family law matters involving children, is a strong indicator of controlling behaviours and increased risk.<br>Contravention of an orders is also linked to family violence homicide risk. |
| History of family violence | **History of family violence of any person is a suicide risk factor.** |
| History of violent behaviour (not family violence) | **In isolation**, history of violent behaviour (not family violence) is not a known common risk factor for suicide or self-harm risk.<br>However, in combination with suicide or self-harm risk factors, it may indicate **a serious risk and/or requiring immediate response**. |
| Obsession/jealous behaviour toward victim survivor | **In isolation**, this is not a known common risk factor for suicide or self-harm risk.<br>However, in combination with suicide or self- harm risk factors it may indicate a **serious risk and/or requiring immediate response**.<br>Refer to guidance on **Controlling behaviours**. |
| Unemployed/ disengaged from education | Other family violence risk factors to keep in mind when identifying this risk factor include:<br>**Financial abuse / difficulties**<br>Common suicide risk factor:<br>**Financial difficulties**<br>**Why is this important to consider for suicide risk?**<br>Refer to guidance on **Financial abuse/difficulties**, unemployment and job insecurity has been found to be associated with an increased risk of suicidal ideation and behaviour.[12]<br>Disengagement from education also increases an individual's suicide risk.<br>**What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?**<br>You can discuss changes to employment or education status, how the person views issues with employment or education, and the impact of unemployment, underemployment and disengagement from education on victim survivors and other family members.<br>If the person is despondent or stressed about unemployment, or reports a sense of powerlessness over their situation, you should screen for both suicide risk and increasing control over victim survivors.<br>The person may blame the victim survivor for their situation and use this as justification for retaliation and intensified coercive controlling behaviours.<br>Aboriginal people and people from diverse communities may experience discrimination and barriers to employment opportunities, which may result in lower financial security.<br>This is not in itself an indicator of increased risk for these communities, as systemic issues of access to employment increase the prevalence of unemployment for some communities as a whole. |

12 Milner A, Witt K, LaMontagne AD and Niedhammer I 2018, 'Psychosocial job stressors and suicidality: a meta-analysis and systematic review', *Occupational and Environmental Medicine*, vol. 75, no. 4, pp. 245-253. doi:10.1136/oemed-2017-104531

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| Drug and/or alcohol misuse/abuse (by perpetrator) | **Other family violence risk factors to keep in mind when identifying this risk factor include:**<br>Mental illness/depression<br>Financial abuse/difficulties<br>**Common suicide risk factor:**<br>Drug and/or alcohol misuse (specify substances)<br>**Why is this important to consider for suicide risk?**<br>Problematic substance use has a strong correlation with suicide risk, particularly as those who use substances can be characterised as having mood disorders, stressful life events, interpersonal problems, poor social support, lonely lives and feelings of hopelessness.[13]<br>In particular, **problematic alcohol use** may lead to suicidality through disinhibition, impulsiveness and impaired judgement – and it may also be used as a means to ease the distress associated with the act of suicide.[14]<br>Acute alcohol intoxication should be viewed as an important risk factor directly affecting suicidal behaviour.<br>**What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?**<br>Information about the person using violence's use of alcohol and other drugs provides insight into their current state of mind and level of stability.<br>You should explore the person's use of alcohol and/or drugs, including the contexts in which they use and any increases or changes to patterns of use.<br>Where increased alcohol and drug use is present, you should also explore risk taking behaviours, concerns about changing mood or impulsivity to identify increased suicide risk.<br>You should be aware of the impact of the person's use of alcohol and/or drugs on victim survivors, including whether they 'encourage' or force the victim survivor to use, force victim survivors to watch any risk taking, self-harm or attempts to suicide, or use more severe or physically harmful forms of family violence at times of intoxication.<br>If you observe narratives that externalise responsibility for the person's use of family violence on alcohol or drug use, do not engage in discussions that minimise their behaviours or justify their actions based on their use of alcohol or drugs.<br>Refer to guidance in **Responsibility 3** for information on maintaining a balanced approach and non-collusive practice. |

13 Pompili M, Serafini G, Innamorati M, Biondi M, Siracusano A, Di Giannantonio M … Möller-Leimkühler AM 2012, 'Substance abuse and suicide risk among adolescents', *European Archives of Psychiatry and Clinical Neuroscience*, vol. 262, no. 6, pp. 469-485. doi:10.1007/s00406-012-0292-0

14 mpili M, Serafini G, Innamorati M, Dominici G, Ferracuti S, Kotzalidis GD … Lester D 2010, 'Suicidal behavior and alcohol abuse', *International journal of environmental research and public health*, vol. 7, no. 4, pp. 1392-1431. doi:10.3390/ijerph7041392

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| Mental illness / depression | **Other family violence risk factors to keep in mind when ask identifying this risk factor include:**<br>**Obsession / jealous behaviour towards victim survivor**<br>**Drug and/or alcohol misuse/abuse by perpetrator**<br>**Common suicide risk factors:**<br>Mental illness / depression<br>Chronic suicidality<br>Hopelessness<br>**Why is this important to consider for suicide risk?**<br>Research indicates that mental illnesses such as depression, psychosis and substance use are associated with an increased risk of suicide.[15]<br>Schizophrenia is associated with 13 times higher risk of suicide than the general population, depression 20 times higher, and borderline personality disorder (BPD) 40 times higher.[16] A history of chronic suicidal ideation and intentional self-harm are core features of a BPD diagnosis.[17]<br>Mental health issues are more common in some communities (for example, LGBTIQ people) than in the general population. Mental health linked to threats or attempts to self-harm and suicide may be more prevalent due to systemic barriers or discrimination experienced by some communities.<br>Suicide is also more common in LGBTIQ communities. However, there is no current evidence examining an association between suicide threats/attempts and controlling family violence behaviours of people who use family violence in these communities.<br>For people who use family violence, homicide–suicide is associated with mental illness, particularly depression.<br>Depression, despair and hopelessness among people who use violence are key indicators of escalated risk and associated with homicide–suicide in the context of family violence.[18] |

15 Brådvik L 2018, 'Suicide risk and mental disorders', *International Journal of Environmental Research and Public Health*, vol. 15, no. 9, 2028, doi:10.3390/ijerph15092028

16 Chesney E, Goodwin GM and Fazel S 2014, 'Risks of all-cause and suicide mortality in mental disorders: a meta-review'. *World Psychiatry*, vol. 13, no. 2, pp. 153-160, doi:10.1002/wps.20128

17 Broadbear JH, Dwyer J, Bugeja L and Rao S 2020, 'Coroners' investigations of suicide in Australia: the hidden toll of borderline personality disorder', *Journal of Psychiatric Research*, vol. 129, pp. 241-249, doi:https://doi.org/10.1016/j.jpsychires.2020.07.007

18 Cheng P and Jaffe P 2019, 'Examining depression among perpetrators of intimate partner homicide', *Journal of Interpersonal Violence*, https://doi.org/10.1177/0886260519867151

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| | **What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?**<br>When exploring the person using violence's mental health and wellbeing, including contact with services, it is critical to understand their current mental health status. A person using violence may have an ongoing or undiagnosed mental illness.<br>Family violence risk is increased by **the presence of major mental illness combined with the co-occurrence of other behaviours and/or escalation.** For example, problematic use of alcohol or other drugs, changed or escalating behaviours, or delusions/psychosis, including those that are focused on a particular adult or child.<br>A history of mental illness spanning a range of diagnoses may be observed as contributing to suicide risk. Chronic suicidal behaviour and/or ideation and intentional self-harm are common presentations.<br>When considering suicide risk, you should identify and understand the person using violence's experiences of depression any narratives about hopelessness (refer to additional risk factors below).<br>When people who use violence present to acute mental health services (either voluntarily or accompanied by police), they are generally observed to be in significant crisis and at heightened risk. |
| Isolation | **Social isolation by the person using violence of the victim survivor is not a suicide risk factor for the person using violence.** |
| Physical harm<br>Emotional abuse<br>Property damage | **In isolation**, these are not known common risk factors for suicide or self-harm risk. However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**. |
| **The following risk factors refer to the behaviour of a person using violence against children victim survivors** | |
| Exposure to family violence<br>Sexualised behaviours towards a child by the perpetrator<br>Child intervention in violence | **In isolation**, these are not known common risk factors for **adult**[19] suicide or self-harm risk.<br>However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**. |

19 Suicide risk for adolescents using family violence and child victim survivors is addressed separately.

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| Behaviour indicating non-return of child | **Other family violence risk factors to keep in mind when ask identifying this risk factor include:**<br>Risk of harm to child/young person<br>**Planning to leave or recent separation**<br>**Escalation — increase in severity and/or frequency of violence**<br>**Common suicide risk factor:**<br>Recent separation<br>**Why is this important to consider for suicide risk?**<br>Refer to guidance on 'planning to leave or recent separation', outlined above.<br>Suicide risk related to this risk factor should be considered in the context of homicide–suicide risk.<br>There is no conclusive research on child homicide in the context of family violence.<br>However, the research indicates that there may be some specific warning signs for the risks of retaliatory filicide, including:[20]<br>... a history of intimate partner violence<br>... controlling behaviour towards family members<br>... extreme anger towards the other parent in relation to separation<br>... threats or indication of an intention to harm the children to punish an ex-partner<br>... threats to suicide or attempts to suicide.<br>**What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?**<br>This factor also relates to parenting arrangements after separation and should also be considered in relation to pending/recent separation with escalation related to court matters.<br>Exploring how the person using violence engages with the process of shared parenting arrangements with co-parent/s may provide some insight into narratives indicating entitlement to children and hostility towards the other parent/s, particularly where they believe their 'right' to contact with their children has been removed.<br>This includes risk to both the child/ren or young person and adult/carer victim survivors.<br>The person using violence can use arrangements to control the parent/carer victim survivor, particularly as unsupervised arrangements can open opportunities for the person using violence to undermine the other parent/carer's relationship with the child/ren.<br>The intensity of hostility towards the other parent/s, alongside other family violence and suicide risk factors, may indicate risk of homicide–suicide, in particular retaliatory filicide.<br>**If you identify children to be at serious risk and/or requiring immediate response, you must act immediately, including calling police on Triple Zero (000).** |
| Undermining the child/parent relationship | **In isolation**, these are not known common risk factors for **adult** suicide or self-harm risk. However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**. |
| Professional and statutory intervention | |

20 Kirkwood D 2012, 'Just say goodbye' *Parents who kill their children in the context of separation*. Domestic Violence Resource Centre Victoria, discussion paper (no. 8).

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| **The following risk factors refer to the circumstances relevant to children** | |
| History of professional involvement and/or statutory intervention | **In isolation**, these are not known common risk factors for adult suicide or self-harm risk.<br>However, in combination with suicide or self-harm risk factors, it may indicate a **serious risk and/or requiring immediate response**. |
| Change in behaviour not explained by other causes | |
| Child is a victim of other forms of harm | |

| Additional suicide-only risk factors for adult perpetrators | Practice guidance on correlation of suicide and family violence risk[21] |
|---|---|
| Exposure to someone who has died – particularly by suicide | **Why is this important to consider for suicide risk?**<br>'Death of a family member' and 'family history of suicide' are indicated in frequently occurring psychosocial risk factor in coroner-certified suicide deaths in Australia in 2017.[22]<br>Being bereaved by the suicide of a close family member or peer is a risk factor for both suicidal distress (ideation and behaviour) and suicide. |
| History of childhood trauma – sexual, emotional, physical abuse/ family violence or neglect | **Why is this important to consider for suicide risk?**<br>'While highlighted as a risk factor for adolescents, a history of interpersonal violence in childhood is also a significant risk factor for suicidality in adults, both for men and women'.[23]<br>This includes a history of family violence and lack of early modelling of positive patterns of behaviour and dealing with stress.<br>This is a co-occurring factor as individuals who engage in intimate partner violence are known to have significant rates of exposure to historical trauma, particularly to violence in childhood.[24] |

21 You may identify these suicide risk factors when exploring the persons needs and circumstances.
22 Government of Australia 2019, *Psychosocial risk factors as they relate to coroner-referred deaths in Australia, 2017,* Australian Bureau of Statistics, Canberra.
23 MacIsaac MB, Bugeja L, Weiland T, Dwyer J, Selvakumar K and Jelinek GA 2018, 'Prevalence and characteristics of interpersonal violence in people dying from suicide in Victoria, Australia', *Asia Pacific Journal of Public Health*, vol. 30, no. 1, pp. 36-44, doi:10.1177/1010539517743615; MacIsaac MB, Bugeja LC and Jelinek GA 2017, 'The association between exposure to interpersonal violence and suicide among women: a systematic review', *Australian and New Zealand Journal of Public Health*, vol. 41, no. 1,pp.61-69, doi:10.1111/1753-6405.12594; Rajalin M, Hirvikoski T and Jokinen J 2013, 'Family history of suicide and exposure to interpersonal violence in childhood predict suicide in male suicide attempters', *Journal of Affective Disorders*, vol. 148, no. 1, pp. 92-97, doi:10.1016/j.jad.2012.11.055
24 Taft CT, Murphy CM and Creech SK 2016, *Trauma-informed treatment and prevention of intimate partner violence*, American Psychological Association, Washington, DC.

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
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| Shame | **Why is this important to consider for suicide risk?**<br>Shame has been found to be associated with self-harm.[25]<br>While shame can be a powerful motivator for change, an intense sense of shame can create heightened suicide risk.<br>Risk may increase when there is a change in or loss of recognition of an individual's previous status in the community, when the person perceives a change in the community's judgement of them, and/or where there is a loss of social standing or 'face', that is, when their use of family violence or offending becomes public.<br>This can manifest itself as family and friends distancing themselves and the person becoming isolated.<br>**What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?**<br>Shame in the context of someone's use of violence can be a useful motivator for change.<br>However, where shame becomes internalised and toxic, it is known to impair decisions for help-seeking.<br>When combined with hopelessness, it may be a significant indicator for suicide and homicide–suicide risk. **Section 12.1.14** in Foundation Knowledge Guide provides further information on shame and externalised violence.<br>You may observe:<br>... reduced self-esteem and worth, depression<br>... increased use of aggression and anger towards victim survivors<br>... narratives of blame directed towards victim survivors for 'ruining their life', 'taking their children', bringing shame on them, their family or community<br>... narratives indicating community, cultural, faith and identity-specific examples of expectations or shame, including narratives of how separation has impacted the person using violence's standing or reputation. |
| Homelessness | **Why is this important to consider for suicide risk?**<br>Suicide is recognised as a substantial public health issue in homeless populations, with suicidal ideation and attempts significantly higher in this group than in the general population.[26] |

25 Sheehy K, Noureen A, Khaliq A, Dhingra K, Husain N, Pontin EE ... Taylor PJ 2019, 'An examination of the relationship between shame, guilt and self-harm: a systematic review and meta-analysis', *Clinical Psychology Review*, vol. 73, 101779, doi:https://doi.org/10.1016/j.cpr.2019.101779

26 Ayano G, Tsegay L, Abraha M and Yohannes K 2019, 'Suicidal ideation and attempt among homeless people: a systematic review and meta-analysis', *Psychiatric Quarterly*, vol. 90, no. 4, pp. 829-842, doi:10.1007/s11126-019-09667-8

| Family violence risk factor | Practice guidance on 'in common' suicide and family violence risk factors |
|---|---|
| Hopelessness | **Why is this important to consider for suicide risk?**<br>Hopelessness is a recognised risk factor for self-harm and suicidality.[27]<br>A sense of hopelessness/expression of a loss of hope was acknowledged to be a contributory factor to suicidal risk.<br>This can manifest as: an attitude that 'there's nothing left to live for'; a lack of forward thinking or planning, a sense of 'feeling stuck'; or 'feeling completely overwhelmed and incapacitated'.<br>A cluster of negative life experiences and/or prolonged exposure to stressors are also observed to contribute to a sense of hopelessness.<br>Such an increase in the number and magnitude of individual and situational risk factors over time appears to heighten suicidal risk.<br>In addition, this cumulative stress can result in a relatively minor stressor triggering significant suicidal distress.<br>**What should you keep in mind to identify suicide risk when observing or exploring this family violence risk factor?**<br>Intense hopelessness has been identified among specialist family violence practitioners as indicating both risk of suicide and homicide–suicide.<br>You should observe signs indicating the degree of hopelessness a person expresses to you, which may include:<br>... believing there is little reason to adopt non-violent and respectful ways of relating as part of making a better life for themselves or others, with narratives that others would be 'better off without them' or 'nothing works'<br>... deterioration of circumstances and life situation, particularly in relation to court outcomes and restricted or suspended access to their children<br>... increasing sense of desperation, with narratives indicating there is 'nothing left to lose', particularly where children are involved<br>... resentment and bitterness towards victim survivors, with narratives of them having 'won' while their life is 'over'. |
| Social isolation | **Why is this important to consider for suicide risk?**<br>**Social isolation of any person is a suicide risk factor.**<br>'Social isolation, exclusion and rejection', 'bullying' and 'discord with boss and workmates' are all identified as psychosocial risk factors in coroner-certified suicide deaths in Australia in 2017.[28]<br>A loss of connection to significant others, including family and social networks can indicate an increase in suicide risk. This may be further exacerbated when connected to a change in the individual's sense of identity such as when there is a loss of 'social face' (refer to 'shame' above). |

27 Steeg S, Haigh M, Webb RT, Kapur N, Awenat Y, Gooding P ... Cooper J 2016, 'The exacerbating influence of hopelessness on other known risk factors for repeat self-harm and suicide', *Journal of Affective Disorders*, vol. 190, 522-528, doi:https://doi.org/10.1016/j.jad.2015.09.050

28 Government of Australia 2019, *Psychosocial risk factors as they relate to coroner-referred deaths in Australia*, 2017, Australian Bureau of Statistics, Canberra.