

MARAM PRACTICE GUIDES

RESPONSIBILITY 9: CONTRIBUTE TO COORDINATED RISK MANAGEMENT

Working with adult people
using family violence

RESPONSIBILITY 9

CONTRIBUTE TO COORDINATED RISK MANAGEMENT

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NOTE

This chapter is for all professionals who have received training to provide a service response to a person they may suspect or know is using family violence.

The learning objective for **Responsibility 9** builds on the material in the *Foundation Knowledge Guide* and in preceding **Responsibilities 1 to 8**.

The guidance in this chapter replicates some general information from the equivalent victim survivor-focused MARAM Practice Guide for **Responsibility 9**. This reflects the consistencies of approach required across the whole system, while tailoring practical information for those who work with people using violence.

9

CONTRIBUTE TO COORDINATED RISK MANAGEMENT

9.1 OVERVIEW

This guide supports you to understand the role of coordinated risk management, and its linkages to ongoing collaborative risk assessment and management (covered under **Responsibility 10**) as an integral part of family violence responses.

It will support you to identify the processes required for effective multi-agency collaboration and risk management, and contributions specific to professionals working directly with perpetrators.

Multi-agency collaboration supports a shared and consistent understanding of family violence risk and enables proactive and timely interventions.

Collaboration should include keeping the pattern of behaviour and whereabouts of the person using violence in view and actively monitoring the risks they present.

Professionals may have direct interaction with a person using violence or may have access to information about them.

Information sharing (**Responsibilities 5 and 6**) is central to proactive monitoring, risk management and collaborative responses to family violence.

Key capabilities

All professionals should have knowledge of **Responsibilities 9 and 10**, and be able to:

- ... contribute to coordinated risk management as part of a multi-disciplinary and multi-agency approach. This includes proactively requesting and sharing relevant information to facilitate coordinated risk management (refer also to **Responsibility 6**)
- ... have an ongoing role in collaboratively monitoring, assessing and managing risk over time including identifying any changes in the assessed level of risk. This includes ensuring the Risk Management and Safety Plan for the person using violence responds to escalation of risk and changed circumstances
- ... participate in joint action planning, coordination of responses and collaborative action including enacting and monitoring the Risk Management and Safety Plan of the person using violence. This includes proactive engagement with the person using violence across organisations and practitioners in order to work towards sustained risk reduction over time.

Where engaged, specialist perpetrator practitioners will work together with specialist victim survivor practitioners to **provide leadership** of coordinated risk management, monitoring of risk and collaborative action planning.

A specialist perpetrator practitioner may be located within a Men's Behaviour Change Program, perpetrator case management response, Caring Dads, The Orange Door or other enhanced intake service, or any other specialist perpetrator intervention service, including targeted community services.

Non-specialist family violence practitioners and organisations who work directly with people using violence will **work collaboratively** with others to contribute to coordinated processes, decision making, and actions to address risk.

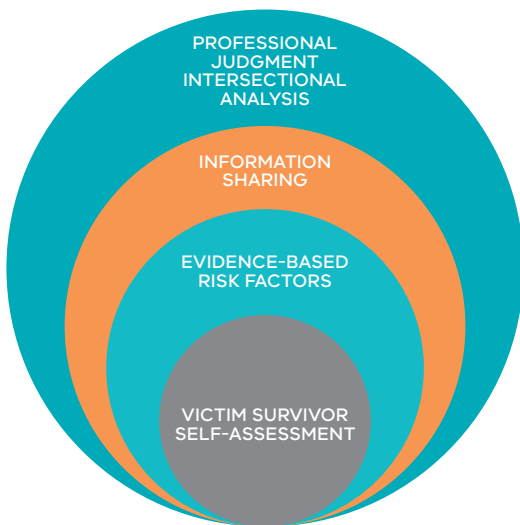
9.2 COORDINATED RISK MANAGEMENT AND ONGOING RISK ASSESSMENT IN STRUCTURED PROFESSIONAL JUDGEMENT

You should continue to use Structured Professional Judgement to inform your approach to determining seriousness of risk, including through coordinated and collaborative management and ongoing risk assessment.

Each element of Structured Professional Judgement can be considered collaboratively with other professionals who contribute their knowledge and expertise to the assessment process.

This includes secondary consultation and sharing information (when authorised to do so) under the Family Violence Information Sharing Scheme, the Child Information Sharing Scheme or other legislation.

Model of Structured Professional Judgement



Responsibility 6 has guidance about sharing information with other services or professionals, including consent thresholds when sharing information about the person using violence or the victim survivor and guidance on risk-relevant information.

Identify key professionals and services you may seek to engage in coordinated and collaborative risk assessment and management through consideration of the protective factors and circumstances of the person using violence. Consider using the genogram or ecomap exercises outlined in **Responsibilities 7 and 8** to assist in this process.

You should monitor subtle and overt changes to the person's presentation, including their narratives and behaviours, and presenting needs and changing circumstances.

This information assists you to monitor dynamic risks, and identify opportunities to increase readiness and motivation of the person using violence to engage in supports, including to address needs or circumstances requiring stabilisation and stop their use of family violence.

You should consider the person's experience of services and barriers, both perceived and real, when communicating potential referral options. Consider what the person using violence has discussed with you about any past or recent experiences of structural inequality, barriers or discrimination. This information should inform the approach and/or options you choose and the professionals or services you seek to engage with.

To respond to the dynamic nature of family violence, risk assessment should be integrated into the ongoing risk management processes, including in coordinated processes.

This is particularly relevant when considering guidance in **Responsibility 10**.

Regularly check in with the person, and proactively seek and share information (as authorised) with organisations involved in risk assessment and management, such as specialist family violence services, the police, Corrections, and community-based organisations.

9.2.1 Contributing to accountable systems through your contact with a perpetrator

Reflect on information about perpetrator accountability in [Sections 5.4 and 6.1](#) in the *Foundation Knowledge Guide*.

In many situations, it is inappropriate and unsafe to tell the person using violence that you are involved with collaborative and coordinated risk assessment and management processes.

The person may:

- ... interpret this information as ‘evidence’ that the ‘system is against’ them, and use it as justification to mistrust or disengage from services, and reinforce their victim-stance positioning
- ... blame the service provider or victim survivor for calling attention to them and their behaviour
- ... disengage from services
- ... increase methods of coercive control over the victim survivor, increasing risk and isolation.

However, there may be times where it will be appropriate to inform the person using violence that you work within a collaborative and coordinated service system response, where information is shared between yourself and other professionals and organisations who are providing interventions or support.

Appropriate circumstances include where coordination is obvious to the person using violence as a result of known referrals or joint support provided by you and other professionals/organisations.

Depending on your responsibility, depth of engagement and professional role in responding to or addressing the person’s use of family violence, it may also be appropriate to inform them of your assessment of risk and actions you are required to take to address the safety of their family members and reinforce accountability mechanisms.

This can include:

- ... advising you will be reporting to Child Protection or referral to Child FIRST
- ... contacting police to notify of breaches
- ... contacting the Magistrates’ Court or Community Corrections to notify of compliance issues.

9.2.2 Working directly with a person using violence about their risk, needs and circumstances

If you are working directly with a person using violence, you may need to review a Safety Plan that you put in place to ensure consistency with an overarching Risk Management Plan separately developed in coordination with other professionals and services.

When making a Safety Plan with the person using violence, you will identify situations where risk is likely to change or escalate, including about change in presenting needs and circumstances. You can share this information with other professionals involved with the person using violence.

In limited circumstances, it may be safe and appropriate to inform the person using violence of risk management actions, including of coordinated and collaborative processes, consider:

- ... the level of personal accountability demonstrated by the person
- ... the level of active engagement with a behaviour change process
- ... strengths or protective factors supporting the person’s engagement with services and stabilisation of needs
- ... overall level of risk they present to victim survivors, themselves and professionals
- ... whether informing the person using violence may lessen or prevent risk to a victim survivor.

REMEMBER

All professionals have a responsibility to contribute to risk assessment and management processes and act on information to reduce opportunities for further harm to victim survivors.

9.3 WHAT IS COORDINATED RISK MANAGEMENT?

Coordinated risk management is when multiple professionals and organisations act together to assess risk and plan and enact strategies to mitigate the risk the person using violence presents to victim survivors (adults, children and young people) as well as the risk they present to themselves.

This includes maintaining visibility and a shared understanding of the person using violence's behaviours, tactics and whereabouts, in particular identifying and addressing dynamic risk factors and identifying and monitoring patterns of coercive control.

Risk assessment should be undertaken as part of any coordinated risk management approach. This involves collating and analysing information from various services or sources.

Each coordination meeting should include sharing relevant information to assess the level of risk.

This includes:

- ... information about the assessed level of risk of the person using violence
- ... any specific threats or issues
- ... emerging or changed patterns of coercive and controlling behaviour
- ... changes to the person using violence's needs or circumstances
- ... change in risk to themselves
- ... change in description of the impact to victim survivors' safety, wellbeing and functioning.

The outcome of the risk assessment will inform the risk management strategies that are developed and actioned.

Professionals involved will have a specific risk management role and actions to take.

Depending on your role, this may range from information sharing only, to specific targeted actions to support a victim survivor's safety and/or providing a service or intervention with the person using violence.

The table below describes four key risk management components that are part of a coordinated response.¹

¹ Adapted from Albuquerque M, Basinskaite D, Martins MM, Mira R, Pautasso E, Polzin I, ... Wiemann S 2013, *European manual for risk assessment*, E-Maria Partnership, Göttingen, Germany.

Table 1: Key risk management components in a coordinated response

Category	Description and actions
Monitoring of risk and safety	<p>Risk assessment is conducted continuously so that risk management and safety planning strategies can be adjusted over time to respond to changes in risk. Changes in escalation, frequency or presentations, as well as the circumstances of a victim survivor or person using violence all affect the assessment of risk level. This monitoring should ideally be done by several services and professionals working together in a coordinated case management process.</p>
Facilitate engagement of support services	<p>Sustained risk reduction requires multiple actions by a range of professionals who have influence or involvement with the person using violence.</p> <p>Delivery of health and social services can support stabilisation (by addressing needs and circumstances) and emotional regulation (through skill building) of the person using violence.</p> <p>This might include providing mental health, drug and alcohol, parenting and family support, housing, legal, employment, and financial services.</p> <p>Consider the areas of the person’s life context to identify presenting needs and circumstances that may require stabilisation (refer to Responsibility 2 and 3).</p>
Maintain perpetrator visibility and action interventions	<p>Supervision and monitoring of the person using violence’s behaviours (keeping them in view) occurs through proactive and regular information sharing, coordinated risk management processes, and their ongoing engagement with health and social services and specialist perpetrator interventions, such as behaviour change programs.</p> <p>Actions include ensuring that the person using violence is aware of and complies with the conditions of intervention orders, and they continue to address any issues, needs and circumstances that contribute to their use of family violence and risk.</p> <p>Victim survivors’ safety is central to proactively monitoring and addressing the behaviour of the person using violence. Communication with agencies supporting victim survivors is essential.</p>
Undertake safety planning	<p>Safety planning with the person using violence aims to promote personal accountability for their use of family violence and provide support for needs and safety for themselves. It involves mobilising resources and understanding the person’s needs and circumstances that relate to family violence to support stabilisation, increase their awareness of when and how their behaviours escalate, build skills in de-escalation, and encourage help seeking.</p> <p>Safety planning can be performed by several professionals or services working together. Where appropriate to your role and responsibility, this should be developed openly with the person using violence. There may also be times where you will be engaging in conversations related to safety planning, but the person using violence may not be aware of your intention. For further guidance on this, refer to Responsibility 4.</p> <p>Wherever possible, services working with people who use violence should collaborate with services working with victim survivors, and where appropriate to the service context, the victim survivor/s themselves.</p>

Approaches to collaboration and coordination will vary depending on the circumstances and risk of each case.

You may use formalised networks and agreements between organisations as a starting point for facilitating one-off meetings to conduct joint risk assessment or management, regular case conferences, or ongoing coordination panels to assess and manage serious risk cases.

Across all approaches, specialist family violence services working with the victim survivor or person using violence **should provide leadership** to other non-specialist professionals and services.

This includes advice on the required intensity of collaboration and coordination activities based on risk, facilitation of multi-agency assessment processes and leading the development of risk management actions to allocate across services.

9.4 CONTRIBUTING TO COLLABORATIVE RISK MANAGEMENT

REMEMBER

Collaborative risk management assists professionals and services to maintain a focus and shared understanding of the person using violence's behaviours and actions that are causing risk. It can also support professionals and services to collaboratively develop strategies to direct their responses towards the person using violence to manage risk and reduce harm.

This includes through planning and actioning a range of activities to address dynamic risks, needs and circumstances to stabilise the person's life situation. Each of these activities is essential to support the safety, stabilisation and recovery of a victim survivor.

Your role in liaising with other key services will depend on the professionals or services involved in the risk assessment or management functions.

Key services can be identified in the process of developing an ecomap to identify the needs and circumstances of a person using violence and through sharing information with specialist family violence services for victim survivors and people using violence. Further information is outlined in **Section 9.2** above.

In **collaborative approaches**² to risk management, professionals and services agree to:

- ... work together for the common goal of victim survivor safety
- ... use open and frequent communication, including information sharing and secondary consultation
- ... approach partnerships across the system with good will and some level of mutual understanding.

Collaborative approaches are useful to support the ongoing engagement of people using violence with the broader system and encourage referrals to specialist perpetrator intervention services.

As **coordinated approaches**³ are structured and planned forms of risk management, it requires professionals and services agreeing to:

- ... a central plan for sequencing activities between the separate professionals and services
- ... draw together resources to minimise duplication. Clearly allocating tasks across professionals assists to reduce the likelihood 'doubling up' or working at cross purposes
- ... a shared understanding of set actions or plans

2 Australian Domestic and Family Violence Clearinghouse 2010, *Understanding domestic violence and integration in the NSW context: a literature review for NSW Department of Community Services*, <http://www.adfvc.unsw.edu.au/PDF%20files/Integration_lit_review_J078249-03.pdf>, accessed 13 March 2015.

3 Ibid.

- ... the appointment of a lead practitioner (case manager) to coordinate efforts and maintain a register of alerts for increasing risk, bringing individuals together to update strategies as actions are implemented successfully or fail
- ... the sharing and collective analysis of risk-relevant information for ongoing risk assessment
- ... regular reports on progress against risk management strategies and actions.

Specialist victim survivor and perpetrator practitioners have a **lead role** in collaborative and coordinated risk management approaches.

These practitioners routinely orchestrate ongoing clear communications between professionals or services providing support to the victim survivor, and to the person using violence.

This may include establishing communication protocols to facilitate information sharing and timely notification of changes in risk.

It is critical that services working directly with a person using violence are aware of their capacity for action and their responsibilities for contributing to coordinated risk management.

Each professional or service should ensure they are authorised before sharing relevant information about victim survivors and perpetrators (**Responsibility 6**) for risk management (protection) purposes.

You should review your organisation's policies to ensure you have authorisation to contribute to coordinated risk management, and that your actions can be resourced appropriately.

Table 2: Approach to coordinated risk management when working with or targeting the person using violence

Coordinated risk management processes

Responsibility and actions

Maintain regular contact with the person using violence.

If a range of services are involved or providing support, identify who is the primary professional or service responsible for coordinating risk assessment and management actions.

If a specialist perpetrator intervention service is involved, non-specialist services can check in with the person using violence regarding their experience of the family violence intervention, for example, a behaviour change program. It is important to use your regular contact to support ongoing motivation and reinforce messages of the program.

If a person discloses using violence or breaching orders, the service can discuss and reinforce legal requirements and compliance and report to authorities as required.

Use Structured Professional Judgement to analyse and determine the level of risk to the victim survivor from the person using violence, including their presentation, narratives, pattern of behaviour, needs and circumstances.

Identify who will record and maintain documentation of coordinated risk assessment.

Coordinated risk management processes

Receive notification if a family violence 'incident' occurs – from a statutory body, victim survivor, the person using violence or other service.

Ensure other organisations update and share information when they consider that the level of risk has changed.

Use information available to collectively develop an initial, or update an existing, Safety Plan and Risk Management Plan (refer to **Responsibility 8** for guidance on using the coordinated Risk Management Plan template).

Monitor the completion of actions against the person's Safety Plan and Risk Management Plan.

Obtain confirmation from professionals or services when the person using violence has had their presenting needs or circumstances linked to risk addressed.

Obtain information from other sources about the perpetrator (whereabouts, activities, behaviours).

Maintain a list of organisations and the type of information they hold (for example, the whereabouts, activities, attitudes and behaviours of the person using violence) and expected reports to you.

Responsibility and actions

Communicate that it is a shared responsibility to notify other services if relevant to their role and plan for appropriate responses to the person using violence, based on the level and presentation of risk.

Professionals can proactively share information with a specialist family violence service that works with victim survivors, and, where appropriate, directly with the victim survivor.

Communicate that it is a shared responsibility to notify other services if risk or circumstances have changed for a victim survivor or person using violence. Notify if these changes affect the risk management response or actions of other professionals or services, or the shared understanding of the level of risk.

Identify opportunities to use your role and relationship with the person using violence to complete risk related tasks or reinforce risk management strategies.

Activities may include: scheduling appointments with the person using violence at a time convenient to the victim survivors' needs; using your statutory body status to engage with the person using violence about compliance with legal orders; proactively supporting the person using violence to address presenting needs or other factors that contribute to risk.

Identify who will monitor and follow up to ensure agreed actions are completed.

Identify who will review the person's Safety Plan and Risk Management Plan to update, as required.

Identify who will monitor and follow up to ensure agreed actions are completed and information is shared on the effect of these actions on the person's pattern of behaviour and level of risk.

Identify who will coordinate information requests if other sources of information are identified as relevant, and document requests in case management systems.

Collectively review the victim survivor's protective factors or ecomap, the circumstances of the person using violence, or undertake the ecomap exercise for the person using violence in **Responsibility 8**.

Coordinated risk management processes

Establish communication protocols with key organisations that can monitor the impact of the behaviour, risk and circumstances of the person using violence on the victim survivor's safety and stability.

Receive notification when allocated Risk Management Plan actions are completed.

Responsibility and actions

Consider collectively if this is supported by existing protocols or whether new protocols should be established.

Depending on the professionals or services involved, and the timeframe for the case coordination, this may be through existing ongoing protocols, or ad hoc and less formal protocols for a time-limited period or an individual case.

Consider how to share information about the person using violence's engagement with your service, and receive feedback from victim survivor support services about the impact your contact is having.

Communicate that it is a shared responsibility to notify when actions are completed and identify who will update records and documentation to indicate that this has occurred.

9.4.1 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:

- ... services involved in the collaboration of risk management and safety planning, including specialist victim survivor or perpetrator intervention services
- ... actions required of each professional or service
- ... additional or new information surfacing from collaboration
- ... when case coordination meetings are held
- ... the responsibility of ongoing risk assessment
- ... whether the person using violence has been informed of risk management activities
- ... whether the victim survivor/s are engaged in or have been informed of risk management activities.

9.5 COORDINATION OF RISK MANAGEMENT

9.5.1 Case coordination

Specialist family violence practitioners who work with people using violence have a role in leading and conducting case coordination.

Case coordination may include meetings to review risk develop and coordinate risk management actions. In other instances, specialist perpetrator practitioners may participate in case coordination led by other professionals or services.

These processes are important for building trust, clarifying roles and responsibilities, developing mutual understanding and knowledge of effective risk management strategies, developing creative action plans, and strengthening mutual accountability.

Case coordination draws on the collective wisdom of multiple professionals and services.

It can include opinions and professional judgement, in addition to information which is shared between professionals and services.

This collaborative process increases knowledge about the whereabouts and level of risk presented by the person using violence, facilitates more creative risk management strategies, and responds to changes in the level of risk.

Case coordination can provide opportunities for a person using violence to get a service they need from another organisation or part of your own agency.

Coordinating services, responses and referrals is an active process and, where relevant to the intervention, the person must be willing to engage with the other service.

Case coordination means working with other professionals to ensure a shared understanding of the risks, needs and circumstances of the person using violence, and assessment of whether these are being met or addressed.

Professionals taking part in a multi-agency coordinated approach to risk management should:⁴

- ... contribute knowledge, expertise and actions to jointly develop a Risk Management Plan for the person using violence
- ... try to reach consensus in decision making about risk and management responses
- ... enable proactive outreach and risk management directed towards the person using violence's behaviours. For example, professionals and services should have a plan to reduce or remove risk and for specialist perpetrator practitioners to engage with the person about their violent, coercive and controlling behaviour, while keeping them connected and in view of systems
- ... assign service or professional responsibility for working directly with victim survivors on risk and safety, as well as other needs that may strengthen protective factors

4 Adapted from Ministry of Justice 2017, *Family Violence Risk Assessment and Management Framework*, New Zealand Government, p. 41.

- ... focus on reducing the likelihood and severity of further violence and interrupting patterns of behaviour by providing interventions and support directly to the person using violence
- ... ensure that meeting minutes are taken of case conferences and that safety plans are documented
- ... record all follow-up actions such as timeframes, responsibility for tasks, monitoring and reviewing case, risk management and safety plans and give a copy to coordination team members, as relevant.

9.5.2 Risk Assessment and Management Panels (RAMP)

The Risk Assessment and Management Panel (RAMP) program is a multi-agency coordinated response to family violence that increases the collective capacity and effectiveness of the service system to identify and respond to people using violence, and to hold them responsible and accountable for their violence and abuse.

RAMP is a victim survivor and child-centred approach that focuses on ensuring that the person using violence is held solely responsible and accountable for their abusive and violent behaviour.

RAMP is a key initiative to improve responses of serious threats to victim survivors of family violence.

The primary aims of the RAMP program are to:

- ... increase the safety of victim survivors of family violence who are experiencing a serious threat
- ... reduce serious threat of people who use violence and increase their accountability
- ... increase agency accountability and strengthen the capacity of the service system to achieve the above two aims.

A RAMP is a formally convened meeting, held at a local area level, of key agencies and organisations that contribute to the safety of victim survivors (usually women) experiencing serious threat from family violence and where the normal service cannot mitigate the risk from the person using violence.

RAMPs provide a common approach for cases assessed as at highest risk and are convened regularly to:

- ... share relevant information about the risk presented by the person using violence in order to undertake comprehensive risk assessments that identify the impact of family violence on a victim survivor, including children, as well as behaviours and attitudes of the person using violence that contribute to serious risk, and likelihood to re-offend
- ... develop coordinated action plans across participating agencies to lessen or prevent serious threat/serious risk caused by the person using violence to a victim survivor's life, health, safety or welfare.

9.5.3 RAMP structure

There are 18 RAMPs operating across Victoria.

The RAMP structure includes two chairs, a coordinator, core members and associate members.

Each RAMP is jointly chaired by a senior staff member of Victoria Police and a senior manager from a specialist victim survivor family violence service.

RAMP members are essential to the effective operation of the RAMP and are required to attend all meetings.

Core members of RAMPs include one representative from each of the following:

- ... Victoria Police (co-chair plus a senior police member from Family Violence Investigation Unit)
- ... specialist family violence service (for victim survivors – coordinator, co-chair plus a representative senior family violence practitioner)
- ... specialist family violence services (for people using violence – enhanced intake, case management or Men's Behaviour Change Program)
- ... Local Area Department of Families, Fairness and Housing, and Child Protection
- ... Local Area Department of Families, Fairness and Housing

- ... Child FIRST/Family Support Agency/The Orange Door (Support and Safety Hub)
- ... mental health
- ... drug and alcohol services
- ... community corrections.

In addition, an associate member can be invited to attend RAMP for a specific case. For example, Centrelink or a school principal.

Special associate member status is given to all Aboriginal community-controlled organisations (ACCOs) to ensure that RAMP employs a culturally safe and appropriate decision-making process for all cases involving people that identify as Aboriginal.

Victim survivors and people using violence do not attend RAMP meetings, as this has the potential to compromise the victim survivor's safety.

Individual cases are presented at RAMPs by an advocate, generally a case worker representing the interests of the victim survivor and their children under threat.

This person may be the victim survivor's case manager (for example, from a family violence service or a mental health service) or a representative of the referring organisation (for example, Victoria Police).

Where the adult or child victim survivor identifies as being Aboriginal or from a diverse cultural background, consideration must be given for attendance by an agency or organisation that is able to represent their cultural needs.

The role of the specialist perpetrator intervention service representative is to support professionals to pivot their thinking about risk and focus on developing a shared understanding of the pattern of behaviours and dynamic risk factors of the person using violence.

While many people who present the level of risk requiring a referral to RAMP are unlikely to engage in a change intervention, specialist perpetrator intervention services can lead case coordination efforts to design and implement a range of strategies to intervene and reduce immediate risk.

The role of non-specialist services working directly with the person using violence is to contribute risk-relevant information to aid in the assessment and decision-making process.

Non-specialist services have a unique and important role within the system. As non-specialist services' involvement with the perpetrator as service user is not precipitated by a disclosure of family violence, these agencies are well positioned to assist with visibility and monitoring (keeping in view).

9.5.4 How to make a referral to a RAMP

Cases referred to a RAMP must involve an adult or child victim survivor of family violence experiencing a serious threat / serious risk of being killed or seriously injured.

A person using violence can only be referred to a RAMP in the context of a 'case', where there is a serious threat/risk to a victim survivor of family violence.

It is important to remember that:

- ... referral to a RAMP is not a first or sole response to serious threat
- ... any agency, organisation or professional who identifies an adult and children at immediate risk of serious threat of harm from family violence should immediately notify Victoria Police and contact the local specialist family violence service based on the victim survivor's current place of residence
- ... a RAMP referral does not substitute any agency's usual functions or responsibilities
- ... information sharing of relevant information may also occur prior to a RAMP to assess or manage serious threat. A RAMP referral is made when it is considered that the development of a coordinated multi-agency plan is required, in addition to the 'normal' service system response a victim survivor requires to reduce or remove the threat caused by the person using violence and to support monitoring to keep them in view.

Typically, the three major referrers to RAMP are:

- ... victim survivor specialist family violence services
- ... The Orange Door
- ... Victoria Police.

Cases are identified as serious risk via a MARAM-based assessment and the Victoria Police Family Violence Report (L17), respectively. The MARAM assessment may be a victim survivor or perpetrator-focused assessment tool.

However, any practitioner working with a service user (whether victim survivor, person using violence, or person using violence who identifies as a victim survivor) at serious risk from a serious threat of being killed or seriously injured can contact their local specialist family violence service to provide information to support a RAMP referral.