



# Victorian Family Violence Multi-Agency Risk Assessment and Management Framework 5-year Evidence Review

## Final Report

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Author: Allen + Clarke Consulting

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The Review Team has had the privilege to talk with many dedicated individuals throughout this Review, including victim survivors, family violence practitioners, academics and people working for other specialist or universal service providers and government bodies.

We wish to thank all victim survivors who generously shared their views and experiences with the Review Team, and we acknowledge the courage of all victim survivors of family violence, and those who advocate for a safer community. Insights and reflections made by victim survivor lived experience advocates in this Review have been crucial in developing the findings and recommendations. We also take this opportunity to thank all those working in the family violence sector who gave up their time to talk to the Review Team. These conversations provided valuable insights and we witnessed the remarkable dedication of these practitioners. Finally, we wish to thank those at Family Safety Victoria who provided invaluable assistance and advice to the Review Team.

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+61 447 734 185  
office@allenandclarke.com.au  
www.allenandclarke.com.au



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## Glossary

Acronym / Term	Definition
ABI	Acquired brain injury. Acquired brain injury (ABI) refers to any damage to the brain that occurred after birth (Australian Institute of Health and Welfare, 2007)
ACCO	Aboriginal Community-Controlled Organisation
ANROWS	Australia's National Research Organisation for Women's Safety Limited
AOD	Alcohol and other drugs
CINAHL	Cumulated Index to Nursing and Allied Health Literature
CRAF	Victorian Family Violence Risk Assessment and Management Framework (also known as the common risk assessment framework)
Dhelk Dja	<a href="#">Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families (Dhelk Dja)</a> . Dhelk Dja is the key Aboriginal-led Victorian Agreement that commits Aboriginal communities, Aboriginal services, and government to collaborate and be accountable for ensuring that Aboriginal people, families, and communities are stronger, safer, thriving and living free from family violence
Diverse communities	Diverse communities include the following groups: diverse cultural, linguistic and faith communities; people with disability; people experiencing mental health issues; lesbian, gay, bisexual, trans and gender diverse, intersex and queer/questioning (LGBTIQA+) people; women in or exiting prison or forensic institutions; people who work in the sex industry; people living in regional, remote and rural communities; male victims; older people; and young people (12–25 years of age) (Family Safety Victoria, 2018)
Family member	As defined in the <a href="#">Family Violence Protection Act 2008</a> (Vic), a family member means: <ul style="list-style-type: none"> <li>a) a person who is, or has been, the relevant person's spouse or domestic partner; or</li> <li>b) a person who has, or has had, an intimate personal relationship with the relevant person; or</li> <li>c) a person who is, or has been, a relative of the relevant person; or</li> <li>d) a child who normally or regularly resides with the relevant person or has previously resided with the relevant person on a normal or regular basis; or</li> <li>e) a child of a person who has, or has had, an intimate personal relationship with the relevant person.</li> </ul> <p>For the purposes of the Act, a family member of a person (the relevant person) also includes any other person whom the relevant person regards or regarded as being like a family member</p>



Family-of-origin violence	Family-of-origin violence is violence perpetrated by a member of the family that a person grew up in
Framework organisation	A Framework Organisation is a body prescribed in Schedule 3 of the <a href="#">Family Violence Protection (Information Sharing and Risk Management) Regulations 2018</a> (Vic). A framework organisation that provides services relevant to family violence risk assessment and family violence risk management must ensure that its relevant policies, procedures, practice guidance and tools align with the Framework under section 190 of the <a href="#">Family Violence Protection Act 2008</a> (Vic)
FSV	Family Safety Victoria
FVRIM	Family Violence Reform Implementation Monitor
Gaslighting	Gaslighting is an aspect of emotional abuse where the person being victimised is led to doubt their capacity to comprehend what is happening to or around them. This can include a person using violence denying that their behaviour is abusive and attributing accusations of abusive behaviour to the victim survivor's poor mental health (Lusby et al., 2022)
HREC	Human Research Ethics Committee. Human Research Ethics Committees (HRECs) review research proposals involving human participants to ensure that they are ethically acceptable (National Health and Medical Research Council, 2021)
Information sharing schemes	The Child Information Sharing Scheme and the Family Violence Information Sharing Scheme
IPV	Intimate partner violence. Intimate partner violence is a type of family violence that occurs between current or former intimate partners (Australian Institute of Health and Welfare, 2023)
LGBTIQA+	Lesbian, gay, bisexual, trans and gender diverse, intersex, queer/questioning and asexual people. The '+' represents minority gender identities and sexualities not explicitly referenced
MARAM Framework or MARAM	Victorian Family Violence Multi-Agency Risk Assessment and Management Framework
MARAM tools	MARAM tools refer to the MARAM Identification, Brief, Intermediate and Comprehensive Risk Assessment and Risk Management tools in scope of this Review
MCH	Maternal and child health
Misidentification	Where a victim survivor of family violence is named or categorised as a perpetrator (or respondent in criminal proceedings): <ul style="list-style-type: none"> <li>for their use of self defence, violent resistance, or as a form of defence of another family member, or</li> <li>where they are identified based on a misinterpretation of their presentation due to the impact of violence, mental health issues, influence of alcohol or other drugs, aggression toward</li> </ul>



	police or initiation of police contact (Family Safety Victoria, 2021)
NDIS	National Disability Insurance Scheme
PIA	Privacy Impact Assessment. A Privacy Impact Assessment is a process for analysing a program's impact on individuals' information privacy (Office of the Victorian Information Commissioner, 2021)
PICF	Participant Information and Consent Form
PTSD	Post-traumatic stress disorder. Post-traumatic stress disorder (PTSD) is a set of reactions that can develop in people who have experienced or witnessed a traumatic event that threatens their life or safety (or that of others around them) (Victorian Department of Health, 2021)
Review Team	<i>Allen + Clarke</i> Review Team who undertook the 5-year Evidence Review
The Royal Commission	Victorian Royal Commission into Family Violence
SHIP	Specialist Homelessness Information Platform. The Specialist Homelessness Information Platform (SHIP) is a web-based platform.
SPJ	Structured Professional Judgment. Structured Professional Judgment (SPJ) is an approach to family violence risk assessment that combines elements of unstructured professional judgement and objective measures based on evidence-based risk factors
Stakeholders	Stakeholders refers to individuals and organisations that engaged with and provided input into the Review
Survivor Advocates	Survivor Advocates refers to victim survivor lived experience advocates with whom the Review Team consulted during this Review
TBI	Traumatic brain injury. A traumatic brain injury (TBI) is an injury to the brain that occurs as a result of a blow or jolt to the head, neck, or body (Connectivity, 2023)
TRAM	Tools for Risk Assessment and Management. Tools for Risk Assessment and Management (TRAM) is an online platform developed by FSV for use by agencies across the service system
TVI	Trauma- and violence-informed
WHO	World Health Organization

## Note on Terminology

- Throughout this Report, the term 'Aboriginal and Torres Strait Islander' people / peoples / communities is used. Where research uses other terms such as 'First Nations' or 'Indigenous', the research is described using those terms.





- While different acronyms are used to refer to the LGBTIQ+ community across different publications consulted in this Report, this Report uses LGBTIQ+ as the more inclusive term and in accordance with the Victorian Government style guide.
- When referring to victim survivor lived experience advocates with whom the Review Team consulted through this review, the terminology 'Survivor Advocates' is adopted.
- To reflect the terms currently used in MARAM, and where referring directly to MARAM resources, the Report generally refers to 'perpetrators' and 'victim survivors'. When referring to practice, the term 'adult using violence' is used. The term 'victim survivor' refers to adults and children. Where research refers specifically to women, this language is reflected in the Report.
- The Review Team notes that terms other than 'perpetrator' and 'victim survivor' are also widely used in the community and the Report makes reference to these, including in its recommendations. In [section 4.6.2](#) entitled 'Screening, identification, assessment and risk management with Aboriginal and Torres Strait Islander families and communities', terminology preferred by those the Review Team spoke to from these communities, and those working in Aboriginal Community-Controlled Organisations (ACCOs), is adopted.
- For the purposes of this Report, the term 'family violence' is used as defined in section 5 of the [Family Violence Protection Act 2008](#) (Vic) and to reflect the language adopted in the Victorian Royal Commission into Family Violence (the Royal Commission). The terminology used across the document relating to specific forms of family violence (e.g. domestic violence, intimate partner violence, intimate partner sexual violence) reflects the language used in the evidence found and the terminology used by the initial author(s).
- Where relevant and/or possible, the Report refers to the particular MARAM resource (e.g. Practice Guides or specific MARAM tools) under discussion. Where a point is being made about MARAM as a whole (i.e. those MARAM resources within scope of this Review), the Report refers to 'MARAM' generally.





# 1.0 EXECUTIVE SUMMARY

The Victorian Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) was developed in response to Recommendation 1 of the Victorian Royal Commission into Family Violence (the Royal Commission). MARAM builds on the Victorian Family Violence Risk Assessment and Management Framework (also known as the common risk assessment framework, or 'CRAF') and is informed by the issues and gaps identified by the Royal Commission, a range of coronial inquiries including the Coronial Inquest into the death of Luke Geoffrey Batty, and the Review of the Family Violence Risk Assessment and Management Framework (CRAF): Final Report (2016) (P. J. McCulloch et al., 2016).

The objectives of the MARAM Framework are to:

- increase the safety of people experiencing family violence
- ensure the broad range of experiences across the spectrum of seriousness and presentations of risk are represented, including for Aboriginal and Torres Strait Islander communities, diverse communities, children, older people, and across all family and relationship types
- keep perpetrators in view and hold them accountable for their actions and behaviours
- guide alignment with MARAM for use across a broader range of organisations and sectors who have responsibilities to identify, assess and respond to family violence risk
- ensure consistent use of MARAM across these organisations and sectors.

Five-yearly reviews of MARAM are required by section 194 of the [Family Violence Protection Act 2008](#) (Vic). *Allen + Clarke Consulting* has been commissioned to undertake this first periodic review (the 'Review'). This Review is required to answer two key questions:

QUESTION 1	QUESTION 2
Does MARAM reflect the current evidence of best practices of family violence risk assessment and risk management?	What changes are required (if any) to ensure that MARAM is consistent with those best practices?

Over the course of a year (November 2022 to November 2023), the Review Team reviewed over 120 documents and engaged with 225 stakeholders through interviews, focus groups, surveys and submissions. Stakeholders from a diverse range of sectors were engaged at



various intervals during the Review both to provide information and insights about the Review questions, and to help refine the findings and recommendations. During the Review, the Review Team has had the privilege of engaging with Survivor Advocates as well as the tireless frontline staff who work to support victim survivors of family violence. Their views have shaped the findings and recommendations found throughout this Report.

A clear theme that arose during the Review was the depth of appreciation that people felt for MARAM. Across a range of sectors, it was considered a valuable central repository of information, and a single source of truth to support a shared understanding of family violence and subsequent risk assessment and management practice. It was also considered to have had a significant impact in promoting a more integrated service response by improving consistency and breaking down silos. Indeed, collaboration within and across sectors has improved since the introduction of MARAM and the information sharing schemes. However, these systems and ways of working are maturing and there is room to improve. Where collaboration and information sharing are ineffective, this is often due to matters outside the scope of this Review, including resourcing, capacity, and training needs.

The MARAM Framework policy document comprises three key parts: an overview of family violence and the reform context; a summary of system architecture (including the legislative, policy and practice environments) and the four conceptual pillars around which MARAM is structured. These pillars are:

1. a shared understanding of family violence
2. consistent and collaborative practice
3. responsibilities for risk assessment and management
4. systems, outcomes and continuous improvement.

The evidence collected for this Review does not indicate the need for any changes to the structure of the MARAM Framework.

This Review has found that MARAM has significantly improved practice in relation to Pillars 1, 2 and 4. Consistent with the maturity model (due for release in 2024), further focus on Pillar 3 is expected to improve clarity of responsibilities for risk assessment and management across a diverse range of workforces. The range of reviews and research underpinning MARAM support the development of the evidence base and continuous improvement, providing evidence of achievement towards Pillar 4.

This Review has found that MARAM largely reflects current evidence of best practices including through its multi-agency approach, its adoption of the structured professional judgment (SPJ) model, the policy of consistent and collaborative practice (Pillar 2), its use of a broad and consistent definition of family violence, use of an intersectional lens, and its conceptualisation of coercive control.

However, the Review has found that MARAM is regarded by many stakeholders as focusing too heavily on family violence within heterosexual intimate partner relationships, and that family violence that occurs in other family relationships/contexts needs greater focus. While





MARAM has improved consideration of diversity and intersectionality in family violence risk assessment and management, further work is required to properly embed these considerations throughout the entire risk assessment and risk management process. MARAM resources should continue to reflect the gendered nature of family violence while also accounting for the breadth of experience across all family relationships and communities.

Evidence informing the Review shows that the Practice Guides provide a comprehensive theoretical framework. However, the number of MARAM resources, their length, and challenges in navigating them are presenting barriers to accessing important information and guidance. This has impacted the extent to which the Practice Guides are being used, and in turn, the effectiveness of implementing the MARAM guidance and tools. In line with this finding, familiarity with the content of the practice guidance was generally low among those providing direct services to victim survivors. Stakeholders noted that valuable information is often missed because it is 'lost' within the expanse of practice guidance – because practitioners do not know the information exists, or where to find it. This issue has been taken into account in the formulation of Review recommendations. For example, where stakeholder feedback was that MARAM contained certain gaps, the Review considered whether this feedback indicated the need for additional content in MARAM, or alternatively, whether the accessibility of existing content needed to be enhanced.

While not intended to be used in this way, the Review has found that MARAM Risk Assessment tools and Safety Plans are often being used in a tick-box fashion, which is not being guided by the MARAM practice guidance. This has acted as a barrier to taking a conversational/narrative approach to risk assessment and management as outlined in the practice guidance. The Review also found that safety planning does not always acknowledge victim survivor agency, as it tends to revolve around victim survivors wanting to leave. This approach does not adequately account for victim survivors who may choose to remain in the relationship or at home, or who may not want to be in contact with the police. Moreover, given that risk assessment and management is a dynamic, ongoing process, it was highlighted that MARAM tools should be designed in a way which enable assessments to be easily updated and built upon. The Review understands that this capacity has been incorporated in online tool platforms, including Tools for Risk Assessment and Management (TRAM).

While MARAM addresses many presentations of family violence risk factors, the Review has found that it could be expanded to more fully address other ways in which family violence presents, such as substance use coercion and technology-facilitated abuse. These presentations should be considered in revisions to the evidence-based risk factors contained in MARAM. Recent research also highlights new manifestations or ways of perpetrating violence used during the COVID-19 pandemic. Other research highlights the occurrence of post-traumatic stress disorder (PTSD) in children impacted by family violence. While MARAM contains extensive guidance on violence and trauma informed practice, it contains only a limited discussion of PTSD specifically. Consideration may be given to specifically addressing the occurrence and response to PTSD in both adult and children victim survivors in MARAM resources.

There is scope for updating MARAM evidence-based risk factors based on recent evidence, as well as more adequately capturing the current status and nature of dynamic risk. Recent evidence confirms several serious risk factors associated with a victim being killed or almost



killed that are consistent with risk factors represented in MARAM. These include actual or pending separation, intimate partner sexual violence, non-fatal strangulation or choking, stalking, and access to and/or recent use of weapons by an adult who uses violence. Further, the Review has found that MARAM falls short in terms of risk assessment and safety planning where a victim survivor is anticipating an adult who uses violence being released from jail.

The representation in MARAM of the risk posed by a history of family violence, threats to harm a victim survivor, and mental illness of an adult using violence, may be updated, given the recent evidence relating to these risk factors. Further, there is evidence that social isolation, which was exacerbated in the context of COVID-19, is associated with an increase in the frequency and severity of family violence, and such experiences could be emphasised more strongly in MARAM. There is also some limited emerging evidence relating to arson (and burning-related threats) as a risk factor or new presentation of existing risk factors, which is not specifically addressed in MARAM.

The literature indicates that empirically identified risk factors included in family violence risk assessment tools and frameworks are almost exclusively developed based on an analysis of intimate partner heterosexual relationships. There is a growing body of evidence indicating that particular groups and individuals experience discrimination and marginalisation, as well as specific family violence behaviours targeting identity or effect of marginalisation that increase the probability, impact and/or severity of family violence. These groups include Aboriginal and Torres Strait Islander peoples; migrants, refugees and people who are culturally and linguistically diverse; people with disability; LGBTIQ+ people; people with a mental illness; older people; women in pregnancy and early motherhood; people in regional, rural and remote areas; and young women. Based on the literature reviewed, this Review has found that there is currently a lack of risk assessment tools that adequately address the diverse and intersecting needs of these groups. However, the literature suggests that caution must be taken in amending risk assessment instruments. Tailoring an instrument to the needs of a particular group in the absence of underpinning evidence may impact its reliability and inadvertently disservice the very groups it aims to assist. The tailoring of instruments may also undermine the goal of achieving a common language and understanding of family violence risk.

MARAM is effective in communicating the need to consider each child as a victim survivor in their own right but many practitioners are, for a number of reasons, reluctant to engage with children directly. This may be because time pressure and caseload mean they prioritise their efforts towards adults, there is little opportunity to engage directly with the child, they feel they lack the specialist expertise they think is needed, they are worried about harming the child or placing the child at further risk (particularly where child victim survivors remain in contact with the adult using violence), or they think it is outside their role or not supported by organisational policies and practices. The Review has found a need for further research on risk assessment and management in relation to children as victim survivors in their own right across all communities and identities.<sup>1</sup>

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<sup>1</sup> These findings should be considered in development of the new child and young person-focused MARAM Practice Guides and assessment tools being developed by FSV.



Figure 1. MARAM Review Recommendations

# RECOMMENDATIONS

The Review has made 17 recommendations to ensure that MARAM remains consistent with best practices of family violence risk assessment and risk management. These recommendations are outlined below.

01

**Update MARAM's conceptualisation of family violence and presentations of risk across communities in the MARAM Framework policy document, practice guidance and tools, in line with new evidence**

## This includes:

- considering a revision of terminology to support a trauma-informed approach. This may include revision of the terms 'victim survivor', 'perpetrator', and 'adolescent using violence'
- ensuring that children and young people's experience of family violence, across all identities and communities, is adequately reflected in MARAM
- ensuring MARAM reflects emerging trends of presentations of coercive control, such as substance use coercion and technology-facilitated abuse
- incorporating the way that family violence may manifest in a public health emergency or natural disaster situation
- noting the potential link between financial abuse and dementia
- consideration of questions in MARAM tools on forced marriage and shame killings (including the intersections of gender, poverty, sexuality, and immigration policies) as well as more information in relation to these concepts in the practice guidance
- considering providing further practice guidance (or questions in MARAM tools) in relation to matters such as:
  - 'personal disasters' including gambling loss or points of escalation in relation to sports and gaming
  - core principles of technological safety planning (including by providing guidance on how children's devices are often targeted for technology-facilitated abuse, and expanding questions about controlling and tracking behaviours in relation to location and technology)
  - clear examples of verbal abuse, insults, manipulation, and/or gaslighting in the questions relating to emotional and psychological abuse.



# RECOMMENDATIONS

**02**

**Retain Structured Professional Judgment (SPJ) and ensure that any amendments to existing risk assessment instruments to embed cultural appropriateness do not diminish the reliability of the instruments or undermine the goal of achieving a common language and understanding of family violence risk**

**03**

**Expand existing practice guidance to address gaps in determining how and when to assess risk**

**This includes expanding (or highlighting existing) guidance on:**

- how to articulate the rationale (as required in MARAM Risk Assessment tools) for the determination of risk level
- what 'risk' looks like in different contexts
- how practitioners should synthesise different pieces of information to determine the level of risk
- when it is safe, reasonable, and appropriate to undertake a risk assessment, and when it is not safe to do so.

**04**

**Revise MARAM Safety Planning tools and guidance on risk management to more explicitly support victim survivor agency**

**This includes:**

- ensuring the Safety Planning tools:
  - provide a stronger focus on building on what a victim survivor is already doing to keep themselves safe
  - more explicitly account for those who may not be ready to leave the relationship, those for whom family violence is not within the intimate partner context, or those who wish to remain within the home/community
- ensuring practice guidance articulates effective ways to navigate safety planning where the victim survivor remains in contact with the adult using violence, recognising that forms of contact may vary.



# RECOMMENDATIONS

**05**

**Establish a clearer link within the practice guidance between risk assessment and risk management, including how risk assessment informs safety planning**

**This includes:**

- elaborating on MARAM's existing guidance to support practitioners to explore alternatives when a victim survivor does not feel safe to engage with the police
- elaborating on risk assessment and safety planning for when an adult using violence is released from prison or custody.

**06**

**More effectively capture dynamic risk, timelines of family violence, tactics and patterns of behaviour used to maintain coercive control in MARAM guidance and tools**

**This includes actions such as:**

- clarifying how the definitions of recency and frequency (terms currently used in MARAM Risk Assessment tools) pertain to specific risk factors, understanding of the pattern of coercive control, and relationship to risk level
- providing guidance about when to perform reviews and check-ins to gauge how risk may have changed over time or in relation to changes in circumstances, how this should be reflected in ongoing risk management and whether this differs between sectors or services
- enabling assessments to be more easily built upon to improve the link between a victim survivor's risk assessments and more effectively articulate the dynamic nature of risk and changes over time
- incorporating a subsection containing more specific questions that explore how adults using violence may use dynamics with children; undermine the parent-child relationship; and/or use domestic servitude, economic abuse, and isolation as forms of coercive control.



# RECOMMENDATIONS

**07**

**Expand the discussion of post-traumatic stress disorder (PTSD) and acquired brain injury (ABI) in MARAM practice guidance and improve the visibility and accessibility of this guidance**

**This includes:**

- providing information on the occurrence of PTSD in children (including in materials relating to children currently in development)
- strengthening guidance on the unique impacts of trauma for Aboriginal and Torres Strait Islander people experiencing family violence, including for Aboriginal and Torres Strait Islander children and young people
- enhancing the visibility and accessibility of the cognitive impairment and ABI guidance within MARAM Practice Guides in accordance with recommendation 12.

**08**

**Support system-wide consistent practice and alignment by enhancing and elevating aspects of the existing guidance in relation to a shared understanding of family violence (Pillar 1)**

**This includes actions such as:**

- strengthening sector specific guidance on how organisations should determine applicability of MARAM responsibilities and explore opportunities for making guidance more accessible
- providing a description of the connection between different levels of MARAM responsibilities, applicable tools, and practice guidance more explicitly. This should include a simplified, easily accessed visual representation of workforce responsibilities linked to levels of MARAM responsibilities
- continuing to consult with a broad range of sectors and communities to ensure that MARAM reflects experiences and learnings from different sectors and communities
- ensuring the language about workforce responsibilities used in organisational MARAM resources and practice guidance is consistent, and that the relationship between various resources is clear.





# RECOMMENDATIONS

**09**

## Strengthen guidance on consistent and collaborative practice (Pillar 2), including how collaboration is translated into practice

**This includes:**

- providing more guidance on what best practice, client-centred collaborative practice looks like (including resources demonstrating its practical application), such as through the provision of case studies
- providing specific guidance to workforces to help them better understand their roles and responsibilities to improve the ability to reciprocally communicate what they do with other workforces
- ensuring the MARAM Framework policy document reflects the complexity of interagency family violence work to support the development of responsive practice
- elevating the guidance on secondary consultation, including:
  - when it may be appropriate and necessary to seek a secondary consultation (this may need to be accompanied by additional prompts in MARAM tools), and articulating roles and responsibilities
  - how to make requests for secondary consultation in ways that improve the experience for victim survivors and manage the resourcing demand on services receiving the request.



# RECOMMENDATIONS

**10**

**Provide clarity on the process for organisations to align with MARAM, and scope for making changes to tools to respond to the needs of particular communities**

**This includes:**

- identifying any core aspects of MARAM that should not be departed from in the process of alignment, and clarifying the process for seeking input from FSV when aligning with MARAM (which may include consideration of whether proposed additions constitute new risk factors or new presentations of existing MARAM risk factors, to be added to MARAM practice guidance)
- clarifying the process for sharing enhancements with other sectors that respond to the needs of particular communities in order to:
  - improve the consistency and quality of risk assessment and safety planning for specific communities and client groups
  - enhance system-wide collaboration and shared understanding
  - embed cultural enhancements for use across different sectors
- providing further guidance and illustration of how MARAM can be embedded in organisations and sectors which operate within specific regulatory frameworks, policy environments, or models of working (including therapeutic models).

**11**

**Revise MARAM Practice Guides and tools to support the use of a more narrative-based or conversational approach when undertaking risk assessment and management to support victim survivor agency**

**This includes actions such as:**

- adding explicit guidance at the start of the tools about adopting a conversational approach
- reviewing the use and grouping of questions, the subset questions flowing from them, and the space available for answers and descriptions within MARAM tools
- ensuring Safety Planning tools are flexible with clear links to practice guidance
- providing more guidance for practitioners on how to ask difficult or sensitive questions, such as questions about sexual assault, and supporting the establishment of rapport before these questions are broached.



# RECOMMENDATIONS

## 12

### Enhance the usability and accessibility of MARAM

**This includes actions such as:**

- in consultation with victim survivors and practitioners, creating simple, Easy English versions of key resources, including any victim survivor-facing resources such as the Safety Planning tools and practitioner-facing resources. As per recommendation 16.3, these should be designed and adapted in other languages
- in consultation with victim survivors and practitioners, redesigning the MARAM website to make navigation easier and more intuitive, making it easier for users to find what they are looking for when they need it
- in partnership with service providers, investigating how to enhance the useability of MARAM tools as built into key online platforms and content management systems (such as by investigating the capacity for tools to indicate escalation or de-escalation in frequency, severity, and changes to patterns of behaviour of adults using violence)
- streamlining the Practice Guides by:
  - removing duplication, increasing conciseness, and ensuring Plain English is used
  - delivering information through visual aids such as tables, flowcharts, and diagrams (while ensuring accessibility standards are met)
  - highlighting key tools and learning outcomes to make them easier to find and recall
  - socialising practitioner-focused 'summary chapters'.
- developing resources to bridge the gap between the Practice Guides and the tools. This might include creating action-oriented content on how to apply practice guidance.



# RECOMMENDATIONS

## 13

### Update the evidence-based guidance around risk factors and presentations of risk

#### This includes:

- considering the reframing of 'history of family violence' to 'perpetrator's pattern of family violence' to emphasise that this risk factor reflects a pattern of behaviour over time
- considering additional MARAM guidance and questions in MARAM tools, including:
  - further guidance in relation to sexual assault
  - emphasising asking the question about sexual assault in all scenarios
  - further prompts when questioning victim survivors about non-fatal strangulation
  - questions which aim to understand what the adult using violence has used as a weapon
  - conversation prompts to support deeper exploration of the full range of behaviours towards pets and animals
  - addressing the nuances in presentation of physical violence towards women while pregnant (for example, violence directed towards specific body parts), by adding further details within the practice guidance and MARAM tools
  - addressing reproductive coercive control in more detail, by including further information and questions within the MARAM tools around reproductive coercion such as refusing to use contraception and forcing to keep or terminate a pregnancy
- expanding on the various ways in which family violence may present post-partum (beyond physical assault / abuse).
- pending outcomes of the MARAM 5-Year Evidence review – Data Review, considering:
  - recent evidence relating to arson (and burning-related threats) as emerging risk factors or new presentation of existing risk factors
  - whether a history of family violence, threats to harm a victim survivor, and mental illness of the adult using violence should be considered 'serious' risk factors given emerging evidence that these risk factors are associated with a higher risk of lethality / severe harm
  - whether social isolation (particularly in the context of the COVID-19 pandemic and other periods of emergency) is associated with a higher risk of lethal outcomes for victim survivors
  - evidence in relation to the increased risk of family violence during pregnancy for specific populations, including women with disability, women aged 18-24 years, Aboriginal and Torres Strait Islander women, and women with severe mental illness.



# RECOMMENDATIONS

14

**Improve the descriptions and explanations of the evidence-based risk factors and how these uniquely present for specific populations**

**This includes:**

- incorporating new disability-specific questions in MARAM tools, including the addition of NDIS-related questions
- providing practical information for enquiring about sexual assault where a person has disability.

15

**Further assist practitioners to adopt an intersectional approach throughout the entire risk assessment process by utilising the information provided through this Review and working with the relevant communities to implement the recommendations**

**This includes ensuring that MARAM Framework Principle 3 is embedded in MARAM Practice Guides and tools by:**

- providing practical guidance about how structural oppression relates to and impacts family violence risk
- further developing and considering the placement of 'additional considerations' within the Comprehensive Risk Assessment tool, so that intersecting aspects of a person's identity and experiences of structural oppression frame the risk assessment
- reconsidering the framing and language of 'additional considerations' so that they are considered central to the risk assessment
- considering the addition of questions addressing diversity in all Assessment tools.

16

**Ensure that MARAM is appropriate and inclusive for people from Aboriginal and Torres Strait Islander communities, people with disability, people from culturally and linguistically diverse and refugee communities, older people, LGBTIQ+ people, people experiencing mental ill health, and people who have drug or alcohol dependence**



# RECOMMENDATIONS

## 16.1

**Review and revise MARAM to ensure it is culturally appropriate and safe for people from Aboriginal and Torres Strait Islander communities**

**This includes working with Aboriginal and Torres Strait Islander communities to ensure MARAM Framework Principle 7 is embedded throughout MARAM by:**

- incorporating the healing journey and emphasising the strength of women in MARAM
- providing practical guidance in MARAM on how to effectively support people from Aboriginal and Torres Strait Islander communities experiencing violence to remain within their family networks and communities
- revising MARAM to encourage a yarning approach, reflect culturally appropriate language, and accommodate Aboriginal and Torres Strait Islander understandings of community and an individual's place within that community. This may include changes to key terms used and modifications / additions to the SPJ model
- supplementing existing MARAM sections on multiple people using violence through incorporation of discussion of lateral or community violence, and reframing the question: 'is there more than one person making you feel unsafe?'

## 16.2

**Review and revise MARAM to ensure greater applicability to people with disability**

**This includes ensuring MARAM Framework Principle 8 is embedded in MARAM Practice Guides and tools by working with people with disability and communities working to support them to:**

- provide practical guidance about matters such as supporting victim survivors to conduct their own self-assessment of risk
- provide additional information in MARAM practice guidance on how services need to be tailored for victim survivors with an ABI
- provide guidance about language used for defining disability and support needs
- consider how matters outlined in this Review can be included in safety planning.



# RECOMMENDATIONS

## 16.3

**Review and revise MARAM to ensure it is appropriate and inclusive for people from culturally and linguistically diverse and refugee communities**

**This includes ensuring MARAM Framework Principle 8 is embedded in MARAM Practice Guides and tools by working with culturally and linguistically diverse and refugee communities to:**

- provide more practice guidance on forced marriage
- include questions about technology in MARAM Risk Assessment tools which prompt the practitioner to consider the control over the victim survivor's access and use of technology, and the use of technology to enact abuse
- ensure that culturally appropriate tools are designed and adapted in other languages, including considering whether MARAM terms and concepts can be appropriately translated, rather than relying on interpreters to translate the existing tools
- include prompts within MARAM Risk Assessment tools regarding visa sponsorship or other urgent matters relating to visas.

## 16.4

**Review and revise MARAM to ensure it is appropriate and inclusive for older people**

**This includes ensuring MARAM Framework Principle 8 is embedded in MARAM Practice Guides and tools by working with professionals supporting older people experiencing family violence to ensure:**

- practice requirements for risk assessment and management are appropriate and inclusive
- appropriate prompts and questions are included in MARAM Risk Assessment tools.



# RECOMMENDATIONS

## 16.5

**Review and revise MARAM to ensure it is appropriate and inclusive for LGBTIQ+ people**

**This includes ensuring MARAM Framework Principle 8 is embedded in MARAM Practice Guides and tools by working in collaboration with LGBTIQ+ people to:**

- reconsider the order of 'additional considerations' as noted in recommendation 15
- consider the placement of information relevant to LGBTIQ+ people within the Practice Guides and tools
- consider the accessibility of information relating to LGBTIQ+ people throughout MARAM resources to ensure it can be easily located, as per recommendation 12.

## 16.6

**Review and revise MARAM to ensure it is appropriate and inclusive for people experiencing mental ill health**

**This includes ensuring MARAM Framework Principle 8 is embedded in MARAM practice guidance and tools by working with those experiencing mental ill health and services supporting them to:**

- provide additional guidance on how a person's mental health affects their experience of family violence or how family violence impacts them differently
- provide additional guidance on matters such as how adults using violence may use a victim survivor's mental health as part of the tactics of control
- consider including 'additional considerations' in the Risk Assessment tools relating to victim survivor mental health
- reconsider the order of 'additional considerations' as per recommendation 15.





# RECOMMENDATIONS

16.7

**Review and revise MARAM to ensure it is appropriate and inclusive for people who have drug or alcohol dependence**

**This includes ensuring MARAM Framework Principle 8 is embedded in MARAM practice guidance and tools, by working with those who have drug or alcohol dependence, and services supporting them, to:**

- include 'additional considerations' in the Risk Assessment tools relating to victim survivor alcohol and drug use
- ensure terminology is appropriate and inclusive
- provide additional practice guidance on matters such as why people use substances and how to work with those who do; substance use coercion; and how adults using violence may weaponise substance use as part of the tactics of control
- reconsider the order of 'additional considerations' as per recommendation 15.

17

**Ensure that MARAM practice guidance and tools relating to children and materials currently in development support child-centred practice**

**This includes:**

- providing further guidance about when it is appropriate, and how to, engage directly with children, with reference to age and stage of development of the child and disability (if present)
- providing further guidance about how to approach difficult subject matter such as sexual abuse
- providing further guidance relating to children and young people who use violence
- providing opportunities for MARAM to further draw on aspects of the Safe and Together model that have been highlighted by stakeholders as helpful, in making any amendments to MARAM guidance relating to children.



## 2.0 INTRODUCTION AND CONTEXT

### 2.1 Background

MARAM was developed in response to the first recommendation of the Royal Commission. It was built on the CRAF as well as a range of existing evidence including literature, reviews, coronial inquiries and extensive stakeholder input.

MARAM comprises:

- Part 11 of the [Family Violence Protection Act 2008](#) (Vic)
- the Family Violence Risk Assessment and Management Framework [legislative instrument](#) approved by the Minister in accordance with section 189 of the [Family Violence Protection Act 2008](#) (Vic)
- the MARAM [Framework policy document](#)
- a suite of victim survivor-focused and perpetrator-focused [MARAM Practice Guides](#), incorporating Identification, Brief, Intermediate and Comprehensive Risk Assessment and Risk Management tools
- an online platform to host the MARAM risk assessment and risk management (safety planning) tools, TRAM, for use by Victorian agencies, including The Orange Door, and managed by Family Safety Victoria (FSV)
- resources, tools and guidance for organisations to support their implementation and alignment activities.

The **objectives** of MARAM are to:

- increase the safety of people experiencing family violence
- ensure the broad range of experiences across the spectrum of seriousness and presentations of risk are represented, including for Aboriginal and Torres Strait Islander communities, diverse communities, children, and across varying family and relationship types
- keep perpetrators in view and hold them accountable for their actions and behaviours
- guide alignment with MARAM for use across a broader range of organisations and sectors who will have responsibilities to identify, assess and respond to family violence risk
- ensure consistent use of MARAM across these organisations and sectors.

MARAM aims to establish a system-wide shared understanding of family violence, guiding professionals across the continuum of specialist family violence, targeted and universal services, who provide services for victim survivors or perpetrators across the range of presentations and levels of family violence risk.



MARAM is built around four pillars that aim to establish a system-wide approach and shared responsibility for family violence risk assessment and management. These **four pillars** are:



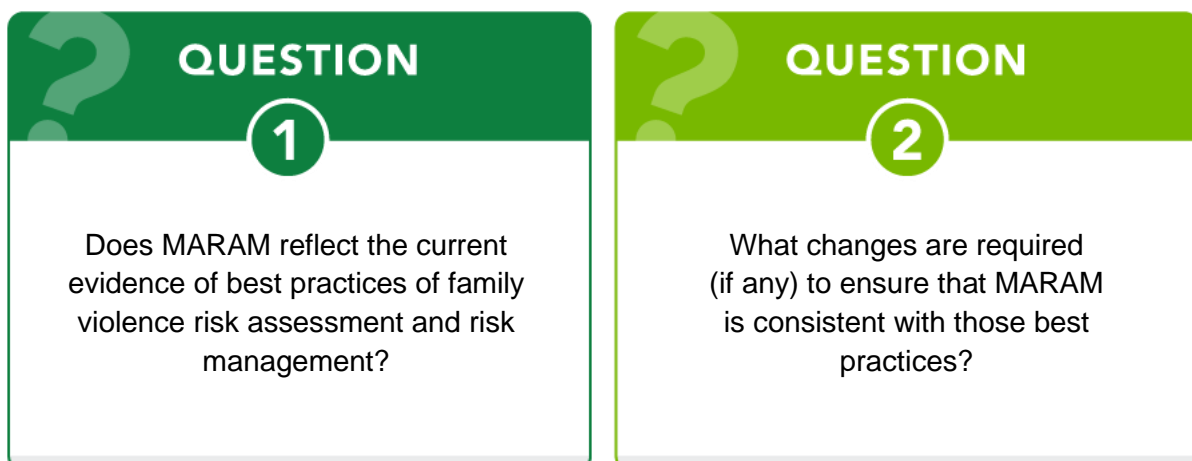
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MARAM sets out three levels of practice and corresponding responsibilities for Framework organisations and the services and service providers within them: Identification, Intermediate and Comprehensive. The nature of a practitioner's role in an organisation and the level to which they provide a service response to people experiencing or using family violence determines which MARAM Practice Guides and tools a practitioner will use.

### 2.1.1 5-year evidence review

Allen + Clarke was engaged by FSV to undertake the first periodic review of MARAM's operation as required under section 194 of the [Family Violence Protection Act 2008](#) (Vic). The Review involved Allen + Clarke working in partnership with FSV and the existing governance structure that sits around MARAM.

In line with section 194 of the [Family Violence Protection Act 2008](#) (Vic), the Review sought to answer two key questions:



## 2.2 Scope

MARAM resources in scope of this Review included:

- the MARAM legislative instrument and accompanying policy document
- MARAM victim survivor-focused Practice Guides, Risk Assessment and Management (Safety Planning) tools, and other supporting resources that are appendices to the Practice Guides.

MARAM resources not in scope for this Review included:

- Perpetrator-focused MARAM Practice Guides and tools (released in 2021 and 2022)
- MARAM COVID-19 Practice Notes
- the materials in development during 2022-2023 to address direct risk and wellbeing assessment and management with children and young people (note that existing practice guidance relating to children and the existing Child Assessment tool were within scope of the Review).

### 2.2.1 The Review environment

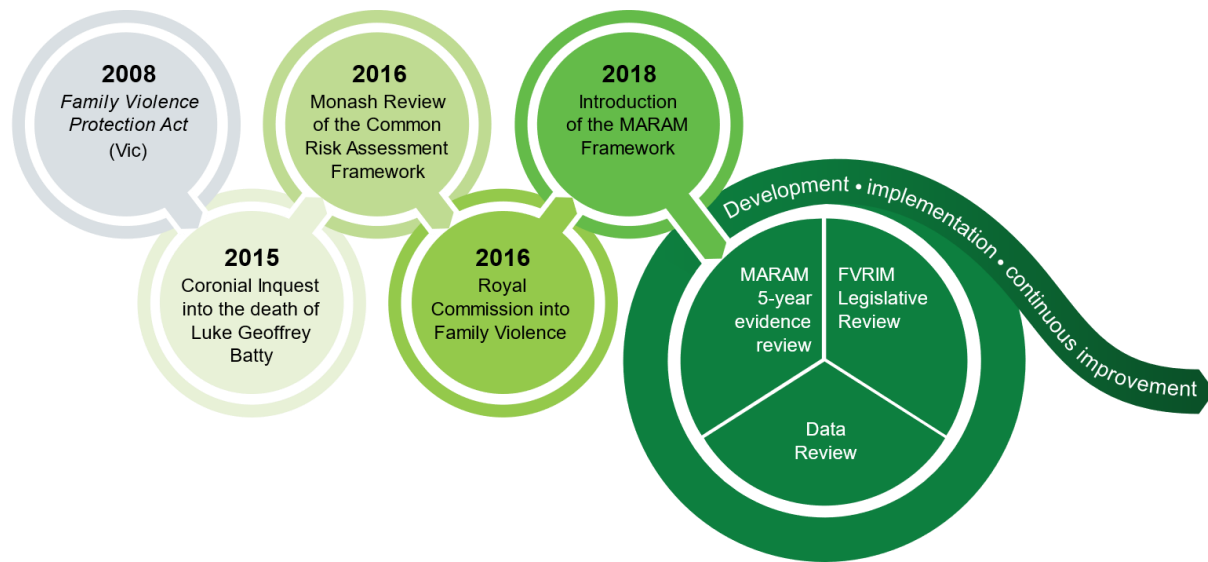
The Review occurred concurrently with other reviews and was separate and complementary to a second part of the MARAM 5-Year Evidence Review (Data Review). The aim of the Data Review is to establish feasibility of data analysis, analyse data on the current MARAM evidence-based risk factors and assess their correlation to the presence and level of family violence risk of lethal outcomes. Consideration was given to the anticipated intersections between the two parts of the 5-Year Review.

The Review was also separate to the 5-year legislative review of the operation of Part 11 of the [Family Violence Protection Act 2008](#) (Vic). This review was led by the Family Violence Reform Implementation Monitor (FVRIM) under sections 144SA and 195 of the [Family Violence Protection Act 2008](#) (Vic), which considered how effective the legal provisions of the Act have been in meeting their objectives. This review has concluded and the [report](#) has now been finalised.

**Figure 2** depicts the timeline of events preceding the MARAM 5-year Evidence Review and the concurrent Reviews being undertaken. As conceptualised in Pillar 4 of MARAM, these Reviews are underpinned by an emphasis on systems, outcomes, and continuous improvement to ensure that MARAM continues to embed best practice approaches for family violence risk assessment and management.



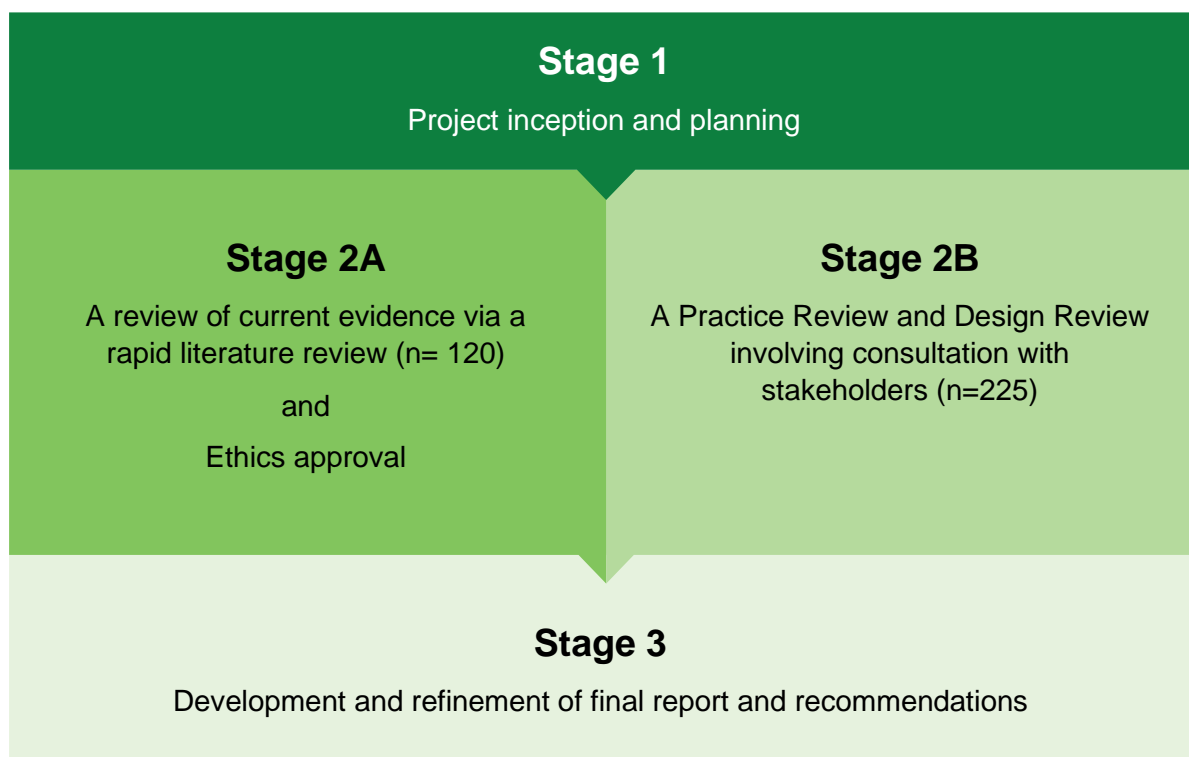
**Figure 2. Timeline leading to the first MARAM Review**



## 3.0 METHODOLOGY

### 3.1 Overview of methodology

The Review adopted a practical participatory review approach and was informed by two key inputs: a rapid literature review and extensive stakeholder engagement. The Review comprised three stages:



Stage 1 involved project inception and planning, which included the development of a finalised stakeholder engagement plan in consultation with FSV.

Stage 2A involved a review of current evidence via a rapid literature review to assess whether MARAM reflects current evidence of best practice in family violence risk assessment and management and to identify any new or emerging evidence. Ethics approval for Stage 2B was received in Stage 2A (see [section 3.3.1.2](#) for details on ethics approval). Stage 2B involved a Practice Review and Design Review involving consultation with stakeholders (n = 225) through focus groups, interviews, surveys, and written submissions which was underpinned by findings from the Stage 2A literature review.

Stage 3 involved the development and refinement of this Report, including its recommendations. Review findings and recommendations were tested and refined through an online survey (n = 28 respondents) and focus groups (n = 24 participants) with stakeholders previously engaged during the Review.

The Review was guided by a set of review standards and ethical considerations, as outlined in [section 3.3.1](#).



## 3.2 Rapid literature review

As part of this Review, *Allen + Clarke* undertook a rapid literature review<sup>2</sup> to examine the current evidence base in the literature of best practice relating to family violence risk assessment and management, and whether this is reflected in MARAM. The key questions for the literature review were developed by government policy makers and intended to focus on gaps in the original empirical research underpinning MARAM. To this end, the literature search involved re-running the same search terms from the original 2017 literature review (see [section 3.2.1](#) for further details).

The rapid literature review focused on two questions:

**1. What is the current evidence base of best practices in family violence risk identification, assessment and management in relation to victim survivors?**

This included consideration of any evidence reviewed relating to a range of factors, including the current evidence base of best practices in relation to:

- risk screening, identification, assessment and management, including across the range of prescribed workforces
- brief/time-limited risk assessment
- the model of SPJ
- collaborative practice process
- safety planning and coordinated risk management
- assessing and responding to new or intractable issues impacting family violence risk, for example, a pandemic
- processes and practices to support coordination for the purpose of assessing and managing risk.

**2. What is the current evidence base for the conceptualisation of family violence risk?**

This included consideration of the evidence reviewed relating to a range of factors, including the current evidence base for:

- presentations of risk across all communities and age groups
- all forms of family violence
- patterns of family violence risk
- coercive control
- recency and frequency of violence on determining level of risk
- impacts on victim survivors.

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<sup>2</sup> A rapid literature review is “a form of knowledge synthesis that accelerates the process of conducting a traditional systematic review through streamlining or omitting specific methods to produce evidence for stakeholders in a resource-efficient manner” (Garrity et al., 2020). A rapid literature review was selected over a systematic review, as this approach enables the provision of timely information and relevant and actionable evidence in a resource-efficient manner to facilitate decision-making for urgent and emergent issues of high priority. Rapid literature reviews are also considered appropriate for new and emerging topics; updating previously completed reviews; and policy development, implementation or assessment (James Cook University, 2023).



The literature review considered over 120 documents. The literature review informed stakeholder consultation by identifying key areas of interest to explore during consultations.

### 3.2.1 Literature review methodology

The methodology for undertaking the rapid literature review involved three steps:

**Step 1:** The Review Team conducted a high-level review of foundational documents and legislation. Some of these documents were publicly available, while others were provided to the Review Team by FSV. It also included a review of the original literature review (not published) which informed the establishment of MARAM in 2017. The 2017 literature review aimed to identify best practice models in family violence risk assessment and risk management.

**Step 2:** Subsequently, a new literature search was conducted, which:

- was confined to literature published between 2017-2023 (note that the literature review also draws on relevant research prior to 2017 that has been cited in the selected documents and resources published between 2017-2023)
- was desk-based
- only included publicly available resources
- was restricted to English language articles and reports
- was focused on similar jurisdictions (broadly, jurisdictions which have similar understandings of family violence, similar social groupings, similar legislation and multi-agency practices)
- was focused on new evidence relating to Aboriginal and Torres Strait Islander communities, diverse communities, children and intersectionality.

This literature search involved re-running the same search terms from the original 2017 literature review plus some additional search terms tailored to the literature review questions. The search terms used are set out in Table 1. The search returned 283 new relevant documents published in 2017-2023. Databases used included:

- Cumulated Index to Nursing and Allied Health Literature (CINAHL)
- PsycINFO
- PubMed
- Medline
- Australia's National Research Organisation for Women's Safety Limited (ANROWS)
- Government databases





- Google Scholar (first 300 articles)
- ScienceDirect
- Scopus

**Table 1. Literature review search terms**

*Terms in italics are additional search terms which were not used in the 2017 literature review.*

Concept	Search terms
Risk assessment and management	“Risk assess*”; “risk manage*”; <i>“identification”</i> ; <i>“screening”</i>
Multi-agency	Interagency; coordinated; integrat*; multi agency; <i>indigenous</i>
Family violence	Domestic violence; family violence; <i>sexual violence</i> ; domestic and family violence; intimate partner violence; <i>intimate partner homicide</i> , <i>intimate partner sexual violence</i> ; <i>elder abuse</i> ; sexual assault; <i>LGBTIQA+ communities and family violence</i> ; <i>older people and family violence</i> ; <i>people with disability experiencing family violence</i> ; <i>family violence and culturally, linguistically and faith diverse communities</i> ; <i>intersectionality and family violence</i>
Evaluated	Evaluat*; evidence; outcome; systematic review; trial; pilot

**Step 3:** To ensure the quality and comprehensiveness of the search, the Review Team then conducted a bibliography review of all selected articles, which resulted in the retrieval of additional relevant material. The list of literature from this search was then further refined. The results from the search were narrowed down to 76 documents. This was performed by prioritising:

- results that address:
  - the definition of family violence used in Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families (Dhelk Dja)
  - Aboriginal and Torres Strait Islander communities, diverse communities, children and intersectionality
  - key MARAM concepts (for example, through reference to SPJ, person-centred approaches, trauma- and violence-informed (TVI) approaches, safe and non-collusive practice, reflective practice and unconscious bias)
  - responding to new or intractable issues impacting family violence risk (for example, through reference to the COVID-19 pandemic)
- sources of information produced by recognised and reputable organisations
- relevance to the research questions and keywords
- relevance to the Victorian context



- more recent literature
- material that exhibits methodological rigour (for example, longitudinal designs, systematic reviews and meta-analyses)
- materials from similar jurisdictions.

A separate literature review report was produced. The literature review remained a living document which was maintained and updated throughout the Review. Further, additional literature suggested by participants throughout consultations was incorporated into the final version of the rapid literature review.

Relevant findings from the literature review are included throughout this final Report. The literature review has also been prepared as a separate standalone report.

### 3.3 Practice Review and Design Review

Phase Two of the Review included a Practice Review and Design Review, which occurred concurrently and examined the following key aspects of MARAM:

1. the extent to which Part A of the MARAM Framework policy document reflects current understanding of what family violence is, including through Pillar 1 (Shared understanding of family violence) and presentations of risk across communities and age groups
2. the extent to which the MARAM Framework policy document and practice guidance is supporting professionals to accurately identify, assess and manage family violence risk. This considered:
  - the existing guidance on the model of SPJ and levels of family violence risk (risk ratings)
  - how consistent and coordinated practice with Risk Assessment and Management (Safety Planning) tools enable workforces to understand and conduct their responsibilities in accordance with MARAM
  - the usability, comprehensiveness, and relevance of each of the MARAM Practice Guides and tools designed to facilitate the assessment and management of risk, including:
    - the extent to which current Identification and Assessment tools support professionals' understanding of presentations of risk for victim survivors, including their ability to identify the different or varying presentations of risk across ages, relationship types and Aboriginal and Torres Strait Islander and diverse communities
    - how the Practice Guides are being used to support the use of the Risk Assessment tools, including the effectiveness of the tools in supporting use of SPJ to determine the level of risk



- risk management guidance and Safety Planning tools to understand how they are used to guide professionals' risk management action planning, including coordinated and collaborative practice and information sharing
- the extent to which risk assessment and management guidance is supporting professionals to recognise and respond to children and young people as victim survivors in their own right, including when working with adult victim survivors, or when working with children and young people directly.

### 3.3.1 Stakeholder engagement

In conducting the Review, *Allen + Clarke* worked in partnership with FSV and a wide range of stakeholders. Recognising that stakeholder engagement was a critical input to developing the evidence base for the development of MARAM, the methodology for this Review was developed to build on this and to incorporate extensive stakeholder engagement. Stakeholder findings helped to inform and develop an understanding of recent research, current best practice, inform insights into how MARAM is operating, and identify opportunities for improvement.

Relevant stakeholders included:

- Survivor Advocates (including those who had received services that include a MARAM assessment)
- Framework organisations<sup>3</sup> (which must ensure that their relevant policies, procedures, practice guidance and tools align with MARAM)
- academics and researchers
- peak bodies
- other bodies with key insights and expertise
- a range of government departments.

Engagements were designed to include stakeholders who have used or experienced MARAM at different MARAM responsibility levels, including Identification, Intermediate, and Comprehensive.

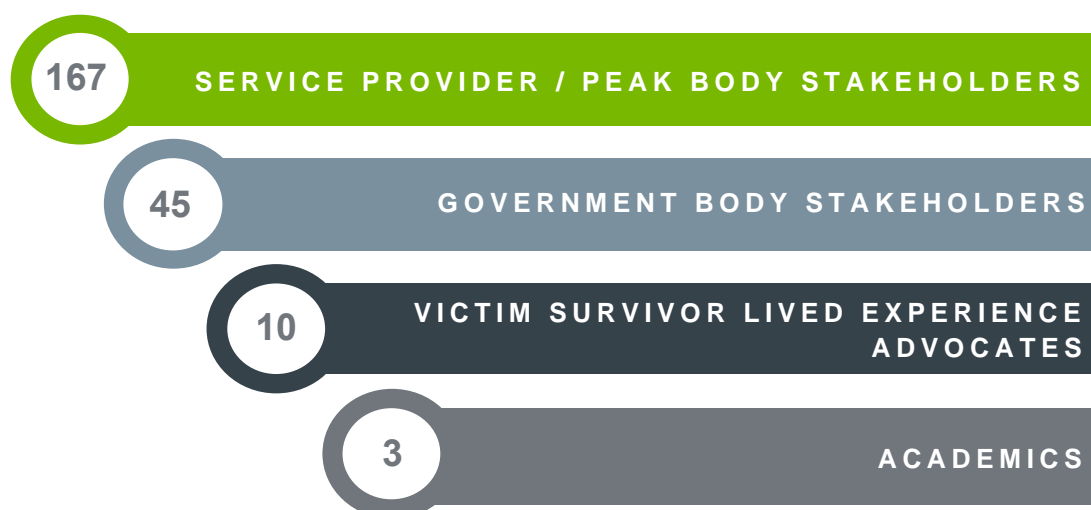
During the Review, the Review Team used a number of stakeholder engagement methods. At various points, stakeholders were invited to participate in focus groups and interviews, given the opportunity to complete an online survey and/or make a written submission. 225 participants were engaged across the Review. **Figure 3** shows the participant breakdown for stakeholder engagement.

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<sup>3</sup> As prescribed in Schedule 3 of the [Family Violence Protection \(Information Sharing and Risk Management\) Regulations 2018 \(Vic\)](#).



**Figure 3. Number of participants by agency type**



### 3.3.1.1 Principles of stakeholder engagement

The Review was guided by a set of review standards and ethical considerations, as outlined below. Our overall approach followed best practice ethical process, commitment to cultural safety and self-determination, and included several mitigations designed to minimise the risk of harm for both participating stakeholders and the Review Team. An overview of the ethics approvals received for this Review is outlined in [section 3.3.1.2](#).

All participants were over the age of 18. Research involving children and young people requires additional ethical considerations to ensure an age-appropriate research design that is trauma-informed and facilitates informed consent and safe participation for children. In this instance, whilst there is strong recognition of the importance of the voice of children and youth, the Review was circumscribed to those over the age of 18.

An additional form was provided alongside the Participant Information and Consent Form (PICF) to Survivor Advocates for the collection of demographic data. The form stated the purpose of collecting the data and that it was optional for participants to provide demographic data. The demographic data questions aimed to collect data about a participant's cultural and linguistic background, age, gender and sexual identity, relationship/family type, disability, and religious faith.

To ensure that Aboriginal knowledge, self-determination, and research principles were considered and applied in the context of this Review, the Review team included an Aboriginal Engagement Lead as a deliberate component of the project design to support cultural safety when engaging with Aboriginal and Torres Strait Islander stakeholders. FSV's Aboriginal Strategy Unit also reviewed all data collection tools as well as the ethics application.

#### Informed consent

Informed consent formed the foundation of all engagement with stakeholders, as this allowed stakeholders to retain autonomy and control over their information and knowledge shared with the Review Team. As such, all stakeholders were provided with full information about the



Review, its purpose, and its intended outputs prior to agreeing to engage with the Review Team. This was provided in the form of a written PICF.

The [Privacy and Data Protection Act 2014](#) (Vic) requires that consent be current. Stakeholders were given the opportunity to withdraw their consent to participate and provide information to the Review without any negative consequences up to one week after consultations. After this time point, withdrawal of information was no longer possible as information was aggregated and anonymised for analysis.

Where stakeholders are quoted in this Report, the stakeholder has consented to deidentified quotes being used. Where a focus group or interview was recorded, these recordings or transcripts have been referred to in order to verify the quotes accurately reflect the stakeholder's words and their views on MARAM. Where stakeholders consented to deidentified quotes being used but did not consent to recordings or transcripts being made, quotes reflect the notes taken from the interview or focus group.

### Trauma-informed approaches

The engagement approaches used with interviewees were guided by culturally responsive and humanistic review approaches. Data collection tools were carefully reviewed by the Review Team's Technical Advisors and FSV's Aboriginal Strategy Unit prior to utilisation to ensure that they were socially, emotionally and culturally safe. The Review Team adopted a trauma-informed approach to engagement with all stakeholders, recognising that any stakeholder we spoke to as part of the Review may have lived experience of family violence.

Key elements of the Review Team's trauma-informed approach drew from the best practice principles of the Family Violence Experts by Experience Framework (Lamb et al., 2020) and Draft Australian Framework for the Ethical Co-design of Research with Victim Survivors of Intimate Partner and Sexual Violence (Lamb, Dembele, et al., 2022). Specifically, all engagements undertaken with victim survivors by the Review Team upheld the following elements of a trauma-informed best practice approach:

- **Recognise:** overtly acknowledge victim survivors as holding valuable knowledge and expertise about family violence
- **Agency:** provide victim survivors with the information and support they need to make informed decisions about their participation and boundaries
- **Safety:** ensure issues relating to legal, physical, emotional and cultural safety are considered and provide information about where participants can access appropriate confidential support if they would like to
- **Healing informed:** being mindful of the impacts of trauma and how it impacts victim survivor's everyday functioning, ensure practices and approaches are flexible and offer choices. Seek additional ways to enhance healing and facilitate healing through empowerment and enhancing agency
- **Transparency:** give victim survivors clarity about the purpose of the consultation and what participation will involve and how their feedback is likely to influence change. Provide accessible information, including clear PICFs
- **Inclusion:** be cognisant of how structural barriers and discrimination may impact victim survivor's experience of violence and potentially exacerbate trauma.



## Engaging with Aboriginal and Torres Strait Islander communities

The Review Team was guided by the principles set out in Dhelk Dja. Dhelk Dja is the key Aboriginal-led Victorian Agreement that commits Aboriginal communities, Aboriginal services, and government to collaborate and be accountable for ensuring that Aboriginal people, families, and communities are stronger, safer, thriving and living free from family violence. To ensure this vision, Dhelk Dja outlines six key principles:

1. self-determination (community led, self-managed and leadership)
2. collaboration and partnerships
3. strengths-based
4. culturally and trauma informed, resilience and healing-based approaches
5. safety (cultural, physical and community)
6. accountability, transparency and honesty of all parties.

The Review was also guided by the self-determination enablers outlined in [Victoria's self-determination reform framework](#) including prioritising culture, addressing trauma and supporting healing, addressing racism, promoting cultural safety, and transferring power and resources to community.

As noted above, the Review team included an Aboriginal Engagement Lead as a deliberate component of the project design to support cultural safety. Aboriginal and Torres Strait Islander people engaging with the Review were provided a choice in engaging with an Aboriginal or non-Aboriginal Engagement Lead, and the option of engaging Aboriginal-specific or mainstream support, counselling or debriefing.

[Section 4.6.2](#) of this Report entitled: 'Screening, identification, assessment and risk management with Aboriginal and Torres Strait Islander families and communities' (including associated recommendations) was reviewed by the Review Team's Aboriginal Engagement Lead.

### 3.3.1.2 Ethics approval

The Review Team received ethics approval for this project from the Human Research Ethics Committee (HREC) Bellberry Limited on 3 May 2023 (application ID: 2022-12-1408). Bellberry Limited is a national, private not-for-profit organisation providing scientific and ethical review of human research projects across Australia.

Risk mitigation strategies were developed as part of the overall ethics application, given the inclusion of individuals with lived experience of family violence, and given the sensitive nature of this Review topic. All interviewees and focus group participants were provided with the Ethical Research Protocol developed during Stage 1 of the Review. ShantiWorks counselling service was engaged for 24 hours post-interview to provide immediate counselling and debriefing support to those who identified as victim survivors when engaging with the Review. Victim survivors who identified as being of Aboriginal or Torres Strait Islander background were offered the option of receiving counselling and debriefing support from Yarning Safe and Strong. A range of further options for wellbeing support were also offered following interviews and focus groups.



### 3.3.1.3 Privacy considerations

As part of the Review, *Allen + Clarke* in conjunction with FSV completed a Privacy Impact Assessment (PIA). The PIA constituted an important component in the protection of privacy and formed part of the overall risk management and planning processes for this Review. The PIA was developed in accordance with the *PIA Guidelines* issued by the Office of the Australian Information Commissioner to ensure that the Review abides by the [Privacy Act 1988](#) (Cth) and the [Privacy and Data Protection Act 2014](#) (Vic).

The PIA was conducted with reference to the 10 Information Privacy Principles listed in Schedule 1 of the [Privacy and Data Protection Act 2014](#) (Vic). The assessment included a detailed analysis of the potential risks and impacts to privacy from information obtained from stakeholders involved in the project, as well as mitigation measures put in place throughout the Review.

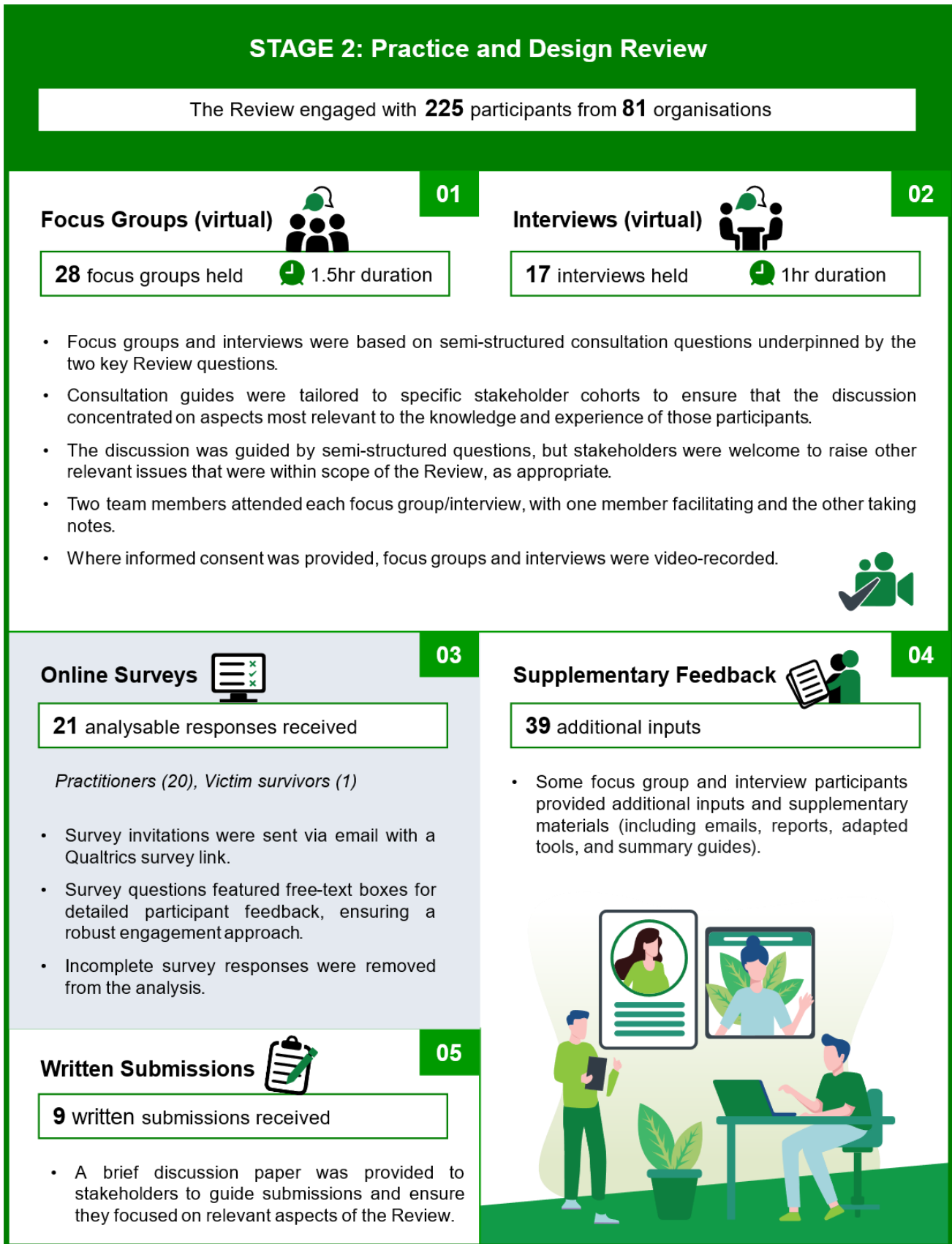
### 3.3.1.4 Stakeholder participation methods

Stakeholders had the opportunity to participate in the Review via several different mechanisms at various phases of the Review. **Figure 4** and **Figure 5** outline the data collection for Stage 2 and Stage 3 of the Review, respectively.

Some participants engaged in the Review at multiple points. Ten Survivor Advocates participated in the Review, nine of whom had undergone MARAM risk assessments. Demographic data revealed a cross-section of participating Survivor Advocates including individuals from different age groups, living with disability, living rurally/remotely, identifying as Aboriginal or Torres Strait Islander, identifying as non-binary, born outside Australia, speaking a language other than English at home, and/or practicing a religion.

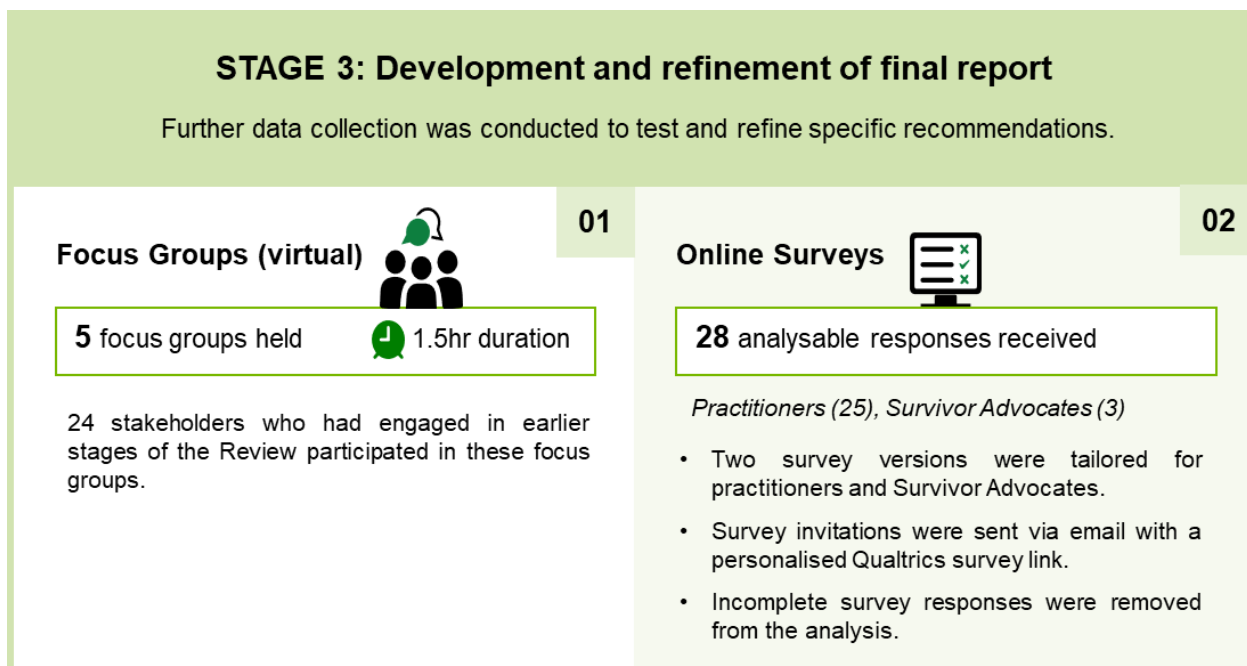


Figure 4. Data collection for Stage 2 of the Review





**Figure 5. Data collection for Stage 3 of the Review**



## 3.4 Data analysis and synthesis

### 3.4.1 Coding approach

Findings from stakeholder consultations, including interview and focus group notes and written submissions, were coded thematically in NVivo Pro, a qualitative data analysis software. The Review Team developed an initial coding framework based on key themes reflected in the Review Questions, the project scope, and the content of those MARAM resources which were in scope of the Review. This initial Framework was refined, and sub-themes added as patterns of commonality and importance emerged through the coding process.<sup>4</sup>

### 3.4.2 Synthesis

The Review Team reviewed the coded data across a range of dimensions (for example, by stakeholder type and sector) to identify affinities, patterns and recurring themes. These findings were then filtered by relevance and importance and mapped onto the Review Questions.

<sup>4</sup> This framework was shared with FSV so that it can be referenced in future reviews.



## 3.5 Review timeline

The Review was undertaken over three stages, from November 2022 to November 2023:

- Stage 1: Project inception and planning (November 2022 – December 2022)
- Stage 2A: Review of the evidence (December 2022 – March 2023)
- Stage 2B: Practice Review and Design Review (May 2023 – June 2023)
- Stage 3: Develop and refine draft report and recommendations (July 2023 – November 2023).

## 3.6 Limitations

### *Literature Review limitations*

Most of the literature and research focused on women and children, consistent with the well-established prevalence of family violence perpetrated by men against women and children. The Review found limited research relating to relationships across all communities and identities, and people of all genders.

Evidence in the current literature on the use of SPJ in the family violence context is still emerging, with current research suggesting that there is a gap in relation to how risk assessments inform risk management practices.

The majority of the literature reviewed focused on risk assessment tools for family violence or Intimate Partner Violence (IPV) in a general sense, rather than defining the outcome of interest specifically as risk of recidivism or homicide. With regard to risk assessment tools, there was a paucity of research on which instrument characteristics (for example, specific instrument or length of instrument) were associated with predictive validity.

In the literature considered for the literature review, the Review team did not find evidence on:

- the use of sexual violence in non-intimate partner family violence contexts
- the use of sexual violence by adults using violence towards their own children or non-biological children of their partner.

There was also a gap in the literature in relation to:

- children as victim survivors in their own right
- children across diverse communities and identities, with the exception of two research reports produced for FSV to inform the development of the Child and Young Person-focused MARAM practice guidance (Fitz-Gibbon, McGowan, et al., 2023; Fitz-Gibbon, Stewart, et al., 2023) and the recent Australian Child Maltreatment Study (Haslam et al., 2023), highlighting the need for further research in these areas.

In the literature reviewed, there was limited evidence about best practice screening, identification, assessment and management for children with disability.





### *Practice and Design Review limitations*

As many stakeholders did not have a high level of familiarity with the content of different MARAM resources (due to issues addressed in this Report), assessing the extent to which the MARAM Framework policy document and practice guidance was supporting professionals to accurately identify, assess and manage family violence risk (as required by the practice and design review) had some challenges. This was addressed by analysing stakeholder responses against the documents in scope and analysing the issues underpinning a lower level of familiarity with MARAM content.

The Review methodology anticipated the recruitment of victim survivors through interviews with stakeholders from workforces (by asking practitioners to identify victim survivors who have received services from their organisation and were potentially able and interested in participating in the Review). This option was not taken up by any victim survivors during the course of the Review. Nevertheless, the Review engaged with a number of Survivor Advocates who were able to provide first-hand insights into MARAM risk assessment and management.



## 4.0 REVIEW TOPICS

In this section, key topics in the MARAM 5-year evidence review are presented as they relate to the two Review questions. The key topics were drawn from matters identified by FSV as in scope for the Review. Topics include:

1. the conceptualisation of family violence
2. risk assessment and risk management approaches
3. inputs into risk assessment and management
4. supporting risk assessment and risk management
5. risk factors and presentation of risk
6. intersectionality, diversity and inclusion
7. children.

Whilst it is acknowledged that intersectionality forms a key component of each of the other topics in scope for the Review, it has been separated out as an individual topic to allow for deeper discussion and analysis.

In considering each of the Review topics, the Review Team considered:

- how these matters are currently reflected in MARAM (to ensure an accurate understanding of the status quo)
- evidence of best practice (as revealed through the literature review and stakeholder consultation)
- how MARAM supports practitioners and victim survivors in relation to these matters (as discovered through stakeholder consultation and documentation in MARAM resources).

Discussion of each topic draws on each of the data sources that informed this Review, including relevant documentation and literature as well as stakeholder engagement. When conclusions have been drawn based on stakeholder input, this has been clearly articulated.



## 4.1 Conceptualisation of family violence

This section addresses the conceptualisation of family violence within the literature, among professionals within the sector, and among victim survivors, focusing on the current understanding of family violence and of the different forms of family violence that may be experienced across communities.

### 4.1.1 Current understanding and forms of family violence

#### 4.1.1.1 Forms of family violence

MARAM uses the definition of family violence as set out in section 5 of the [Family Violence Protection Act 2008](#) (Vic), which relates to violence that occurs in family, domestic or intimate partner relationships. This definition includes violence within a broader family context, such as extended families, kinship networks and communities.

The [Family Violence Protection Act 2008](#) (Vic) defines family violence as behaviour by a person towards a family member of that person that:

- is physically or sexually abusive
- is emotionally or psychologically abusive
- is economically abusive
- is threatening
- is coercive
- in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.

The definition also includes behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of behaviour referred to in these ways.

From this definition of family violence, risk factors determine the forms and presentations of risk of family violence (across relationship types and identities/communities) which are then identified through assessment.

The Victorian Indigenous Family Violence Task Force and the Dhelk Dja definitions of family violence incorporate family violence which occurs as:

- physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses
- abuses within families, intimate relationships, extended families, kinship networks and communities
- one-on-one fighting
- abuse of Indigenous community workers



- self-harm, injury and suicide
- elder abuse
- the use of lateral violence within Aboriginal and Torres Strait Islander communities
- spiritual and cultural perpetration of violence by non-Aboriginal people against Aboriginal partners which manifests as exclusion or isolation from Aboriginal culture and/or community (Dhelk Dja Partnership Forum, 2018).

A report commissioned by Australia's National Research Organisation for Women's Safety Limited (ANROWS) in 2018 provides a non-exhaustive list of common categories of domestic and family violence as follows (Backhouse & Toivonen, 2018):

- physical violence: for example slapping, hitting, punching, pushing, choking, burning and use of weapons
- sexual violence: including rape, sexual assault, sexual harassment, forced prostitution, human trafficking, image-based abuse and reproductive coercion
- psychological and emotional abuse: including intimidation, humiliation, and the effects of financial, social and other non-physical forms of violence
- coercive control: including social isolation, financial abuse, monitoring movements online and/or offline
- social violence: such as controlling or limiting victim survivors' social activities and relationships with friends and family and preventing victim survivors from accessing support
- financial violence: including control of victim survivors' access to finances, for example welfare theft, preventing the victim survivor from work or study and dowry-related abuse
- spiritual violence: including ridiculing or preventing victim survivors' practice of faith or culture and/or manipulating religious and spiritual teachings or cultural traditions to excuse violence
- technology-facilitated abuse: including the use of text, email or phone to abuse, monitor, humiliate or punish, or threats such as to distribute private photos/videos of victim survivors of a sexual nature.

Non-fatal strangulation was frequently discussed as a feature of family violence in the literature reviewed (Haag et al., 2022; Ringland, 2018; Spencer & Stith, 2020). It is also listed as an example of physical violence in a report commissioned by ANROWS (Backhouse & Toivonen, 2018), in the National Principles to Address Coercive Control in Family and Domestic Violence (Attorney-General's Department, 2023), and as a risk factor for intimate partner homicide in the National Plan to end Violence against Women and Children (Department of Social Services, 2022).



Strangulation/choking is not specifically referred to in the examples provided in the Victorian legislative definition of family violence,<sup>5</sup> but it is noted that the Victorian government has recently introduced the Crimes Amendment (Non-Fatal Strangulation) Bill 2023 which aims to create two new offences of non-fatal strangulation, by broadening the legislative definition of family violence to include terms relating to strangulation (Victorian Law Reform Commission, 2023).

Strangulation/choking is referred to in the MARAM Framework Policy document, Practice Guides and tools: it is identified as a serious risk factor linked to lethality, is included in the definition of coercive control, and is discussed in the context of acquired brain injury (ABI) as a result of family violence and is included in all Assessment tools (Family Safety Victoria, 2021).

Several stakeholders noted that MARAM needs to be updated to reflect emerging trends of family violence used by adults using violence, such as substance use coercion.

“*Substance use coercion is not accounted for; this is a missed opportunity from the specialist family violence sector and broader service system to better understand the intersection between family violence and alcohol and other drugs, and how substance use can be used as a tactic of coercive control. A better understanding of substance use coercion – where victim survivors are pressured, forced or coerced into taking substances – would build up an evidence base to better support other victim survivors who present with similar scenarios.*”

– **Peak body (written submission)**

“*It [substance use coercion] cuts in a lot of different directions both from him and the way in which he uses drugs and alcohol to induce fear and the way in which he uses it against her as well, or the role of substance use coercion as part of the tactics of violence and control... It should be in there [MARAM] because of the ways in which substance use increases the severity of violence.*”

– **Academic**

Substance use coercion is addressed in the National Principles to Address Coercive Control in Family and Domestic Violence, which notes that an adult using violence may pressure a victim survivor to take substances, block access to or sabotage treatment, or deliberately withhold substances so the person goes into withdrawal (Attorney-General’s Department, 2023).

Several stakeholders also noted that technology-facilitated abuse is not well captured in MARAM as a way in which family violence may present, and more information and guidance

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<sup>5</sup> See section 5 of the [Family Violence Protection Act 2008](#) (Vic).



should be included (particularly in relation to sexual violence, where recordings contribute to the furthering and extension of violence, making it an ongoing harm).

The [Family Violence Protection Act 2008](#) (Vic) definition of family violence does not specifically refer to technology-facilitated abuse. Currently, technology-facilitated abuse (including on social media, surveillance technologies and apps) is noted in the MARAM [evidence-based risk factor table](#) as a type of stalking. The Safety Planning tools contain some questions relating to technology and the Practice Guides contain some guidance to support asking about technology-facilitated abuse. The risk assessment tools themselves however do not contain detailed questions to explore technology-facilitated abuse. Suggestions from stakeholders included:

- building on the core principles of technological safety planning already within the practice guidance. This should also cover how children’s devices are often targeted for technology-facilitated abuse
- expansion of questions within the Risk Assessment tools around controlling and tracking behaviours in relation to location and technology. This should include whether the location services on a victim survivor’s devices are turned on, and whether applications which can be used to track a victim survivor have been installed.

Stakeholders commented:

“We’re moving away from control through physical violence to control through a range of other means. And technological abuse allows that controlling aspect. So the women and children are constantly under surveillance which means that the space for action – which is what women want, and children want – has been curtailed and it doesn’t require physical violence.”

– **Academic**

“We know that technology is playing an increasing role in the way sexual violence is facilitated, even in that context of ... seemingly consensual sex in the context of a coercive relationship...I think what MARAM doesn’t capture is that tech abuse plays a constant role in the cycle of violence in the home. And yet we continue to fail to recognise how serious it is.”

– **Academic**

Stakeholders also noted that MARAM does not yet capture evidence around some “personal disasters” such as gambling loss, the loss of a house during a natural disaster, or points of escalation in relation to sports and gaming. While the Review did not find evidence in the literature of escalation of risk in relation to these personal disasters (beyond findings in relation to the COVID-19 pandemic discussed below at [4.1.1.4](#)), stakeholders highlighted the need to include more guidance in MARAM around these points of escalation. Stakeholders also noted





that care should be taken not to frame these events as excuses for the behavioural choices made by an adult using violence.

Stakeholders also raised the lack of explicit questions in MARAM tools regarding emotional and psychological abuse (verbal abuse, insults, manipulation, and/or gaslighting). As most of the questions either directly or implicitly relate to physical violence, victim survivors who have not experienced physical abuse may feel their experience is not as serious given the dominant focus on physical violence. Some stakeholders recommended the inclusion of more questions around emotionally abusive behaviours, such as an adult using violence telling a victim survivor to die by suicide, noting its cumulative impact when repeated over time. A Survivor Advocate also indicated the need to acknowledge that victim survivors can be self-blaming and may respond in the negative to questions about physical abuse.

#### 4.1.1.2 Gendered nature of family violence

Several stakeholders suggested that a gendered/feminist approach and a focus on IPV sits in tension with the aim of MARAM to support an intersectional lens. MARAM notes that family violence is deeply gendered, whereby the majority of adults using violence are men, and the majority of victim survivors are women and children. Given the availability of evidence, the framing of the MARAM Framework policy document is largely based on data relating to heterosexual relationships. Despite growing research on family violence in other types of relationships, much of the research over the last 5 years has still centred on women and children's experiences of family violence from men.

Importantly, the MARAM Foundation Knowledge Guide acknowledges that family violence manifests in various forms and occurs in a range of relationships, including outside of intimate partner relationships. It notes that dominant gendered drivers, social norms, and culture produce societal conditions and attitudes that influence perpetrators' use of family violence across relationship types, identities, and communities. The importance of considering the victim survivor as a whole person and adopting an intersectional lens when assessing how the perpetrator is targeting their family violence behaviours is emphasised. This is particularly important given that the perpetrator may target the different identities and experiences of a person, and presentations of risk will differ across communities (Family Safety Victoria, 2021).

In agreement with current literature, MARAM makes reference to the broad definition of family violence and 'family' or 'family-like' relationships conceptualised in the [Family Violence Protection Act 2008](#) (Vic). Despite this, stakeholders noted that the focus in MARAM on IPV and a reliance on heterosexual data were perceived to obscure child safety risks and family violence among LGBTIQ+ people, Aboriginal and Torres Strait Islander people (and their conception of extended family groups), male victim survivors, adult children using violence against a parent, elder abuse, abuse between residents in residential care, parent-child violence, and sibling violence. This has resulted in some practitioners having difficulty using MARAM tools to determine the level of risk across all relationship types, with some doubting the applicability of the tools across all relationship types.

#### 4.1.1.3 Terminology

Some stakeholders also suggested that the terminology used in MARAM may require revision. For instance, it was noted that not all victim survivors prefer to be called "survivors" over





“victims”. Some victim survivors do not want to be defined by the violence they have experienced. Other suggestions were that terms such as “users of violence”, and “adolescents who use unsafe behaviours” are more trauma-informed than the terms “perpetrators” and “adolescents who use violence in the home”. Some stakeholders believed the former better acknowledges the prevalence and experiences of adolescents as victim survivors. Discussion and recommendations relating to terminology are revisited throughout this Report, particularly in [section 4.6](#).

#### 4.1.1.4 Family violence during the COVID-19 pandemic

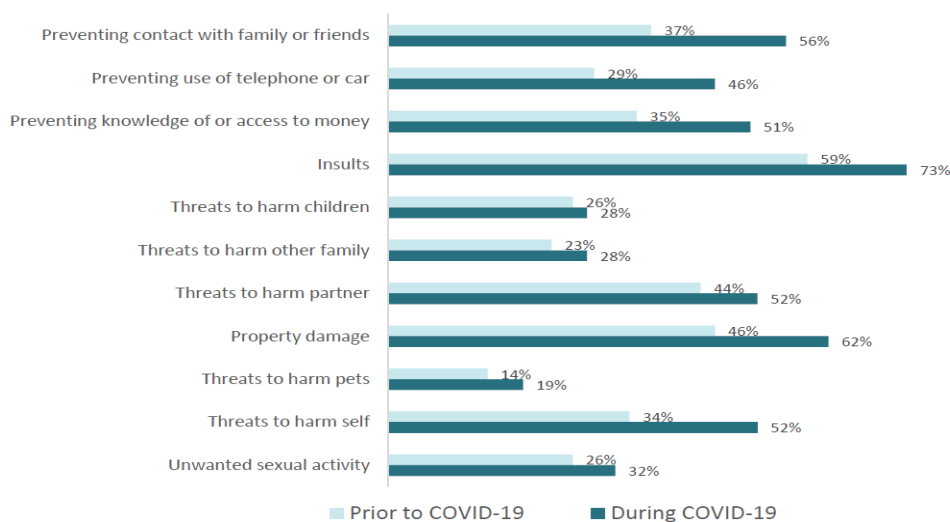
The number of family violence reports recorded by Victoria Police increased by 6% from 82,205 in 2019-20 to 93,440 in 2020-21. During June and October 2020, as lockdowns eased, the number of family violence reports and family violence related criminal offences recorded by police was statistically higher than would be expected based on historical trends (Crime Statistics Agency Victoria, 2021).

Recent research found that during the COVID-19 pandemic, the highest proportion of reported forms of family violence and abuse included:

- insults with the intent to shame, belittle or humiliate (73%, cf. 59% prior to COVID-19)
- damage or destruction to property (62%, cf. 46% prior to COVID-19)
- preventing or attempting to prevent contact with family or friends (56% cf. 38% prior to COVID-19) (McCann et al., 2023).

As **Figure 6** outlines, there is a reported increase in different presentations of family violence and abuse during the COVID-19 pandemic. Figure 6 is based on survey responses of 208 sector professionals from organisations that provided support and services to people who experienced family violence or used family violence during the pandemic in Victoria.

**Figure 6. Types of family violence/abuse experienced by sector survey respondents**



Source: (McCann et al., 2023).





Growing literature has examined how adults using violence leveraged the COVID-19 pandemic as a tactic of abuse. Pfitzner et al. (2020) reported findings from a survey which sought to capture the voices and experiences of practitioners responding to women experiencing violence during the COVID-19 shutdown in Victoria. The study found that adults using violence exploited the COVID-19 pandemic restrictions and threat of COVID-19 infection to restrict women's movements, gain access to women's residences, and coerce women into living with them if they typically resided separately. Some adults using violence used COVID-19 related restrictions as a pretext to further control women, particularly around custody or shared care arrangements for children (who were home-schooled during that time), such as by threatening to call the police if women did not let adults using violence have their children for more days and demanding to move into a victim survivor's home (Pfitzner et al., 2020).

Overall, recent research indicates that adults using violence weaponised the global health crisis and associated restrictions as a means of control (McCann et al., 2023). The research emphasised the intensification of existing, and development of new, ways that family violence and abuse presented during the pandemic. For instance, during the COVID-19 pandemic, particularly during lockdowns, the difficulties and complexities of victim survivors' needs and safety made it easier for adults using violence to use coercion and control. This includes the leveraging of certain types of government-supported assistance, such as access to superannuation or availability of JobKeeper payments; manipulation around border or travel restrictions and stay-at-home requirements; the use of the COVID-19 virus itself as a form of coercive control against family members (including exposing children to COVID-19 "hotspots" and knowingly trying to infect family members when COVID-positive); and using decisions about vaccinations as a way to assert control, particularly over children (McCann et al., 2023). Given the relative recency of the COVID-19 pandemic, these specific manifestations of family violence have not yet been incorporated into MARAM (noting that MARAM's COVID practice notes are not in scope of this Review). In revising MARAM to include such manifestations of family violence, consideration will need to be given to doing so in a way that does not limit other presentations that may occur based on different kinds of community disasters.

Given that factors observed during the COVID-19 pandemic, such as increased physical proximity to adults using violence, economic stress, unemployment, housing instability, trauma, and grief are presentations of existing evidence-based risk factors and documented factors linking large-scale disasters and family violence (McCann et al., 2023), some of the abusive behaviours witnessed during the pandemic may also apply to situations of natural disasters and other emergencies, although further research is required to ascertain this. The MARAM Foundation Knowledge Guide includes some guidance on family violence at the time of or following natural disasters and community-wide events. Further questions have also been added to the online versions of the tools to include risk assessment at the time of community-wide events, such as bushfires, pandemics, floods, or other statewide or local issues.

#### **4.1.1.5 Family violence in LGBTIQ+ relationships**

Data from the largest LGBTIQ+ health and wellbeing study in Australia revealed that 60.7% of participants reported experiencing some form of IPV, 43.2% reported experiencing some form of family-of-origin violence, and 48.6% of participants reported having experienced sexual assault, with the majority being perpetrated in the context of IPV and family-of-origin violence. Cisgender women, trans men and non-binary participants were the most likely to



report experiencing family-of-origin violence and/or IPV. Moreover, LGBTIQ+ people with disability were 1.5 times more likely (than those with no disability) to experience family-of-origin violence and were more likely to experience IPV (Lusby et al., 2022).

Although consideration of the male-perpetrator/female-survivor dynamic is important when responding to family violence in hetero/gender-normative relationships, it may obstruct effective understanding of the high prevalence of family violence specifically among LGBTIQ+ people and impede help-seeking and support (Reeves & Scott, 2022). While there are common forms of violence shared by LGBTIQ+ communities with cisgender heterosexual people, LGBTIQ+ individuals may experience specific forms of family violence such as outing,<sup>6</sup> closeting,<sup>7</sup> and discrediting of identity by targeting physical changes and props that LGBTIQ+ individuals may classify as important to their identities (Reeves & Scott, 2022). Trans and gender diverse people may also face unique forms of violence, such as withholding of transition-related hormones, being forced to conform to a certain performance of gender, and having identity-affirming prosthetics or clothes hidden or destroyed (Reeves & Scott, 2022).

Forced conformance and hiding or destroying gender or identity-affirming prosthetics or clothes are not explicitly listed as LGBTIQ+-specific forms of violence in MARAM. MARAM does acknowledge that people from LGBTIQ+ communities face particular forms of violence, including outing, perpetrators controlling a victim survivor's access to hormones and medications to deny their gender affirmation or transition (Family Safety Victoria, 2021). Further, the MARAM Framework policy document notes that LGBTIQ+ communities comprise a wide variety of experiences and should not be treated as a single homogenous group.

#### 4.1.1.6 Elder abuse

Elder abuse is a recognised presentation of family violence under MARAM and the [Family Violence Protection Act 2008](#) (Vic), whereby all forms of risk can be present, or present in different ways. Australian Institute of Family Studies findings state that one in six older Australians are experiencing some form of abuse (Qu et al., 2021), while Senior Rights Victoria states that around 4–6% of older people experience elder abuse (Senior Rights Victoria, 2021). Recent evidence indicates that elder abuse may occur across a diverse range of socioeconomic circumstances, cultures, and demographic populations (Blundell & Warren, 2019).

Elder abuse may include physical abuse, sexual abuse, neglect, psychological abuse, and financial exploitation, and victims of elder mistreatment often experience multiple types of abuse concurrently (Dash et al., 2021). The adult using violence is often the victim survivor's adult child but may also include extended family members or unpaid carers (such as a family member). As noted in MARAM, older people are at particular risk of experiencing family

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<sup>6</sup> Outing is the act of disclosing an LGBTIQ+ person's sexual orientation or gender identity without that person's consent.

<sup>7</sup> Closeting is keeping someone's LGBTIQ+ sexuality or gender identity hidden from many (or any) people.



violence that may include any form or range of abusive behaviours (Family Safety Victoria, 2018).

Recent research notes that gendered patterns are evident in some subtypes of elder abuse and in the profile of adults using violence, whereby women are more likely to experience most types of elder abuse including psychological abuse and neglect, and men outnumber women as adults using violence by 10 percentage points, although the prevalence of financial abuse is similar between men and women (Qu et al., 2021). MARAM notes that women remain over-represented as victim survivors of elder abuse generally, but more men experience abuse as an older person than in other contexts. MARAM also acknowledges that the profiles of adults using violence can also differ, where for example, women are more likely to be the adult using violence in situations of intergenerational abuse than in other contexts.

Financial abuse is more common for people with dementia, which is growing in prevalence among older Australians. Notably, dementia is the most significant factor in cases of financial exploitation and caregiver neglect (Moore & Browne, 2017). On this topic, the MARAM Framework policy document notes the higher prevalence of economic or financial abuse, often arising from a sense of entitlement from an adult child or carer. Further, the MARAM Framework policy document emphasises that professionals working with victim survivors of elder abuse should be aware that older people may be dependent on the perpetrator and may be concerned about the consequences of disclosing family violence, such as isolation and a loss of dignity or freedom (Family Safety Victoria, 2018). However, MARAM does not explicitly note the link between financial abuse and dementia.

#### **4.1.1.7 Family violence in First Nations communities**

There is extensive evidence that Aboriginal and Torres Strait Islander women are disproportionately affected by family violence. Compared to non-Indigenous women, First Nations women are 32 times more likely to be hospitalised due to family violence in Australia (Australian Human Rights Commission, 2022a).

IPV also contributes more to the burden of disease among First Nations women aged 18-44 years compared to any other risk factor, including smoking, alcohol and obesity (Backhouse & Toivonen, 2018). A 2022 Australia's National Research Organisation for Women's Safety (ANROWS) report revealed a significant overrepresentation of Aboriginal and Torres Strait Islander peoples in the dataset of IPV homicides in Australia between 2010 to 2018, as both homicide victims and offenders (Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety, 2022). This is consistent with the MARAM Framework policy document's emphasis that Aboriginal and Torres Strait Islander peoples, particularly women and children, are disproportionately affected by family violence, including from family members who are not Aboriginal or Torres Strait Islander, with forms of violence extending to those elements captured in the Victorian Indigenous Family Violence Task Force's definition of family violence, including one-on-one fighting, abuse of Indigenous community workers, self-harm, injury and suicide (Family Safety Victoria, 2018).

The drivers of family violence among Aboriginal and Torres Strait Islander peoples differ from those for non-Indigenous people and include not only gender inequality but also the ongoing



impacts of colonisation and racism. Violence perpetrated against First Nations women must be understood through the lens of the historical and ongoing impact of colonisation and trauma, including the dispossession of land, separation of families and communities, ongoing marginalisation from racism and discrimination and, in particular, the forcible removal of children. These factors are strongly linked with the experiences of family violence and act as both cause and effect of intergenerational trauma and violent behaviours (Australian Human Rights Commission, 2022a). This highlights that the intersectional lens, in addition to the gendered lens, is essential in understanding this experience. In line with this, the MARAM Framework Principles acknowledge that services and responses provided to people from Aboriginal and Torres Strait Islander communities should recognise their right to self-determination and self-management, take account of their experiences of colonisation, systemic violence and discrimination and recognise the ongoing impacts of historical events, policies and practices (Family Safety Victoria, 2018).

#### 4.1.1.8 Forced marriage within culturally and linguistically diverse communities

In Victoria, forced marriage has been included as an example of family violence within the [Family Violence Protection Act 2008](#) (Vic) based on a recommendation made by the Royal Commission.

Within the Royal Commission's recommendations, forced marriage is framed as family violence experienced by women in some culturally and linguistically diverse communities. Other practices that are also considered to be specific to culturally and linguistically diverse communities include female genital mutilation and dowry-related violence. The Royal Commission noted that 'these forms of abuse are not readily recognised as constituting family violence' (State of Victoria, 2016).

Monash University has undertaken Australian-based research examining the impact of including forced marriage as a form of family violence in the Victorian legislation, with a focus on understanding and mapping the current service design and provision for those seeking support (Tan & Vidal, 2023). The research report highlighted three key findings:

- forced marriage is considered a form of family violence by family violence practitioners and service providers across Victoria
- forced marriage is predominantly understood and responded to as "at-risk" behaviour, with interventions focusing on children and young people who are not yet forced into marriage but face imminent or immediate risk
- forced marriage predominantly impacts individuals from culturally and linguistically diverse, and newly arrived migrant communities.

As noted in the report, the inclusion of forced marriage within MARAM marks a major departure from the CRAF and provides a systematic framework through which the occurrence of forced marriage can be detected. However, the report indicated that MARAM's potential to support practitioners in casework practice remains in its infancy, and more research is required to confirm how well MARAM is translating into practice in relation to forced marriage (Tan &





Vidal, 2023). In addition, there is a need to consider the intersections of gender, poverty, sexuality, and immigration policies (in addition to religion and ethnicity) when dealing with forced marriage. In MARAM, the question relating to forced marriage is categorised under questions for people identifying as coming from culturally and linguistically diverse and faith communities. Tan and Vidal (2023) highlighted the need to review and broaden the assessment and identification of forced marriage in MARAM beyond association with culturally and linguistically diverse communities, but this was not raised by stakeholders.

Stakeholders highlighted that MARAM lacks information on forced marriages and homicides where the adult using violence justifies their actions by claiming that the victim has brought dishonour upon the family name or prestige (shame killings). Although the Practice Guides contain an explanation of forced marriage, there is a paucity of information on shame killings, and limited guidance on how to explore questions about these forms of family violence. In this regard, there is scope for expanding guidance and questions on forced marriage and shame killings within the Practice Guides and Risk Assessment tools.



## Recommendation 1

01

### Update MARAM's conceptualisation of family violence and presentations of risk across communities in the MARAM Framework policy document, practice guidance and tools, in line with new evidence

**This includes:**

- considering a revision of terminology to support a trauma-informed approach. This may include revision of the terms 'victim survivor', 'perpetrator', and 'adolescent using violence'
- ensuring that children and young people's experience of family violence, across all identities and communities, is adequately reflected in MARAM
- ensuring MARAM reflects emerging trends of presentations of coercive control, such as substance use coercion and technology-facilitated abuse
- incorporating the way that family violence may manifest in a public health emergency or natural disaster situation
- noting the potential link between financial abuse and dementia
- consideration of questions in MARAM tools on forced marriage and shame killings (including the intersections of gender, poverty, sexuality, and immigration policies) as well as more information in relation to these concepts in the practice guidance
- considering providing further practice guidance (or questions in MARAM tools) in relation to matters such as:
  - 'personal disasters' including gambling loss or points of escalation in relation to sports and gaming
  - core principles of technological safety planning (including by providing guidance on how children's devices are often targeted for technology-facilitated abuse, and expanding questions about controlling and tracking behaviours in relation to location and technology)
  - clear examples of verbal abuse, insults, manipulation, and/or gaslighting in the questions relating to emotional and psychological abuse.





## 4.2 Risk assessment and management approaches

This section details current evidence from the literature for best practice approaches to risk assessment and risk management, the approach adopted by MARAM, and stakeholders' views.

### 4.2.1 Risk assessment overview

Risk assessments are an ongoing process that inform appropriate safety planning strategies to mitigate risk. There has been a shift to using risk assessments not just to merely predict risk, but also as a guide to case formulation and management recommendations (Youngson et al., 2022).

MARAM is widely regarded by stakeholders as providing an improvement (from CRAF) in risk assessment practices. Several stakeholders agreed that MARAM has helped to support how family violence risk assessment is performed in their organisations. In one stakeholder's words:

“ I would say overwhelmingly...people say that it is better [...than...] the CRAF days...we are capturing more information, it's more risk relevant and our risk assessments are more sophisticated.”

- *Peak body*

Broadly, stakeholders acknowledged that MARAM has facilitated risk assessment by:

- providing practitioners with guidance in identifying and responding to family violence
- providing a common framework for use by frontline staff to refer to and identify, measure and assess risk
- improving communication across services due to enhanced information sharing. However, some Survivor Advocates noted the need for a greater emphasis on breaking down silos
- mitigating the need for clients to retell their stories due to information sharing (though it was noted that this is still happening)
- improving the standardisation and consistency of the understanding of family violence across the system
- providing formality and structure for risk assessments
- establishing a baseline of practice for risk assessments and how to support staff to implement this
- enabling practitioners to more effectively identify patterns and types of family violence that are occurring.



MARAM's fourth Principle requires the agency, dignity, and intrinsic empowerment of victim survivors to be respected by partnering with them as active decision-making participants in risk assessment and management. There was however a broad sentiment among Survivor Advocates that their experience of risk assessments did not sufficiently respect victim survivor choice and agency. Some Survivor Advocates noted that repeated questioning and undergoing multiple risk assessments can feel invasive, confronting, and traumatising, especially in an environment where rapport is not yet established, and they are unclear about where the information will go once it is provided. Survivor Advocates emphasised the need for greater clarity about where the information they provide goes, how to revise it, and how to obtain a copy of the risk assessment.

In relation to MARAM's direction to undertake risk assessment when safe, reasonable, and appropriate, stakeholders emphasised the need for guidance for practitioners about *when* it is safe, reasonable, and appropriate to undertake a risk assessment for all victim survivors (both adults and children/young people), and when it is not. One view among some stakeholders was that currently, completing the assessment as a matter of process is prioritised over emotional and psychological safety. Some Survivor Advocates commented that the experience of having a MARAM risk assessment was that it seemed to occur quickly at the start, before victim survivors were able to build a relationship with the service, and the experience was described by a Survivor Advocate as *"really confronting... It feels like there's not much dignity in those questions."*

The literature has highlighted the importance of professionals being trained and having a shared understanding of risk factors, and how these risk factors should be identified and managed (Backhouse & Toivonen, 2018). Of note, research has emphasised that having reliable and valid risk assessment tools is ineffective without a comprehensive and coordinated approach to implementation and education (Youngson et al., 2022). Research has also noted that risk assessments are improved by enabling individualised approaches to assessing and managing risk, continuing education and awareness, and strengthening interagency collaboration (Youngson et al., 2022). Further, the literature acknowledges the need for populations such as Indigenous and immigrant communities to have tailored and culturally appropriate responses that identify cultural differences and potential distrust of mainstream services (Youngson et al., 2022). This is discussed further in [section 4.2.3](#).

Several recommendations around family violence risk assessments are proposed in the literature, the most critical being that a structured, reliable, and validated instrument be used when conducting risk assessments (Youngson et al., 2022). Moreover, risk assessments should employ multiple methods and sources of information such as interviews with the adult using violence, the victim survivor, and other informants (for example, professionals involved with the family, other family members, friends, or co-workers). Furthermore, the literature notes that while risk assessments provide information on the nature, degree, and likelihood of risk, they may not cover all risk factors and circumstances, and should therefore not be used to "marginalize or minimise the concerns of those victims believed to be at lower risk" (Youngson et al., 2022, p. 427).



## 4.2.2 Risk assessment approaches

Approaches to conducting risk assessments are generally grouped into three categories: unstructured professional judgment; actuarial assessments; and SPJ. A summary of findings from the rapid literature review along with an analysis of stakeholder views is presented below. The full rapid literature review contains extensive information related to risk assessment approaches. It should be noted that much of the literature reviewed in relation to risk assessments was based on the justice sector and predicting the risk of reoffending. While reflections and parallels can be drawn from these studies, the literature highlighted the need for additional research in relation to the implementation of risk assessment approaches and tools in the family violence context (Jolliffe Simpson et al., 2021).

### 4.2.2.1 Unstructured professional judgment

Unstructured professional judgment (also referred to as unstructured clinical judgment) involves initial predictions of violence risk based on practitioners' subjective clinical evaluation and judgment and their own personal experiences (Garrington & Boer, 2020). This model requires a clinician to use their individual discretion about the level of risk based on the information available to them at the given time.

While unstructured professional judgment may provide advantages due to its flexible nature, criticisms include its limited accuracy, vulnerability to heuristics and biases, and poor documentation. Other limitations include the different levels of training and experience, susceptibility to bias, poor replication, and ambiguity. Accordingly, it has been concluded that "unstructured clinical judgment by itself is no longer a useful or necessary approach to appraising violence risk" (Heilbrun et al., 2010 as cited in Nicholls et al., 2013, p. 81). Indeed, the literature emphasises that unstructured professional judgments often do not predict future risk of violence with any degree of accuracy (Garrington & Boer, 2020). Due to the challenges and limitations of unstructured professional judgment, there has been a general shift towards more structured approaches to risk assessment (Youngson et al., 2022).

### 4.2.2.2 Actuarial approaches

Actuarial approaches to risk assessment use validated tools developed from empirically derived risk factors that are weighed and scored using explicit algorithmic rules (Youngson et al., 2022). Actuarial assessments employ statistical modelling and analysis of evidence-based data to predict outcomes of interest, such as the likelihood of lethal family violence occurring (Nicholls et al., 2013).

The actuarial approach addresses several drawbacks of unstructured professional judgment, including low reliability and validity. Actuarial assessments offer several strengths, including:

- improving the accuracy of decision making in the criminal justice system
- being scalable and offering more consistency than human judgment
- promoting transparent decision-making (assuming the systems code and methodology are made available)
- having adjustable parameters (McNamara et al., 2019).



Nevertheless, actuarial assessments have been criticised due to their inability to differentiate between levels of risk and limited ability to support planning and risk management (Douglas & Kropp, 2002; Lamb, Forsdike, et al., 2022; Nicholls et al., 2013; van Der Put et al., 2019). Further, actuarial tools optimised using a specific research sample lack accuracy upon cross-validation and there is a lack of practical use (for example, lack of attention to case-specific risk variables and a focus on prediction rather than management and prevention) (Nicholls et al., 2013).

A review of international tools for assessing family violence lethality as part of the development of MARAM found that there was an absence of universal standards for weighting actuarial tools. This finding was a crucial reason why the inclusion of an actuarial element in MARAM was rejected as there was no validated guidance to support the development of an evidence-based scoring or weighting (Lamb, Forsdike, et al., 2022). At a more fundamental level, actuarial assessments may seem counter-intuitive in the sense that optimal risk assessments based on actuarial approaches often force practitioners to make decisions which may be contrary to their own instincts, feelings, and experiences (Hilton, 2021).

During the Review, there were differing views among specialist family violence service providers with regard to actuarial tools, with some stakeholders noting that actuarial tools may be useful to guide risk assessment in universal services such as emergency departments, hospitals, disability services, and educational services. Other stakeholders suggested that actuarial tools are not useful for specialist family violence services as these services require a much more nuanced assessment than actuarial tools can provide.

#### **4.2.2.3 Structured professional judgment**

SPJ has some of the advantages of both unstructured professional judgment and actuarial approaches. SPJ requires the collection of information from a range of sources, including victim survivors, in a systematic way and the subjective assessment of the information at hand (Backhouse & Toivonen, 2018). This approach allows for professional discretion to be used, while also attempting to increase consistency and visibility of risk judgments (Douglas & Kropp, 2002).

Unlike actuarial assessments, SPJ does not rely on an algorithm to classify risk; instead, practitioners use their discretion to evaluate the relevance or significance of risk factors (Shepherd & Spivak, 2021). However, unlike unstructured professional judgment, the assessment provides some form of structure as it considers a number of identified evidence-based risk factors. SPJ does not remove the discretion of the practitioner, rather it attempts to provide consistency and visibility to the assessment of risk (Douglas & Kropp, 2002). SPJ has also been favoured for providing a logical, visible, and systematic link between risk factors and intervention (Douglas & Kropp, 2002; Garrington & Boer, 2020). The literature supports the ability of SPJ to conduct more tailored and individualised assessments than other approaches (Shepherd & Spivak, 2021). Some researchers have commented that the SPJ approach is ideally suited to a violence prevention paradigm, stating that a systematic identification of risk factors (particularly dynamic or changeable risk factors) enables management strategies to be tailored (Douglas & Kropp, 2002).



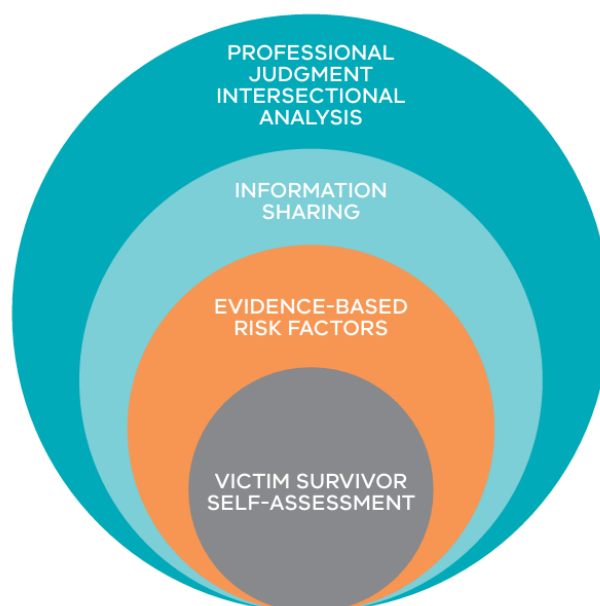
A further benefit of the SPJ model is its ability to incorporate positive practice and protective factors. The literature notes that risk assessment processes benefit from considering both protective factors as well as client strengths alongside risk (Lamb, Forsdike, et al., 2022). The ANROWS National Principles support this, stating that protective factors are part of evidence-based risk assessment (Toivonen & Backhouse, 2018). This is a further benefit of SPJ, as victim survivor self-assessments are likely to incorporate both risk and protective factors. While beneficial to include protective factors, a recent study demonstrated that of the risk assessment tools reviewed, only half included a victim survivor's own judgment as part of the risk assessment (Lamb, Forsdike, et al., 2022).

Overall, the reviewed literature suggests that SPJ remains a robust approach to assessing risk of family violence. Backhouse and Toivonen's recent research into national risk assessment principles for family violence concluded that of the three key approaches to risk assessment in both academic and practice-based literature, the SPJ approach to risk assessment and safety management remains the most effective approach in most circumstances of family violence (Backhouse & Toivonen, 2018).

### SPJ in MARAM

SPJ is used in MARAM as the practice model that underpins risk assessment to support the identification of risk, determination of the level of risk, and inform risk management responses (Family Safety Victoria, 2021). **Figure 7** shows the model of SPJ used in MARAM.

**Figure 7. Model of SPJ in MARAM**



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A key enabler of the SPJ model in MARAM is information sharing, as it supports professionals to share information to inform risk assessments (Family Safety Victoria, 2021). This approach is supported in the literature, which recognises that the collection of information from multiple sources is important, as studies have found that victim survivors may minimise their



experiences of violence and the potential that they may be seriously harmed or killed (Backhouse & Toivonen, 2018).

Most stakeholders reflected positively regarding the use of SPJ in MARAM, particularly the holding of victim survivors at the centre of risk assessments. SPJ was described by some stakeholders as the best decision-making model available for risk assessment and risk management. Nevertheless, stakeholders noted that an ongoing challenge to the model is to ensure the primacy of victim survivor narrative within an environment that is bureaucratic – given the template-based approach to risk assessment, the need to capture information in a template/tool, and an approach that often privileges information sharing over victim survivor narrative.

A key element of placing victim survivors at the centre of risk assessments in MARAM is asking victim survivors to assess their own sense of safety and risk. It is widely acknowledged in the literature that victim survivors are best placed to provide information when conducting risk assessments, as they understand their safety, risk factors and appropriate interventions and plans (Backhouse & Toivonen, 2018). This is supported by reports indicating that failure to listen to victim survivors' self-assessment of risk has led to missed opportunities to intervene to prevent the subsequent homicide (Backhouse & Toivonen, 2018). MARAM aligns with this approach, with victim survivor self-assessment being core to SPJ. Practically, this is supported by instruments across all levels of MARAM practice, including the Screening and Identification tool, Brief Risk Assessment tool, Intermediate Risk Assessment and Comprehensive Risk Assessment tool, which contain a dedicated self-assessment section with questions such as "From 1 (not afraid) to 5 (extremely afraid), how afraid of them are you now?" and "Do you feel safe when you leave here today?" (Family Safety Victoria, 2021).

Some stakeholders commented that the victim survivor self-assessment may be misunderstood or relied on too much by clinicians, circumventing the need to expand on the assessment. Some noted that the self-assessment may cause confusion, such as if a victim survivor discloses serious risk factors but then states that they are not scared. However, it was acknowledged that the MARAM Practice Guides do include some guidance on how to address this. The Practice Guides note that there may be occasions where a victim survivor's self-assessed level of risk or fear may not align with a practitioner's assessment of risk factors present and level of risk to a victim survivor or their children. Practice considerations in MARAM acknowledge that adult victim survivors are often good predictors of their own level of safety and risk, but some victim survivors may minimise their level of risk; for instance, if family violence has always been present in the relationship/s, it may have become 'normalised' and the victim survivor may be unable to accurately perceive the risks. MARAM Practice Guides also emphasise that professionals should be aware that some victims may communicate a feeling of safety or minimise their level of risk because they fear the consequences of disclosure, and/or due to the perpetrator's emotional abuse tactics creating uncertainty, denial or fear. The MARAM Practice Guides note that if this inconsistency arises, practitioners should sensitively enquire into a victim survivor's reasoning for the self-assessment, which may include the provision of information about the evidence base for risk factors, and the practitioner's concerns about risk level based on their SPJ-based assessment. In this regard, there is a caveat to relying on victim survivors' self-assessed level of risk, noting



that a victim survivor's self-assessment can be used to increase a practitioner's level of risk but should not be used to reduce the assessed level of risk in cases of minimisation.

MARAM (Responsibility 3: Intermediate Risk Assessment) notes that as part of the risk assessment, professionals should explore with victim survivors what protective factors are present for them (and any children). The MARAM Practice Guides define protective and stabilisation factors as factors that promote safety, stabilisation, and recovery and can help mitigate or reduce risk. These may include intervention orders, housing stability, financial resources, health responses, support networks, and responding to wellbeing needs (Family Safety Victoria, 2021). The literature notes that social support and access to help are protective against family violence (including IPV), and strong cultural connection is likely a protective factor for Aboriginal and Torres Strait Islander people and migrant and refugee populations (Backhouse & Toivonen, 2018; Spiranovic et al., 2021). Existing protective factors listed in MARAM, including connection and sense of belonging to community, social networks, and ability to access community, align with the protective factors identified in the literature (Family Safety Victoria, 2021).

Broadly, the SPJ model was considered by stakeholders to be helpful if used in a collaborative way (with a team of professionals) to inform practice, but several stakeholders indicated that risk assessment can be subjective and in the absence of such professional or organisational support, SPJ has shortfalls. One stakeholder from a specialist family violence service noted that certain questions needed to be reframed so that they elicit a more objective measure:

“*The question “seriously harmed” is a bit ambiguous because everyone’s assessment of that is different... Depending on the kind of violence they’ve experienced too, ...some people have lived with such significant violence for so long that what they consider serious violence may not be what someone else considers serious violence.*”

– **Specialist family violence service provider**

Stakeholders emphasised that it takes time for practitioners to gain experience and confidence in their professional judgments, and this is not something that can be learned from watching a video or reading a Practice Guide. In this regard, SPJ depends on the knowledge and experience of the workforce.

“*We’re all using Structured Professional Judgment to formulate risk - although I do find in practice that this can still lead to different judgments around risk between different agencies. So even though we’re all using that same framework for the assessment, different clinicians and different agencies will have a different assessment of the level of risk or the degree of risk.*”

– **Health sector stakeholder**



“ In a way it’s [SPJ] a formal term... for grassroots experience where you’re making a judgment based on what you have seen before and what you know can occur... It’s great that it’s being formally recognised in that way...it recognises that practitioner expertise and experience in a way that wasn’t formally recognised before.”

- Academic

Some stakeholders suggested that some inexperienced practitioners may jump to the conclusion that family violence is occurring based solely on the [evidence-based risk factor table](#) (Family Safety Victoria, 2021). The point was raised that having such definitive tables does not support a more nuanced understanding and cultural analysis of family violence. In agreement with this, other stakeholders suggested that too much focus on risk factors may allow for poor analysis of risk level because a contextual understanding of the relationship is missing. This highlights the need for practitioners to explore information specific to a person when conducting risk assessments, and to build familiarity with the Practice Guides (and not just the list of evidence-based risk factors).

The [levels of family violence risk table](#) within Responsibility 3 contains information about how to categorise risk, which was noted as useful for newer practitioners in supporting an accurate assessment of risk level. Further, appendices to the Risk Assessment tools provide detailed guidance on how risk factors may present across relationships and communities. Nevertheless, some stakeholders raised the need to have more direction of what “risk” looks like in different contexts. Some stakeholders suggested that there can be a disconnect between conducting a MARAM risk assessment and identifying risk factors, and being able to conceptualise in light of other protective factors what the risk actually is, synthesise these and determine the risk analysis or outcome. Moreover, while articulating the risk rationale is a requirement in the Risk Assessment tool, there is currently a lack of detail or information in the MARAM Practice Guides on how to develop a risk rationale, and some stakeholders noted the need for such guidance. Such guidance may need to more explicitly describe how practitioners should articulate their risk rationale based on the categorisation of risk level.

## Unconscious bias

Unconscious bias can impact SPJ and can contribute to misidentification of victim survivors. The MARAM Foundation Knowledge Guide notes that:

- misidentification of victim survivors may be more likely in certain circumstances, with victim survivors from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, people with disability, people identifying as trans and/or gender diverse, people with a mental illness, and people in same-gender relationships facing a higher risk of being misidentified
- some victim survivors may be misidentified when they have employed self-defence or violent resistance in response to the perpetrator’s pattern of violence and coercive control, to defend another family member, or where they experience communication barriers with the police or service providers







- practitioners should be mindful of their own biases and how these may contribute to their understanding of what a victim is “supposed” to look like. It also provides some guidance on unconscious bias in risk assessment and management and cites brief examples in relation to people with disability, older people, LGBTIQ+ communities, and culturally and linguistically diverse communities
- secondary consultation should be sought with specialists that work with particular community groups to support safe engagement and to inform practitioners’ understanding of interventions and their potential unintended effects.

Nevertheless, stakeholders underscored the need for more information on unconscious and conscious bias, and more guidance specifically for bilingual and bicultural staff. Some stakeholders suggested that case studies on how misidentification occurs, and its impact, could be useful in MARAM Practice Guides and learning aides. As noted by several stakeholders including from the health sector, LGBTIQ+ community and academics, MARAM could provide further guidance about situations where people are identified, or misidentified, as both victims of family violence and as adults using violence. This is particularly pertinent for adolescents or those who have a wide range of complex needs, which may result in misidentification. The Review Team understands that this issue is a key consideration in the children and young people-focused MARAM resources and materials, which are currently under development. Stakeholders noted that greater evidence and best practice advice regarding self-defence and protective mechanisms used by victim survivors may improve understanding of victim survivors being misidentified as the predominant person using violence.

Stakeholders also highlighted the need to explore emerging evidence on misidentification as a potential risk factor. While early work on addressing misidentification has commenced, there remains substantial work to do on both preventing and rectifying this. The National Plan to End Violence against Women and Children noted that Aboriginal and Torres Strait Islander women are too often being misidentified as adults using violence when they seek assistance (Department of Social Services, 2022). A 2017 review by the Queensland Domestic and Family Violence Death Review and Advisory Board demonstrated, of domestic violence-related deaths reviewed for the period 2015–17, 44.4% of women murdered due to family violence had at some point been misidentified as the adult using violence. In regard to the Aboriginal family violence cases reviewed, almost all had been misidentified (Nancarrow et al., 2020).

While the perpetrator-focused MARAM resources were out of scope of this Review, further detailed guidance, tools, and resources have been released to support in-depth practice in relation to accurate identification and remedying the consequences of misidentification. In addition, a recent report released by the FVRIM has proposed a suite of actions to address systemic misidentification. These actions encompass system-wide responses; actions for Victoria Police, courts and legal services, and child protection; and specific priority areas where existing efforts should continue to be strengthened (Family Violence Reform Implementation Monitor, 2021).



### 4.2.3 Cross-cultural risk assessment

It is critical that risk assessment approaches are applicable to Aboriginal and Torres Strait Islander communities and diverse cultural groups to ensure non-discriminatory practice. Growing evidence indicates that unique community and culture-specific contextual factors relevant to how risk factors present (such as connection to culture and community, experiences of racism, loss of cultural identity and community support, and the experiential sociohistorical realities of certain groups) may not be adequately considered within risk assessments (Shepherd & Spivak, 2021). This has initiated cultural re-modelling by developers of risk assessment tools, including additional risk items, amendment or greater specification of risk item content, improving cross-cultural knowledge of raters, and developing theory-driven explanations for offending (Shepherd & Spivak, 2021).

Alterations to facilitate cross-cultural application may improve cultural appropriateness at the cost of predictive validity, and vice versa. As highlighted by Shepherd & Spivak (2021), any amendments to risk assessment instruments or the development of new instruments should consider several issues, including:

- any changes to improve the face validity of an assessment may lower the predictive utility of the instrument for the intended cultural group
- addition of a culture-specific item to an existing mainstream risk instrument may simultaneously decrease accuracy for other cultural groups, or subgroups within a cultural group
- there has yet to be concrete evidence that practitioners with greater cross-cultural awareness conduct more accurate risk assessments
- subjective evaluation of cultural information is vulnerable to negative stereotypes and inferential biases, which may impact accuracy of risk assessment.

Accordingly, using a culturally appropriate tool that lacks scientific rigour, is inadequately tested, or yields less precision than existing mainstream instruments may inadvertently disservice the very groups it aims to assist (Shepherd & Spivak, 2021). While this literature is predominantly based on risk assessments in relation to recidivism within the criminal justice system, these concepts are relevant and applicable to assessing risk in the context of family violence.

The tailoring of instruments to the needs of a particular group may also undermine the goal of achieving a common language and understanding of family violence risk. [Recommendation 10](#) of this Report aims to ensure that enhancements (including for cultural appropriateness) can be embedded for use across different sectors while retaining MARAM alignment and enhancing system-wide collaboration and shared understanding.

Culturally safe risk assessment and risk management is discussed further in [section 4.6](#)



## Recommendation 2

02

**Retain Structured Professional Judgment (SPJ) and ensure that any amendments to existing risk assessment instruments to embed cultural appropriateness do not diminish the reliability of the instruments or undermine the goal of achieving a common language and understanding of family violence risk**

## Recommendation 3

03

**Expand existing practice guidance to address gaps in determining how and when to assess risk**

**This includes expanding (or highlighting existing) guidance on:**

- how to articulate the rationale (as required in MARAM Risk Assessment tools) for the determination of risk level
- what 'risk' looks like in different contexts
- how practitioners should synthesise different pieces of information to determine the level of risk
- when it is safe, reasonable, and appropriate to undertake a risk assessment, and when it is not safe to do so.



## 4.2.4 Screening and identification

Australian research on screening for IPV confirms the importance of screening within some health system settings to ensure effective identification and response to IPV, and to reduce harm to women and children from IPV (Suparare et al., 2020). For example, the trusting and therapeutic relationships that general practitioners develop with patients, and the safe places they provide, have been noted as providing unique opportunities to identify, assess and respond to family violence (Lynch et al., 2022).

Evidence also supports the routine screening of selected at-risk groups (Spangaro, 2017). This is reaffirmed by Recommendation 96 from the Royal Commission which recommended routine screening for family violence in all public antenatal settings, with the requirement for screening guidance to be aligned with MARAM. This includes family violence screening during routine pregnancy and mental health planning (Lynch et al., 2022) and for those who have severe mental illness (Suparare et al., 2020). The World Health Organization (WHO) and the National Institute for Health and Care Excellence guidelines propose that women with mental health symptoms or disorders, women attending antenatal care, women experiencing substance abuse problems, and women presenting for sexual health or HIV testing, be routinely screened (Spangaro, 2017).

The MARAM Framework policy document recommends routine screening by certain professionals providing antenatal or maternal health services. However, routine screening is not required to be undertaken by all Framework organisations (Family Safety Victoria, 2018). Other workforces are only required to use the Screening and Identification tool when they identify indicators or signs of family violence risk through their regular service (Family Safety Victoria, 2021). In Australian jurisdictions where routine antenatal screening occurs, there is a reported screening rate of 62%–75%, indicating that routine screening can be integrated into perinatal and maternity health settings (Suparare et al., 2020). However, the literature notes that initial presentation to a service may not be the best point at which to raise the issue of abuse, given that trust has not yet been established with the health professional (Spangaro, 2017). Moreover, stigma around reporting family violence in antenatal settings may be high, and adaptations to screening protocols and approaches may be needed to ensure cultural safety (Suparare et al., 2020).

Best practice screening approaches in relation to health settings that were reported in the literature include:

- screening patients privately (Correa, 2018) and ensuring that telehealth consultations are conducted in private, safe places that facilitate disclosure (Lynch et al., 2022). Consistent with this, Responsibility 1 in MARAM Practice Guides notes the importance of ensuring a private environment when asking about sensitive and personal information (Family Safety Victoria, 2021)
- using informative posters and brochures in the waiting room or other common spaces (Ballan & Freyer, 2021) and displaying culturally sensitive materials in different languages to prepare patients for enquiry and provide information for those who are not ready to disclose and engage (Rossi et al., 2020). Responsibility 1 in MARAM also



notes that culturally safe, respectful and welcoming environments should include inclusive signage and posters (Family Safety Victoria, 2021)

- using direct questions from a validated screening tool and creating a safe environment through effective communication (Correa, 2018). MARAM similarly suggests that services could use “prompting questions from the *Screening and Identification Tool* (Responsibility 2, Appendix 3) or a risk assessment tool to establish the presence of family violence if observable signs of trauma or risk are present”, and if an immediate threat is identified and the whereabouts of an adult using violence are unknown. Responsibility 2 in MARAM also provides guidance around when it is appropriate to use the Screening and Identification tool (Family Safety Victoria, 2021)
- improving rapport and showing compassion (Correa, 2018). Responsibility 1 in MARAM also notes the importance of building rapport before asking victim survivors to engage (Family Safety Victoria, 2021)
- telling patients what will happen if they respond “yes” to a question before they are screened, in order to properly inform the patient about what will happen if they screen positive (Correa, 2018). In line with this, Responsibility 6 in MARAM notes that the key to providing effective support to victim survivors is professionals being able to build and maintain relationships of trust through open and transparent communication. Professionals need to make it clear to victim survivors that the professional and their service will “maintain confidentiality where possible; information sharing and other laws mean that relevant information may be shared without consent in some circumstances” (Family Safety Victoria, 2021)
- asking service users whether they have experienced domestic violence regardless of whether indicators of violence and abuse are present, in certain settings by trained staff (Spangaro, 2017). In Victoria, some organisations and workforces use the MARAM Screening and Identification tool to undertake routine MARAM screening (such as in perinatal settings, child health settings and Youth Justice)
- adopting a trauma-informed response which may include soothing and comforting the patient (such as through deep breathing and grounding exercises that bring them back into the present), distracting in order to titrate the dose of emotion they are experiencing, and offering practical help with decisions that increase their safety (Lynch et al., 2022). Responsibility 1 in MARAM suggests letting the person know that they can take a break at any time, and schedule breaks as required, “especially if the person is distressed, ill or has a cognitive impairment or other relevant disability”, and remind them of this at appropriate intervals (Family Safety Victoria, 2021)
- maintaining high screening rates and tracking data (Correa, 2018). While MARAM requires data collection (Family Safety Victoria, 2018), MARAM resources do not provide guidance on how high screening rates should be.

The graded notion of having Identification and Screening, Brief or Intermediate, and Comprehensive tools was perceived to work well by some stakeholders. The MARAM Screening and Identification tool has been embedded by some mental health sector stakeholders in their work, which was considered highly effective.



## 4.2.5 Risk management and safety planning

Risk management is the process of responding to identified family violence risk. It includes developing, monitoring, and actioning safety plans and risk management activities with victim survivors and actioning risk management activities with other professionals. It also includes a focus on ongoing review and assessment to respond to the dynamic nature of risk and collaborative information sharing to understand risk/s from the adult using violence (Family Safety Victoria, 2021). The MARAM Practice Guide for Responsibility 8, Comprehensive risk management and safety planning, notes that a central part of risk management is providing a proactive response to remove or reduce the threat of future harm posed by the adult using violence (Family Safety Victoria, 2021). That is, responses should aim to reduce risk and provide support for stabilisation and recovery.

The 2018 companion resource for the National Risk Assessment Principles for Domestic and Family Violence notes that a collaborative relationship and process between the victim survivor and the professional supporting the victim survivor is fundamental to forming an appropriate safety plan (Backhouse & Toivonen, 2018). Some considerations in the development of risk assessment and risk management tools include:

- prioritising the most dangerous adults using violence may result in many women and children becoming deprioritised and being left without adequate and safe intervention
- risk factors are only indicative and serious cases may be left out of a system which only prioritises intervention for high-risk cases
- risk assessment may be seen as an end in itself (as opposed to a mechanism through which to inform the management of risk)
- risk assessment and management should actively enhance the policing response and not overwhelm police with administrative paperwork
- risk assessment tools and frameworks should be developed and implemented in partnership with Aboriginal and Torres Strait Islander services with specific protocols and localised referrals to those services.

These considerations are reflected in MARAM. For example, MARAM risk management planning focuses on developing a plan in partnership with the victim survivor or adult using violence. When working with victim survivors, professionals are encouraged to build on what the victim survivor is already doing to manage the impacts of the behaviour of the adult using violence, and other actions aimed at keeping themselves safe (see discussion on protective factors in [section 4.2.2.3](#)). Guidance in MARAM also recognises that risk factors are indicative, emphasising the need for multi-agency collaboration for ongoing risk assessment and management. Moreover, the MARAM Practice Guides and Framework policy document were developed through consultation with key agencies such as police, and with communities including Aboriginal and Torres Strait Islander communities.

Many stakeholders (including those working for government, peak bodies and the health sector, Survivor Advocates, and RAMP coordinators) reflected positively on how MARAM has supported risk management. For instance, some stakeholders commented that MARAM has



facilitated training and provision of an overarching framework for family violence risk management and helped to authorise organisations to seek information from other services via the information sharing schemes. Some stakeholders noted that MARAM provides good guidance on how to manage risk and has supported appropriate safety planning and implementation of support services in a timely manner based on risk to the client. A stakeholder working for a peak body commented that the introduction of MARAM prompted their service to review and revise their processes, including in risk management; another stakeholder noted that it had helped to ensure that risk is assessed in a consistent way, thus contributing to safety planning and risk mitigation across the organisation.

Several Survivor Advocates reported that risk management has improved, with some safety plans being helpful and effective. However, this view was not unanimous. Some Survivor Advocates commented that their experience of safety planning under MARAM was not creative, useful or driven by a victim survivor's needs. Survivor Advocates highlighted the importance of a victim survivor having control of their own safety plan. One Survivor Advocate suggested the establishment of an online portal with login credentials for victim survivors, where the safety plan could be housed.

There was a view amongst Survivor Advocates that safety plans are seen as the 'be all and end all', when in reality they are 'a piece of paper' and it remains up to the victim survivor to navigate their safety independently. It was also noted by some Survivor Advocates that MARAM falls short in terms of risk assessment and safety planning where a victim survivor is anticipating the adult who uses violence being released from jail. The MARAM Intermediate and Comprehensive Risk Assessment tools contain a question about imminence relating to whether the adult using violence has recently been released from jail or another facility, with some practice considerations when asking this question. Further, the Intermediate and Comprehensive Safety Planning tools ask about whether the adult using violence is incarcerated. However, there is no detailed guidance within the Practice Guides about the best approach for safety planning beyond noting that a person may be at lower risk if the adult using violence is incarcerated, but if they are released then the risk may escalate.<sup>8</sup>

Stakeholders emphasised that best practice risk management should start with and then build on what a victim survivor is already doing to keep themselves safe, and any practice approach that services use must first begin with this understanding. As noted above, MARAM encourages professionals to build on what the victim survivor is already doing to manage the impacts of the behaviour of the adult using violence, and other actions aimed at keeping themselves safe. The current Comprehensive Safety Planning tool includes the questions:

- What do you already do on a day-to-day basis to keep your child/ren safe?
- What do you usually do day-to-day to manage your safety?

Despite these questions, stakeholders suggested that the tool does not support the approach of building on what a victim survivor is already doing to keep themselves safe. Some stakeholders, including Survivor Advocates, were of the view that although the set of questions

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<sup>8</sup> Although out of scope of this Review, the perpetrator-focused Practice Guides have provided more information on this.



provide helpful prompts, they tend to be used as a “tick box” list and to record what practitioners want the victim survivor to do or what practitioners think is the safest option, rather than considering the victim survivor’s input into safety planning or acknowledging victim survivors as experts in their own experience.

A common view among stakeholders in relation to risk management and safety planning in MARAM was that it tends to revolve around victim survivors intending to leave a relationship or home and does not adequately account for victim survivors who may choose to remain within the home/community. For instance, there was feedback that the practice guidance should recognise that forms of contact between the victim survivor and adult using violence may vary from living with the adult using violence, having once off contact such as at court, or ongoing contact such as through parenting orders and arrangements.

“ Prompts given in the safety plan are about the client choosing to leave rather than really exploring different alternative ways to increase safety.... they put the onus on the victim survivor rather than the safety planning holding the perpetrator to account in any regard.”

– **Specialist family violence service provider**

In a situation where a victim survivor chooses to remain at home, the current Comprehensive Safety Planning tool may not support their agency, their needs, and choice regarding contact. It also may not be appropriate for family violence across other relationship types as it is focused on leaving an intimate partner relationship and ceasing contact. This is returned to in [section 4.6](#).

Further, several stakeholders raised that risk management was based on the assumption that people should contact the police, which may not always be considered appropriate by the victim survivor. Some stakeholders considered this to be the case for individuals who have a previous criminal conviction, poor experience with the police, or where the adult using violence is (or has links to) a police officer. Some stakeholders were of the view that police engagement was not perceived to be an inherent protective factor for all victim survivors. Moreover, victim survivors may be a part of a closed or small community where they are reluctant to disclose their experiences to police who are known to them, or they may live in rural or regional locations where the presence of police is limited.

MARAM states that supporting victim survivors to engage with police in circumstances of emergency is a crucial risk management mechanism in any safety plan but does highlight that if a victim survivor does not feel safe to engage with the police, then it is important to explore this in safety planning and consider alternatives. In particular, MARAM notes this may be an issue for Aboriginal and Torres Strait Islander people and people from diverse communities due to previous experiences and/or community expectations, or for victim survivors who have been involved with police themselves, have had prior involvement with police because of the perpetrator’s violence, or fear the consequences of police involvement (Family Safety Victoria, 2021). MARAM also emphasises that some victim survivors may disclose they are resistant to report to police as this will escalate the violence of the adult using violence. MARAM notes that practitioners should reflect with the victim survivor on how they would seek assistance in





an emergency if they are concerned about calling the police. Guidance about such alternatives may assist practitioners in exploring other options.

In terms of the connection between risk assessment and risk management, some stakeholders highlighted a lack of clarity in relation to how risk assessment informs safety planning. Stakeholders reported poor application of this in practice, noting that safety planning was occurring for risks that are not present or not the risk that needs to be prioritised. The need for a clearer link within the practice guidance about how risk assessment informs risk management was suggested. Risk rationales within risk assessments were noted as clear areas from which practitioners could build safety plans. A clearer link could also be achieved by amendments to the Safety Planning tools and providing examples in the practice guidance of how risk assessment informs risk management in practice. Some sectors have standardised tools for intake and comprehensive risk assessment, which have been adapted and include questions as well as an abridged safety plan for identifying and responding to victim survivors. This allows a steadier and more seamless transition from the assessment to the safety plan.

## Recommendation 4

04

**Revise MARAM Safety Planning tools and guidance on risk management to more explicitly support victim survivor agency**

### This includes:

- ensuring the Safety Planning tools:
  - provide a stronger focus on building on what a victim survivor is already doing to keep themselves safe
  - more explicitly account for those who may not be ready to leave the relationship, those for whom family violence is not within the intimate partner context, or those who wish to remain within the home/community
- ensuring practice guidance articulates effective ways to navigate safety planning where the victim survivor remains in contact with the adult using violence, recognising that forms of contact may vary.



## Recommendation 5

**05**

**Establish a clearer link within the practice guidance between risk assessment and risk management, including how risk assessment informs safety planning**

**This includes:**

- elaborating on MARAM's existing guidance to support practitioners to explore alternatives when a victim survivor does not feel safe to engage with the police
- elaborating on risk assessment and safety planning for when an adult using violence is released from prison or custody.



## 4.3 Inputs into risk assessment and management

This section describes inputs into risk assessment and management, including coercive control, recency and frequency of family violence, and impacts on victim survivors (which inform risk management). It considers current evidence from the literature, the approach adopted in MARAM, and stakeholder views on best practice.

### 4.3.1 Coercive control, recency, and frequency

#### 4.3.1.1 Coercive control

The description of coercive control in MARAM aligns with the Australian Government and State and Territory governments' description of coercive control (Attorney-General's Department, 2023), which highlights several important aspects of coercive control and its impacts, including:

- children and young people have unique experiences of coercive control and should be considered victim survivors in their own right. They may be directly targeted, may witness abusive behaviour, or may be exploited by adults using violence as a way of asserting power and control over a parent or caregiver
- the effects of coercive control may accumulate, affecting a victim survivor's whole life, independence, dignity, sense of self-worth, identity, feeling of security and health and wellbeing
- coercive control can keep victim survivors trapped by adults using violence in relationships but can also continue after the end of a relationship
- coercive control can be used by or against people of all genders, sexual orientations, cultures and classes, and in broader family relationships. When used in intimate partner relationships, coercive control is most often used by cisgender male adults against women (both cisgender and transgender) who are their current or former partner, and their children
- when identifying coercive control, it is important to look at how abusive behaviours are used and repeated throughout a relationship and after it has ended in order to understand how these behaviours are used as part of a pattern of behaviour that results in the adult using violence having power and control over a victim survivor.

Recent research on coercive control across European Union (EU) Member States has highlighted several legislative and non-legislative actions that have been taken by EU Member States to prevent psychological violence and coercive control. For instance, psychological violence and coercive control are criminalised in some form in all EU Member States, and several promising practices to raise awareness and contribute to prevention of psychological violence and coercive control have been implemented in some EU Member States between 2012 and 2021, including training of professionals, awareness-raising campaigns, educational



initiatives, non-criminal legislation and programmes for adults using violence (European Institute for Gender Equality, 2022).

In relation to coercive control, stakeholders noted that it was critical to identify the tactics and patterns of behaviour the adult using violence employs to reinforce and maintain coercive control (such as physical and sexual violence, and how these tactics can change in character, severity, and/or frequency as risk increases). Stakeholders noted that the MARAM tools do not sufficiently capture coercive control and identification of patterns of behaviour (of adults using violence) leading to homicide. Examples provided by stakeholders included cases where there has been lethality without physical violence beforehand but there was significant coercive control. Accordingly, many stakeholders indicated that MARAM should facilitate a deeper exploration of coercive control by incorporating a subsection containing more specific questions relating to how adults using violence may use dynamics with children, undermining the parent-child relationship, using domestic servitude, economic abuse, and isolation as elements of coercive control.

While out of scope, the perpetrator-focused MARAM Practice Guides have provided more detail about this, including characteristics of perpetrators linked to serious risk and combinations/clusters of factors associated with homicide. Accordingly, it may be of benefit to update the victim survivor-focused Practice Guides and tools in line with the labelling of these experiences as coercive control in the way it is set out in the perpetrator-focused resources.

#### **4.3.1.2 Frequency of family violence behaviours**

Stakeholders highlighted the need to improve the ability to record the status of dynamic risk (including its nature, severity, recency, and frequency), and timelines of family violence. Stakeholders suggested that understanding how risk changes over time could be assisted by including a prompt for timeframes within MARAM tools.

The MARAM practice guidance denotes that frequency by itself is not always an indicator of risk level and advises that practitioners should explore further to understand if frequency has changed or escalated, particularly for some serious risk factors. This coheres with the literature considered, which identifies an escalation in frequency as being associated with a higher risk of homicide or severe harm (Backhouse & Toivonen, 2018). However, aside from this association with an escalation of frequency, no specific evidence was identified in relation to how frequency (i.e. how often a violent behaviour was exhibited) or recency contributes to accurate predictions of risk level for specific risk factors. Accordingly, any impact of recency/frequency as they pertain to specific risk factors, understanding of coercive control, and the relationship to risk level, would need to be validated with more evidence-based research.

MARAM indicates that if a victim survivor has disclosed that a risk factor is present, practitioners can explore changes in frequency and escalation by providing examples of time periods and asking for details of frequency to establish a baseline before asking whether frequency has changed. The Practice Guide for Responsibility 7 also includes a guiding table for exploring frequency (with examples of timelines and possible actions) as a baseline to support identifying escalation or changes in risk factors being used (Family Safety Victoria, 2021). Based on one stakeholder's suggestion, frequency may be better captured by including



a table within the tools themselves to record frequency questions (all of the time, often, occasionally, once) for most assessments. However, this should be considered alongside recency of family violence behaviours to understand timeframes when informing assessment of risk level.

#### **4.3.1.3 Recency of family violence behaviours**

Although MARAM Risk Assessment tools contain a section on the recency of the risk-related behaviours of the adult using violence, an explicit definition of “recency” is lacking in the Practice Guides and tools. A number of stakeholders raised the need for the MARAM tools to better capture the recency of relevant behaviours. In the Screening and Identification, Intermediate and Comprehensive Risk Assessment tools, factors relevant to the behaviour of the adult using violence (such as whether they have physically hurt the victim survivor in any way) either do not have a timeframe associated with them or what is considered recent is not defined in the Practice Guides or tools. Without information on when actions or behaviours have occurred, it is difficult to develop a picture of behaviour over time, or to distinguish between historical and current family violence risk. In aligning their risk assessment tools with MARAM, some stakeholders reported that they had added timeframes into their questions to address this shortcoming. For example, one organisation has developed a Brief Risk Assessment tool that is informed by the Comprehensive Risk Assessment tool in MARAM, with questions that include prompts for timeframes (for example, did the event occur in the last month, 6-12 months, >12 months).

It is noted that recency may be difficult to narrow down to a firm timeframe, in which case, evidence-based guidance on what is considered recent should be provided for each of the risk factors, as what is considered recent in one instance may not be in another. Guidance should also indicate that recency may not apply if there has been a period of no contact such as from a refuge stay, whereby events that are considered “historic” may still be applicable in these circumstances. The literature reviewed did not reveal any specific research-based evidence on recency, highlighting the need for development of evidence through practice wisdom and further research.

#### **4.3.1.4 Frequency of risk assessments**

Stakeholders also noted the insufficient emphasis on documentation over time, which was particularly pertinent when considering dynamic risks and patterns of coercion. It was widely acknowledged that the victim survivor-focused MARAM Practice Guides and tools tended to be incident-based, and patterns of behaviour and points of escalation are not clearly visible within the Risk Assessment tools, which has flow on impacts for risk management. Stakeholders raised the need for more guidance in determining the frequency of risk assessments, how to build on previous risk assessments, when to perform reviews or check-ins to gauge how risk may have changed, and how to connect risk assessment and risk management more effectively. Given that risk assessment is a dynamic, ongoing process, it was highlighted that tools should be designed in a way which enables assessments to be easily updated and built upon.

Under MARAM, a risk assessment should be performed within a defined timeframe and assess risk at a point in time which, when combined with information sharing processes, will





assist in the victim survivor not needing to retell their story. Several stakeholders commented that more clarification should be provided that the risk assessment can be built upon by subsequent practitioners to avoid a victim survivor having to repeat their story. In this regard, stakeholders raised the need to improve linking of previous assessments to subsequent assessments to more effectively identify and articulate changes over time. Some suggestions in relation to this included:

- incorporation of more guidance on how to build on previous risk assessments, designing a form that auto-populates to more efficiently link the first risk assessment to subsequent risk assessments (the Review understands that this can be done for Comprehensive level tools in the online tool platforms, SHIP and TRAM)
- using a live shareable document for information sharing that could be updated in real-time with clear details on who has contributed. This would provide the capacity to indicate changes in risk and escalation or de-escalation in frequency, severity, and changes to patterns of the behaviour of the adult using violence over time. Some stakeholders held the view that improving this aspect of the MARAM tools would contribute to better coordination across agencies and reduce the need for victim survivors to relay the same information repeatedly in multiple assessments.



## Recommendation 6

06

**More effectively capture dynamic risk, timelines of family violence, tactics and patterns of behaviour used to maintain coercive control in MARAM guidance and tools**

**This includes actions such as:**

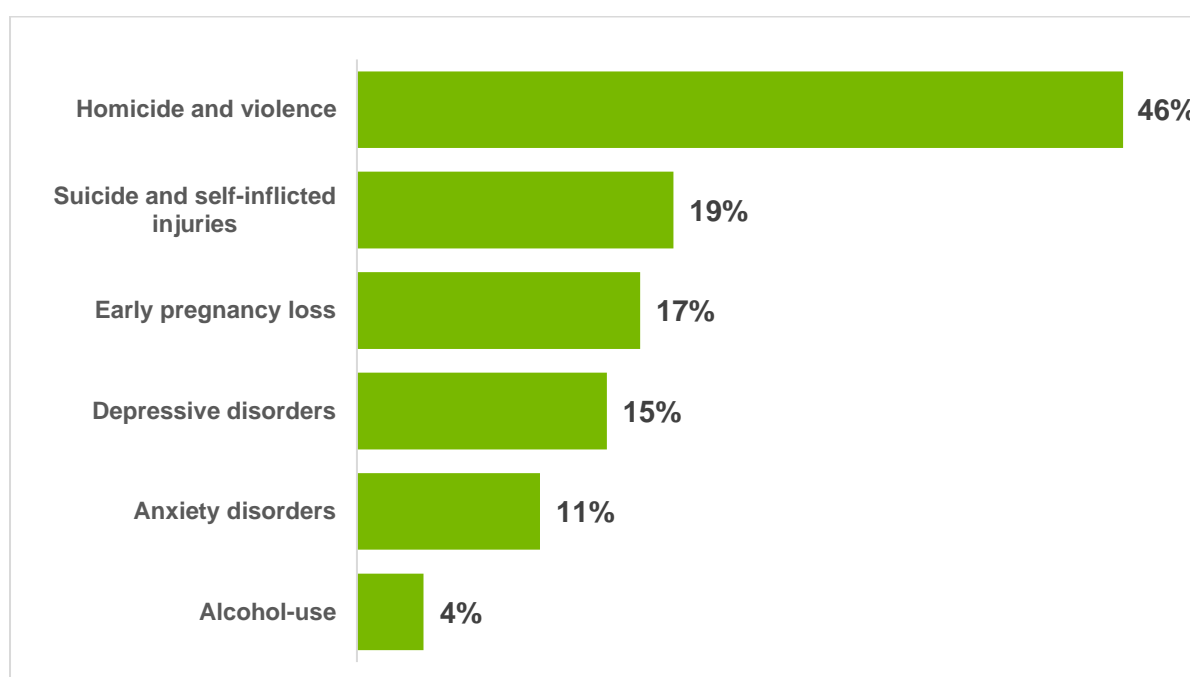
- clarifying how the definitions of recency and frequency (terms currently used in MARAM Risk Assessment tools) pertain to specific risk factors, understanding of the pattern of coercive control, and relationship to risk level
- providing guidance about when to perform reviews and check-ins to gauge how risk may have changed over time or in relation to changes in circumstances, how this should be reflected in ongoing risk management and whether this differs between sectors or services
- enabling assessments to be more easily built upon to improve the link between a victim survivor's risk assessments and more effectively articulate the dynamic nature of risk and changes over time
- incorporating a subsection containing more specific questions that explore how adults using violence may use dynamics with children; undermine the parent-child relationship; and/or use domestic servitude, economic abuse, and isolation as forms of coercive control.



### 4.3.2 Impacts of family violence

Recent literature notes that family violence is a significant international public health problem involving lifelong impacts on physical health and life expectancy, increasing hospitalisation and healthcare usage of children and women in Australia (Lynch et al., 2022). The Australian Burden of Disease study (which estimates the impact of various diseases, injuries, and risk factors on total burden of disease for the Australian population) reported that for women aged 15 to 44 years, IPV was ranked as the fourth leading risk factor for total disease burden (Australian Institute of Health and Welfare, 2021a). **Figure 8** shows the disease burden attributable to IPV in 2018.

**Figure 8. Total disease burden attributable to intimate partner violence in 2018**



**Source:** Australian Institute of Health and Welfare (2021a).

In addition to its severe health consequences, the social consequences of family violence are substantial, with family violence being a leading cause of women's homelessness, which precipitates and exacerbates poor health conditions (Yakubovich & Maki, 2022).

#### 4.3.2.1 Post-traumatic stress disorder

One of the most common psychological responses to violence exposure is PTSD, which includes re-experiencing violent event(s) through intrusive, distressing thoughts, flashbacks, and nightmares; avoidance of reminders of the trauma; changes in cognitions and mood (for example, negative thoughts, exaggerated self-blame for the trauma, and negative affect) and increased arousal (for example, problems with sleep and concentration, feeling jumpy and irritable) (Stevens et al., 2019).

The MARAM Framework policy document notes the variety of serious impacts on the physical and mental health of adults and children, including the physical, spiritual, emotional, mental





and developmental effects (Family Safety Victoria, 2018). While the MARAM Foundation Knowledge Guide notes that PTSD is associated with family violence, and notes these symptoms (Family Safety Victoria, 2021), there is minimal discussion about PTSD in the MARAM Practice Guides.

#### **4.3.2.2 PTSD and other impacts of family violence on children**

Children are victims of family violence both directly and indirectly through witnessing violence and through the impacts of victimisation on family members (Fitz-Gibbon et al., 2019). Children are present in the home for around half of family violence reports made to police, and in most cases, they are directly exposed to family violence. Such exposure has serious implications, increasing the risk for a range of problems including mental illness, substance use, and academic and learning challenges (Stevens et al., 2019). The immediate and long-term harmful consequences of family violence on the victim survivor as well as children that are exposed to family violence is noted in the literature. Children that are exposed to IPV are at increased risk for abuse and neglect, mood and anxiety disorders, PTSD, substance abuse, and school related problems (Correa, 2018).

Adverse childhood experiences, including experiencing physical and sexual abuse, also make children more at risk of suicide (Commission for Children and Young People, 2019). Children that are exposed to IPV are at increased risk of abuse and neglect, mood and anxiety disorders, PTSD, substance abuse, and school related problems (Correa, 2018). PTSD in children has been highlighted in other recent literature. In a 2022 New York study, 74.3% of children exposed to IPV who completed a child PTSD screen, screened positive for PTSD (Stylianou et al., 2022).

A recent Victorian study (commissioned by FSV for the purpose of current MARAM development work) found that the impact of children's experiences of abuse and trauma from family violence were inextricably linked to their understanding of wellbeing and were strongly associated with their sense of connection to family members and social networks. The study also found that in relation to physical, mental and emotional impacts, children's experiences of family violence victimisation continued to impact on their ability to form trusting relationships (Fitz-Gibbon, McGowan, et al., 2023).

Recent ANROWS research found common impacts for Aboriginal and Torres Strait Islander children and young people experiencing family violence to be:

- lack of self-esteem
- loss of identity, spirit and connections
- disconnection from family, community and culture
- experience of additional violence in the juvenile justice and child protection systems
- growing up with protective instincts and resilience
- higher rates of depression and suicide



- impacts of trauma on the brain, developmental delays and attachment disorders
- bullying at school and other educational impacts (Morgan et al., 2023).

In line with the research cited above, the MARAM Framework policy document outlines the impact of family violence, including trauma effects, on children. It also notes that exposure to complex trauma may lead to serious developmental and psychological problems for children, at the time and later in life. Also reflecting the research above, the MARAM Practice Guide for Responsibility 2 notes (among other indicators) that observable signs of trauma from family violence include low self-esteem, anxiety, depression, substance abuse, suicidal ideation, complaining of headaches or stomach pains, sleep issues, lack of interest in social activities, criminal or antisocial behaviours.

MARAM notes that risk management responds to impacts of family violence that have occurred. Stakeholders generally noted that MARAM is effective in its education about the impacts that family violence has on children but that further information and guidance is needed in relation to PTSD in children. MARAM does not specifically address the occurrence of PTSD in children.

#### **4.3.2.3 Impacts of intimate partner sexual violence**

Recent ANROWS research investigated the overlapping nature of physical, psychological, and intimate partner sexual violence (Backhouse & Toivonen, 2018). It was noted that intimate partner sexual violence “carries with it the same impacts as domestic, family and sexual violence” (Backhouse & Toivonen, 2018).

Backhouse and Toivonen (2018) list several factors that contribute to unique effects that should be considered in the risk assessment of intimate partner sexual violence. For instance, as women are socialised to see rape as occurring between two strangers, they may have difficulty defining and naming rape within their relationship. Moreover, there is longer lasting trauma, partly because of the difficulty intimate partner sexual violence victim survivors can face in recognising and naming the sexual violence. This is associated with increased barriers and reluctance to seek support. Intimate partner sexual violence victim survivors often experience repeat abuse, which increases the likelihood of physical injury and trauma, and is also associated with serious gynaecological conditions (Backhouse & Toivonen, 2018). MARAM notes that intimate partner sexual violence is a common and pervasive form of violence against women and can result in physical injuries, sexually transmitted diseases, and indirect health or mental health-related symptoms (Family Safety Victoria, 2021).

#### **4.3.2.4 Acquired brain injury**

Individuals who are victim survivors of family violence are at risk of experiencing a brain injury, particularly women and children who are more at risk of brain injury and the cumulative effects of mild injuries. ABI arises from damage to the brain that is acquired after birth and can result in physical, cognitive, and behavioural disabilities. ABI includes traumatic brain injury (TBI) due to an external force applied to the head, and non-TBI arising from stroke, lack of oxygen or strangulation, or poisoning (Brain Injury Australia, 2018). This is consistent with the description of ABI included in the MARAM Foundation Knowledge Guide.





Moreover, substance use may result in or worsen the impacts of brain injury and may be more likely in the context of family violence and brain injury (Brain Injury Australia, 2018).

A 2018 report on research into family violence and brain injury in Australia revealed that family violence is a significant cause of brain injury, with 40% of victim survivors of family violence presenting to hospitals in Victoria between 2006 and 2016 sustaining a brain injury. Among these cases, brain injuries were sustained by 57% of major trauma cases, 54% of hospital admissions, and 32% of emergency department presentations. Over this 10-year period, brain injury accounted for 14 of 17 family violence-related deaths (Brain Injury Australia, 2018). Data from the Australian Institute of Health and Welfare indicate that head injuries were the most common type of injury resulting in a hospital stay due to family and domestic violence, with over half (51%) of family and domestic violence hospital stays recording a head injury as the first injury within the hospital record (Australian Institute of Health and Welfare, 2021b).

The likely trajectory for individuals impacted by both family violence and ABI involves unstable home environments, unemployment, homelessness, and economic stress, along with continued family violence victimisation and perpetration (Brain Injury Australia, 2018). ABI can result in devastating consequences and reduced quality of life, including:

- persistent disability: emotional and mental health issues, chronic pain, physical and functional disability, cognitive issues, and general health changes
- significant losses from injuries and the cause of injuries: loss and changes in relationships and social networks, restrictions in activity, and career and financial losses
- challenges encountered when engaging with systems: unique circumstances unrecognised by bureaucracy, struggling to manage with bureaucratic systems, communication issues, and service access issues (Brain Injury Australia, 2018).

Aligning with the literature, the MARAM Foundation Knowledge Guide notes that ABI can result in a range of physical, cognitive and behavioural disabilities that can impact adults, children and young people in a variety of ways, including their capacity to engage in safety planning and risk management (Family Safety Victoria, 2021). MARAM practice guidance also includes a list of symptoms that may follow loss of consciousness and TBI that require immediate medical response, which practitioners should be aware of (Family Safety Victoria, 2021).

Compared to non-Indigenous Australians, Indigenous Australians (particularly women) are disproportionately represented among individuals hospitalised for head injury due to assault (Jamieson et al., 2008). Between 2006 and 2016, among family violence-related emergency department presentations where the patient identified as Aboriginal or Torres Strait Islander, 42% sustained a brain injury. Aboriginal and Torres Strait Islander women living with a head injury experience severe trauma, coercive control, disadvantage, and poverty, which prevents them from accessing healthcare and support services (Brain Injury Australia, 2018). MARAM acknowledges that Aboriginal and Torres Strait Islander women are at very high risk of TBI and are more likely to be hospitalised for head injury due to assault (Family Safety Victoria, 2021).



## Recommendation 7

07

**Expand the discussion of post-traumatic stress disorder (PTSD) and acquired brain injury (ABI) in MARAM practice guidance and improve the visibility and accessibility of this guidance**

**This includes:**

- providing information on the occurrence of PTSD in children (including in materials relating to children currently in development)
- strengthening guidance on the unique impacts of trauma for Aboriginal and Torres Strait Islander people experiencing family violence, including for Aboriginal and Torres Strait Islander children and young people
- enhancing the visibility and accessibility of the cognitive impairment and ABI guidance within MARAM Practice Guides in accordance with [recommendation 12](#).



## 4.4 Supporting risk assessment and management

This section describes elements that support best practice risk assessment and management, including consistent and collaborative practice, clear responsibilities, shared understanding, information sharing, the design of Practice Guides and tools, and the useability and accessibility of resources. It considers best practice evidence from the literature, how this aligns with MARAM, and stakeholders' views on elements supporting professionals to accurately identify, assess, and manage family violence risk.

### 4.4.1 MARAM as an improvement on the CRAF

MARAM is broadly seen as a valuable source of knowledge for a range of sectors. Many stakeholders, including government stakeholders, practitioners, and academics perceived that MARAM was a significant improvement from the CRAF in terms of aligning with the current evidence base of best practice. In one person's words:

“ As much as we find flaws in the MARAM, I also love the MARAM and I speak about that all the time. As long as you as a practitioner know how to apply it, actually understand it and don't see it as a tick-a-box, it can be a really powerful tool...the MARAM has really elevated our family violence service delivery in Victoria.”

- ACCO service provider

Peak body and service provider stakeholders commented that MARAM reflects current best practices in working in partnership with the victim survivor and focusing on the risk to children and young people, as well as facilitating the adoption of an intersectional lens, which has enabled a deeper understanding of how family violence occurs across all groups.

MARAM is also largely perceived as a positive development by Survivor Advocates because it encourages practitioners to collect relevant, timely information which is needed to make a decision about next steps and risk management based on risk level. Some Survivor Advocates reflected on their positive experiences of MARAM, including supportive practitioners, trauma-informed approach, understanding the importance of embedding lived experience, and enabling practitioners to ask questions in a different way. Several practitioners indicated that MARAM resources supported them to undertake their role in engaging with victim survivors with confidence. One Survivor Advocate also told the Review team that MARAM has strengthened the relationship between different sectors including between the police and specialist family violence sector.

### 4.4.2 Shared understanding of family violence risk and workforce responsibilities

The importance of a common language of risk among professionals working in family violence is highlighted in the literature. A shared language of risk is facilitated by common reference to evidence-based risk factors for family violence in tools for professionals and through coordinated approaches to information sharing, safety planning, referrals, and multiagency



case management (Backhouse & Toivonen, 2018). Pillar 1 of the MARAM Framework refers to a shared understanding of family violence, and requires organisations to demonstrate an evidence-based, shared understanding of family violence risk and impact. This is reflected throughout the MARAM resources, which emphasise the importance of a shared understanding of the common purpose and ‘language’ between services and service providers (Family Safety Victoria, 2018).

Stakeholders expressed the view that a significant strength, and achievement, of MARAM has been its contribution to a shared understanding of family violence risk. There was widespread feedback that MARAM has supported practitioners to speak the same language, and that this has promoted a more integrated service response by improving consistency and breaking down silos. In one stakeholder’s words:

“ I think when we talk to other agencies - because we have that shared language - the conversation is a lot easier to have. Everyone's on the same sort of page around the level of risk, so that's really, really important. So I think that's been a very good outcome.”

**- Government stakeholder**

Feedback from universal service providers emphasised the value of a shared understanding of family violence risk for practitioners who are not family violence specialists, noting that it provides a ‘baseline’ and ‘entry-point’, and assists to ‘demystify’ family violence. Stakeholders also described the success of MARAM in building a shared vision and sense of responsibility for family violence risk assessment and management, particularly across mainstream and universal services and organisations. One stakeholder noted that it was no small achievement that MARAM has promoted the narrative that family violence is everyone’s business.

Nonetheless, some stakeholders expressed the view that the shared understanding of family violence risk could be expanded. For example, Survivor Advocates expressed the view that Victorian courts and law enforcement don’t necessarily share the same understanding of family violence risk as those in the family violence sector. Several stakeholders also noted that the shared understanding doesn’t extend to Federal service providers operating in Victoria such as the Family Court of Australia and National Disability Insurance Scheme (NDIS) (because only Victorian-funded agencies can be prescribed), which created challenges in terms of collaborative practice. Some other stakeholders considered that the understanding of family violence shared across the system does not always reflect the perspectives and language of their own sector, or the nuances of how family violence presents in that context, with one describing the relationship with the family violence sector as one-directional rather than a two-way street. These views were shared by several stakeholders from ACCOs, the AOD sector, and services working with older people. This suggests an opportunity for enhanced pathways for the expertise and input from non-specialist family violence sectors to feed into the shared understanding of family violence risk promulgated through MARAM.

There has also been some criticism by stakeholders of MARAM’s ability to facilitate a shared understanding between agencies with regard to the specific responsibilities under MARAM. MARAM Pillar 3 sets out the need for organisational leaders to understand responsibilities for risk assessment and management and equip workers to meet them. A report noted that



minimum standards for the 10 risk assessment and risk management responsibilities, and sector-specific guidance on how organisations should determine their responsibilities under this framework, have not been clearly defined. This has resulted in ambiguity among different organisations as to where they fit into the overall risk management system and how to operationalise their responsibilities (Cube Group, 2020).

This ambiguity was reflected in stakeholders' feedback for this Review. While the responsibilities for specialist family violence and sexual assault practitioners were generally considered to be clear and well understood, the majority of feedback from stakeholders was that responsibilities were less well understood by workers in core support services, in mainstream and non-family violence specific agencies and in universal services and organisations. This was variously attributed to lack of awareness of responsibilities (due to inaccessibility of relevant information within the suite of MARAM materials, or professionals' lack of time to locate, read and consider the implications of the responsibilities, or lack of awareness that doing so is important), or confusion about what the responsibilities mean in practice, and how these responsibilities can and should be integrated into a professional's practice. The impact of leadership in communicating organisational responsibilities, particularly in the context of the development and roll out of the Maturity Model also needs to be considered.

## Recommendation 8

08

**Support system-wide consistent practice and alignment by enhancing and elevating aspects of the existing guidance in relation to a shared understanding of family violence (Pillar 1)**

**This includes actions such as:**

- strengthening sector specific guidance on how organisations should determine applicability of MARAM responsibilities and explore opportunities for making guidance more accessible
- providing a description of the connection between different levels of MARAM responsibilities, applicable tools, and practice guidance more explicitly. This should include a simplified, easily accessed visual representation of workforce responsibilities linked to levels of MARAM responsibilities
- continuing to consult with a broad range of sectors and communities to ensure that MARAM reflects experiences and learnings from different sectors and communities
- ensuring the language about workforce responsibilities used in organisational MARAM resources and practice guidance is consistent, and that the relationship between various resources is clear.



### 4.4.3 Collaborative practice and information sharing

According to recent research based at the Texas Children's Hospital in Houston, collaboration between local advocacy agencies and IPV experts is a key element of sustainable system-level screening programs (alongside on-site IPV expertise, saturation training, development of unit-based policies and procedures, collaboration with local advocacy agencies and IPV experts, continuous quality-improvement strategies, and the inclusion of primary prevention efforts). Such comprehensive programs boost providers' self-efficacy to perform screening, boost IPV screening rates and abuse disclosure rates (Correa, 2018). This aligns with the MARAM multi-agency approach, whereby collaborative practice and information sharing are embedded as core features, including through the Pillars (Pillar 3), the Principles (Principle 2), and the Responsibilities (Responsibilities 5, 6, 9 and 10).

The prevailing view from stakeholders was that inter-agency collaboration has improved significantly since the introduction of MARAM and the information sharing schemes, but that these systems and ways of working are maturing and there is still room for inter-agency collaboration to improve. A number of stakeholders described positive, collaborative practice experiences, and the difference that effective collaboration can make for workers and victim survivors. An AOD stakeholder noted that MARAM “empowers... clinicians and teams to seek outside consultancy” (i.e. secondary consultation), which leads the worker to feel more supported. Another described how effective collaboration has been critical to keeping adults using violence in view. A growing body of research relating to barriers to, and enablers of, effective interagency collaboration in the context of family violence risk assessment and management indicates that positive interagency relationships are necessary for effective interagency work (J. McCulloch et al., 2020). Consistent with this, some stakeholders referred very positively to place-based arrangements designed to strengthen inter-agency relationships such as regional forums and described their practical value in smoothing referral pathways and information sharing.

However, many stakeholders also reported that collaboration could be inconsistent – across sectors, agencies and organisations, and individual workers. This may be due to a number of reasons, many of which relate to broader implementation issues and are outside the scope of this Review. One factor identified by a range of stakeholders was a lack of resourcing for organisations to support collaborative practice, in particular a lack of funding to provide secondary consultations. Stakeholders considered that targeted services and ACCOs bore a considerable burden in meeting requests for secondary consultation within already overstretched resourcing, and it was raised that practice guidance could better articulate that organisations and practitioners should be respectful of these services' capacity. Stakeholders were also of the view that providing guidance on collaborative practice and access to secondary consultations will promote the effective and appropriate use of these mechanisms, thereby supporting capacity building and promoting best outcomes for victim survivors.

Some organisational cultures and practices which sit in tension with collaborative practice – and with each other – were also identified as contributing to inconsistent collaboration. Specialist family violence service providers and other service providers also appeared to have different understandings of what good collaborative practice looks like. Several stakeholders noted challenges in navigating how MARAM interacts with different sectors' varied ways of





working, and power imbalances between the various agencies and organisations involved in family violence risk assessment and management.

Perspectives from Survivor Advocates suggested that where collaboration and information sharing break down, this is often still linked to systems operating in silos. This feedback is consistent with recent literature which has examined interagency collaboration, the 'texture of connections' between agencies, and how system 'holes' may emerge through different modes of working together (Stewart, 2020). Broadly, the literature indicates that policy should reflect the complexity of interagency family violence work to support the development of responsive practice rather than aiming for simplicity through standardisation of responses. Further, different agencies' policies should intersect in productive ways, and multi-agency initiatives must be genuinely multi-agency and not dominated by the concerns of a few stakeholders.

Information sharing was frequently discussed by stakeholders as a core feature of collaborative practice. A common view was that the information sharing practice across the system needs time to mature; some stakeholders also expressed the view that there is confusion about information sharing and greater clarity is needed. Specific concerns were raised by a number of stakeholders that high volumes of information about victim survivors are being shared (as opposed to information about adults using violence), in circumstances where the information may not be sufficiently relevant to risk assessment or management. This concern was shared by several Survivor Advocates as well, who experienced a lack of control over their personal information and concern about how it was used and shared. Concerns were also raised about how information sharing that occurred as part of therapeutic practice may intersect with justice processes.

While the literature emphasises that well-coordinated collaborations lead to better outcomes, there is also evidence suggesting that the involvement of multiple agencies may negatively impact the quality of services provided, possibly due to a diffusion of responsibility (Stevens et al., 2019). This is consistent with feedback from some stakeholders that, at times, the effectiveness of collaboration is undermined by practitioners having divergent understandings of their role within the process. [Recommendation 9](#) may assist this issue by providing clarity about roles and responsibilities.

Overall, feedback from stakeholders reflects research which identifies the following implementation challenges that should be considered when designing risk assessment and management mechanisms such as referral pathways:

- different philosophical approaches and power imbalances between agencies
- loss of specialisation and tailored responses, including adequate responses for victim survivors with complex service needs
- individual (client) perceptions of cross-agency control, communication and information sharing concerns and frustrations
- a lack of properly directed resources (Backhouse & Toivonen, 2018).



While some of these factors, such as resourcing, are outside the scope of this Review, there is an opportunity for guidance on collaborative practice in MARAM to be enhanced to address some of the key issues arising in both the stakeholder feedback and literature. Moreover, a theme in stakeholder feedback was the desire for more guidance in MARAM on what good collaborative practice looks like, for example through the provision in the Practice Guides or on the MARAM website of case studies or examples of effective collaborative practice. While the focus in the MARAM Pillars, Principles and Responsibilities has reinforced the critical importance of inter-agency collaboration, a common view from stakeholders was that MARAM should provide more guidance on how the principle of collaboration is best translated into practice by workers. Stakeholders expressed that providing specific guidance to workforces will facilitate better understanding of roles and responsibilities, thereby improving the ability for workforces to communicate with other workforces and vice versa.

## Recommendation 9

09

### Strengthen guidance on consistent and collaborative practice (Pillar 2), including how collaboration is translated into practice

**This includes:**

- providing more guidance on what best practice, client-centred collaborative practice looks like (including resources demonstrating its practical application), such as through the provision of case studies
  - providing specific guidance to workforces to help them better understand their roles and responsibilities to improve the ability to reciprocally communicate what they do with other workforces
  - ensuring the MARAM Framework policy document reflects the complexity of interagency family violence work to support the development of responsive practice
- elevating the guidance on secondary consultation, including:
    - when it may be appropriate and necessary to seek a secondary consultation (this may need to be accompanied by additional prompts in MARAM tools), and articulating roles and responsibilities
    - how to make requests for secondary consultation in ways that improve the experience for victim survivors and manage the resourcing demand on services receiving the request.



#### 4.4.4 Organisational alignment with MARAM

A central tenet of MARAM is that Framework organisations use a shared approach to identification, screening, assessment and management of family violence risk (Pillar 2). The use by Framework organisations of tools which reflect the same evidence base is vital to ensuring consistent determination of the levels of risk facing victim survivors and to promoting collaborative practice between services. This approach aligns with findings from the literature that professionals should be assisted in developing a shared understanding of risk and safety through supported implementation of common risk assessment tools and safety management frameworks (Backhouse & Toivonen, 2018).

Guidance on how existing organisational practices can align with MARAM guidance and tools encourages organisations to consider whether alignment with MARAM requires new processes to be established for screening, assessment and management of family violence, or whether the MARAM tools can be embedded into existing practices (Family Safety Victoria, 2020). This is part of the MARAM Alignment Maturity Model (due for release in 2024) which seeks to support Framework organisations to understand how they can best align with MARAM. The maturity model supports organisations to understand their progress towards alignment. Incorporation of the MARAM tools into existing practices may involve adding the MARAM Screening and Identification or an Assessment tool in full, or as an additional form, or embedding MARAM questions within existing intake and assessment tools. Latitude exists for organisations to embed the MARAM tools into their existing practice in a range of ways, with the intention of providing organisations with flexibility to meet their organisational and workforce needs, as well as the needs of the communities they serve.

Several stakeholders noted challenges in navigating how MARAM interacts with other pieces of legislation and key frameworks, and different sectors' varied ways of working. For example, stakeholders from sexual assault services described MARAM as reflecting a case management model, which can sit in tension with the therapeutic model prevalent in sexual assault services. These stakeholders noted the complexity this can add to the process of alignment, which they considered to be exacerbated by an asymmetry in resourcing between specialist family violence and sexual assault services. This suggests that further work may be required to systematise how different organisations might align with MARAM where the sector or organisation operates within different regulatory frameworks, policy environments or models of working. The incorporation of MARAM risk assessment questions into the SAFER children framework guide (the risk assessment framework for Victorian child protection practitioners) was cited as a positive example of alignment between different approaches to risk assessment.

Several stakeholders reported that in aligning with MARAM, their organisation had changed language, re-ordered, rephrased or reframed questions, or removed, amended and added questions in the MARAM tools. In at least one case, an organisation had supplemented the MARAM risk factors with others it had identified as relevant. While some organisations took these steps to better integrate the MARAM tools with their existing tools and processes, others did so to ensure the tools were appropriate, effective and culturally safe for the communities with whom they work.



A number of stakeholders expressed confusion about the scope for organisations to make such changes. As one service provider commented, it raises the question “*how much we can amend the MARAM tools... and at what threshold does it not become a MARAM tool anymore?*” This also speaks to the challenge that exists in ensuring appropriate, tailored responses for specific communities while preserving a common approach to risk assessment.

## Recommendation 10

10

**Provide clarity on the process for organisations to align with MARAM, and scope for making changes to tools to respond to the needs of particular communities**

### This includes:

- identifying any core aspects of MARAM that should not be departed from in the process of alignment, and clarifying the process for seeking input from FSV when aligning with MARAM (which may include consideration of whether proposed additions constitute new risk factors or new presentations of existing MARAM risk factors, to be added to MARAM practice guidance)
- clarifying the process for sharing enhancements with other sectors that respond to the needs of particular communities in order to:
  - improve the consistency and quality of risk assessment and safety planning for specific communities and client groups
  - enhance system-wide collaboration and shared understanding
  - embed cultural enhancements for use across different sectors
- providing further guidance and illustration of how MARAM can be embedded in organisations and sectors which operate within specific regulatory frameworks, policy environments, or models of working (including therapeutic models).



## 4.4.5 Design and useability of resources

### 4.4.5.1 Design of the Practice Guides

The purpose of the MARAM Practice Guides is to support professionals to understand their relevant responsibilities under the MARAM Framework for the identification, assessment and ongoing management of family violence risk as it relates to their specific roles. The Foundation Knowledge Guide, along with the adult victim survivor focused MARAM Practice Guides outline foundational concepts before exploring each responsibility in detail in its own Practice Guide. Each MARAM Risk Assessment and Management tool is a standalone appendix to the relevant Practice Guide. The Practice Guides are comprehensive and voluminous, totalling almost 450 pages of guidance.

A high level of consensus was reflected across stakeholders on both the current effectiveness of the Practice Guides, and recommendations for their improvement. Stakeholders considered the content of the Practice Guides to be high-quality, with one stakeholder describing it as 'exemplary'. However, there was a clear consensus that the Practice Guides are too long and too difficult to navigate.

“ I think they're fantastic, but I think one of the things is there's actually so much information. It's really easy to get lost in.”

– **Service provider**

Many stakeholders described the resources as overwhelming, with several describing MARAM resources as a 'beast'. Similarly, stakeholders felt that the practice guidance is not easy or intuitive to navigate, and that it can be difficult to find specific information or tools. Stakeholders raised that MARAM ought to reflect and respond to the needs and context of the people who are supposed to use it in order to be effective, including their training, capacity and resourcing. MARAM intentionally addresses a wide range of prescribed workforces and settings and several stakeholders offered the view that the Practice Guides are trying to be all things to all people, and this is leading to confusion in their purpose and audience.

Specialist family violence services generally held the view that the Practice Guides are pitched at practitioners who already have sophisticated skills and understanding of family violence. As a consequence, the Practice Guides are particularly difficult for entry level practitioners who do not yet have the relevant experience.

While the tension between retaining technical detail and ensuring the usability and accessibility of MARAM resources is acknowledged, critically, stakeholders identified the length, density and complexity of the Practice Guides as barriers to practitioners actually using them and having an understanding of MARAM in its entirety (MARAM is often perceived as only encompassing the Risk Assessment and Management tools). Familiarity with the content of the Practice Guides was generally low among those providing direct services to victim survivors, with many stakeholders stating that they had never read all the practice guidance which is relevant to their role. A number of stakeholders noted that valuable information is often missed because it is 'lost' within the expanse of practice guidance because practitioners do not know the information exists, or where to look to find it. This view was echoed by Survivor



Advocates who were of the perspective that practitioners would feel more confident and able to navigate the information and resources if they were simplified.

Stakeholders working in policy, MARAM alignment or training roles were more likely to be positive about the value of the Practice Guides to their work. These stakeholders often considered it a core function of their role to translate the MARAM Practice Guides into a more digestible form for their colleagues who work directly with victim survivors. This involved the creation and dissemination of 'cheat sheets', summaries, and adapted flow charts and diagrams.

While stakeholders from across all cohorts expressed the view that the practice guidance is too long and difficult to use, a number of stakeholders raised particular concerns that the Practice Guides do not meet the needs of those who are not family violence specialists. These practitioners are likely to be time poor, and have a nascent familiarity with the subject matter and with the Guides themselves. As one stakeholder noted:

“*It's massive... It's overreaching to expect every practitioner to have read all of that documentation and absorbed it and then feel like they know...it all to implement... when it's not their core business.*”

**- Government stakeholder**

Practitioners who are not family violence specialists are also less likely to work within organisations which are in a position to dedicate sufficient resources (such as those described above) to supporting their staff to navigate and digest the MARAM practice guidance.

A clear message emerging from consultation is that many practitioners are undertaking risk assessment and management using MARAM-aligned tools without close reference to the Practice Guides, which are intended to support good practice. Stakeholders described the need for resources which bridge the gap between the extensive guidance in the Practice Guides and the tools themselves. Stakeholders suggested a number of features which would make these resources fit for purpose, including that they be:

- practical and focused on how to support conversations and use of the MARAM tools
- brief
- accessible to practitioners across different levels of education and English proficiency
- visual, including diagrams and flowcharts, or videos.

Challenges using the Practice Guides were exacerbated by the website which houses the MARAM resources. Stakeholders described the website as unintuitive and difficult to navigate, noting it was difficult to find specific information and resources, and that the aspects of MARAM they considered to be the most important resources (such as Risk Assessment tools) are not featured prominently.

The Review notes that work is being undertaken by FSV in relation to website design, which is an opportunity to address some of these issues.



## 4.4.5.2 Design of the Risk Assessment and Management tools

### Narrative approach to risk assessment

The MARAM practice guidance encourages practitioners to use their judgment in tailoring their risk assessment and management approach to a victim survivor. While the MARAM practice guidance says of a practitioner when screening, ‘Your objective is to encourage the person to tell their story in their own words,’ a strong theme to emerge from the stakeholder consultation was the view that MARAM risk assessments are often conducted as a “tick box” exercise:

“ A big piece of feedback around the risk assessment though is that it does not allow for a narrative and conversational risk assessment and the practice guidance isn't sufficiently supporting how to do that. A lot of people still are using it as a tick box and the art of listening with someone and listening to their story and then drawing that out into a risk assessment is lost.”

**- Specialist family violence service provider**

Stakeholders noted that practitioners often use the MARAM tools without reference to the practice guidance, which is intended to support a conversational approach. The prevailing view was that the design of the tools does not adequately reflect or support a narrative approach. Instead, the Risk Assessment tool is:

“ too formalised for what is in reality meant to be a very... sensitively managed process and where you're asking someone to really trust you... and be vulnerable with you... I think that tool can be a barrier for authentic engagement.”

**- Specialist family violence service provider**

Stakeholders considered that specialist skill and experience is needed to know how to use the MARAM tools in a conversational fashion. Where practitioners are less experienced – either because they are at early stages of their careers, or because family violence risk assessment and management is not a core aspect of their role – they are more likely to rely on the specific wording and structure of the tools. Indeed, some stakeholders noted that the tick box approach was not without its merits as it ensures certain matters are covered and provides legitimacy to the questions being asked.

While the literature indicates that the design of practitioner resources such as risk assessment forms should take account of how practitioners engage with these tools (Stewart, 2020), there is a paucity of research on how family violence risk assessment tools are embedded and used across different settings (Graham et al, 2019 in Youngson et al, 2022). While the intention of MARAM Practice Guides is to guide the use of the MARAM tools through conversation and rapport-building, a clear consensus emerged from stakeholders that MARAM tools are often being used in a checklist fashion, which is insufficiently trauma-informed and person-centred. Stakeholders advocated for a redesign of the tools to support a more conversational or narrative approach to risk assessment and management. This was particularly emphasised by Aboriginal and Torres Strait Islander participants who indicated that a yarn-based approach is critical (more information on this can be found at [section 4.6.2](#)).



As one stakeholder observed:

“ We can't say to someone, hey, sit and have a conversation and listen to what they're telling you and then have a massive tool with really, really detailed questions that you have to, you know, spend 2 hours filling out. So it's matching what we want from people within the tool.”

**- Specialist family violence service provider**

This perception aligned with feedback from some Survivor Advocates, including one Survivor Advocate who described their experience of risk assessment as:

“ a tick box exercise. I don't know where the gap is and where it's failing. As a victim survivor, it was retraumatising and it felt like people didn't actually care about me – they were just ticking the boxes.”

**– Survivor Advocate<sup>9</sup>**

Survivor Advocates noted that any adaptations to MARAM tools which would improve language and communication with victim survivors, and assist professionals with their interactions and ability to support victim survivors, is a step in the right direction.

Stakeholders offered a number of suggestions for reframing the MARAM tools to support a conversational approach. These included:

- grouping questions into a 'main' question with subset questions flowing on from this. Examples included questions pertaining to physical assault and weapons
- providing more space for narrative descriptions of the relationship history and patterns of behaviour
- providing prompts to explore dimensions of a victim survivor's experience. A stakeholder suggested that where a victim survivor identifies as being a person with disability, the assessment forms could have a series of prompts in a pop-up box in online MARAM tools about areas to explore such as controlling access to medication or support.

Many stakeholders also suggested that MARAM tools which support a narrative approach must also be scaffolded by practice guidance, and by comprehensive regular training, mentoring and supervision. As one stakeholder noted:

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<sup>9</sup> The interview with this Survivor Advocate was not recorded. However, consent was provided by this Survivor Advocate to their quotes being used in the Report. This quotation is based on contemporaneous notes taken at that interview and has not been verified beyond those notes.





“ I think another gap around moving towards relational and conversational approaches to MARAM assessments is that the Practice Guides have a focus on telling practitioners what to do but not showing them how to do it. There isn't enough unpacking of what this looks like in practice. This is often the difference between really effective guidance and training and those which fail to build capacity for frontline practitioners.”

**- Specialist family violence service provider**

In particular, a need was identified for better guidance on establishing rapport and ensuring emotional and psychological safety, and additional guidance on how to ask about and discuss difficult issues such as sexual assault. This is supported by recent research which identified the building of rapport as an enabler to screening and assessing risk of intimate partner sexual violence (Helps et al., 2023). Practice considerations within MARAM (Responsibility 3, Appendix 8) provide details on how to prepare a victim survivor for this conversation and how to respond sensitively after disclosure, but the guidance is geared toward asking the question in a direct way and only on one occasion, which is not reflective of sexual assault disclosures. It was commonly noted that there was considerable discomfort among practitioners in asking about sexual violence. There was feedback that disclosure about this often occurred in conversations in between formalised risk assessments. This could be because victim survivors are reluctant to disclose this in initial engagements or may not even recognise that an experience constitutes sexual violence (see [section 4.3.2.3](#) for a discussion of the impacts of intimate partner sexual violence and [section 4.5.1](#) for a discussion of intimate partner sexual violence as a risk factor of family violence).

## Safety planning

Stakeholders expressed the view that best practice risk management reflects a strengths-based approach, which starts with and then builds on what the adult victim survivor is already doing to keep themselves, their children and family, safe. However, stakeholders reported that the Safety Planning tools are not always being used in a way which reflects this understanding. Instead, stakeholders reported that the Safety Planning tools are often used in an overly prescriptive and formulaic way. One stakeholder commented:

“ Safety planning is not something that you can so easily template because it's bespoke to that victim survivor's risk... Without proper hand holding or proper capacity building, it won't allow for the greatest amount of risk mitigation because practitioners will be tempted just to follow that checklist rather than to actually consider the risks that are in front of them.”

**- AOD sector stakeholder**

While not intended to be used in a tick box manner, the use of the Safety Planning tools in this way can have the effect of steering the planning according to the practitioner's perceptions, rather than centring the victim survivor's own strategies and insights and acknowledging them as experts in their own experience.



Several stakeholders provided the same example to illustrate this point. The Safety Planning tools include the questions “Would you feel comfortable calling the Police (000) in an emergency? If not, how can we support you to do so?” Some stakeholders considered the second part of the question as presumptuous and observed that it had the potential to make victim survivors feel pressured to call the police or unsupported if they do not wish to have contact with the police. Stakeholders instead highlighted the importance of sensitively exploring these reasons with victim survivors, whether there are any times they may consider engaging with police (if so, when, and how), or whether alternatives should be included within the plan. This was considered important in order to create effective safety plans and support victim survivor engagement with services.

Stakeholders suggested a more flexible safety planning tool with a clear link to digestible practice guidance rather than increasing the number of prescriptive questions within the tool would assist in centring the victim survivor. One service provider has developed a resource for practitioners to assist them in building on the questions in the Safety Plan tool to create bespoke safety plans for clients. The resource provides useful suggestions on how to expand on the questions in MARAM to obtain more detailed information to inform the tailoring of the safety plan. It also includes some questions that are not on the MARAM Safety Planning tool, in relation to food security, pregnancy, medications, and security at home.

Several stakeholders indicated that they wanted safe and easy access to their own safety plans. Some stakeholders highlighted the lack of a visual or Easy English version of the Safety Planning tool.<sup>10</sup> Some stakeholders also commented that it was unclear how a victim survivor was expected to handle and store the safety plan. These stakeholders identified a need for a safety plan which is both easily accessed and concealed. One victim survivor suggested that an online safety plan which a victim survivor could log onto securely would be helpful and existing online platforms may facilitate this. Another stakeholder suggested a pocket-sized safety plan. Overall, stakeholder input indicates a need for an accessible range of resources that reflect the full variety of presentations of risk, including increased guidance and support for victim survivors to access their safety plans in a safe and secure way.

## Platforms

The literature indicates that the design of practitioner resources such as risk assessment forms should take account of how technology interacts with practice, and what impact this might have (Stewart, 2020). The way that MARAM Risk Assessment and Safety Planning tools are embedded into client management and other IT systems was identified by stakeholders as having a significant impact on how they are used and to what effect.

Some stakeholders noted that their own systems did not provide sufficient space for narrative notes to be recorded, leading to a lack of recorded detail when referring the assessment to another practitioner (and in turn requiring a second assessment to be conducted). Other stakeholders noted that the inability of their system to auto-populate certain fields (such as

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<sup>10</sup> For a description of the difference between Plain English and Easy English, see the [Easy English versus Plain English Guide](#) (Centre for Inclusive Design, 2020).



information about children) made it long and cumbersome to complete the required information. Stakeholders noted that the incompatibility of different agencies' and organisations' IT systems created friction when sharing information and making referrals.

A number of stakeholders also suggested that technology might be beneficially harnessed to improve the user-friendliness of the MARAM Practice Guides and tools. Ideas which were proposed included the development of 'intelligent forms' which incorporate key areas of practice guidance into the assessment itself, and which use conditional questions and skip logic to open up lines of inquiry based on a victim survivor's answers to previous questions. This functionality could support an intersectional approach to risk assessment by enabling a line of inquiry to be tailored to a victim survivor's identity and previous experiences.

## Recommendation 11

11

**Revise MARAM Practice Guides and tools to support the use of a more narrative-based or conversational approach when undertaking risk assessment and management to support victim survivor agency**

**This includes actions such as:**

- adding explicit guidance at the start of the tools about adopting a conversational approach
- reviewing the use and grouping of questions, the subset questions flowing from them, and the space available for answers and descriptions within MARAM tools
- ensuring Safety Planning tools are flexible with clear links to practice guidance
- providing more guidance for practitioners on how to ask difficult or sensitive questions, such as questions about sexual assault, and supporting the establishment of rapport before these questions are broached.



## Recommendation 12

### 12

#### Enhance the usability and accessibility of MARAM

**This includes actions such as:**

- in consultation with victim survivors and practitioners, creating simple, Easy English versions of key resources, including any victim survivor-facing resources such as the Safety Planning tools and practitioner-facing resources. As per [recommendation 16.3](#), these should be designed and adapted in other languages
- in consultation with victim survivors and practitioners, redesigning the MARAM website to make navigation easier and more intuitive, making it easier for users to find what they are looking for when they need it
- in partnership with service providers, investigating how to enhance the useability of MARAM tools as built into key online platforms and content management systems (such as by investigating the capacity for tools to indicate escalation or de-escalation in frequency, severity, and changes to patterns of behaviour of adults using violence)
- streamlining the Practice Guides by:
  - removing duplication, increasing conciseness, and ensuring Plain English is used
  - delivering information through visual aids such as tables, flowcharts, and diagrams (while ensuring accessibility standards are met)
  - highlighting key tools and learning outcomes to make them easier to find and recall
  - socialising practitioner-focused ‘summary chapters’.
- developing resources to bridge the gap between the Practice Guides and the tools. This might include creating action-oriented content on how to apply practice guidance.



## 4.5 Risk factors and presentations of risk of family violence

This section considers the current evidence base for the risk factors of family violence (focusing on serious risk factors associated with a greater likelihood of homicide or severe harm and emerging risk factors) and presentations of risk across communities. The section also considers how this evidence base is reflected in MARAM (including stakeholder views on this). As the Data Review will seek to analyse data on the current MARAM evidence-based risk factors and assess their correlation to the presence and level of family violence risk of lethal outcomes, it is anticipated that the discussion and recommendations relating to risk factors below will be considered in the Data Review.

### 4.5.1 Risk factors and presentations of risk

The literature identifies several family violence risk factors associated with a significantly increased risk of lethality and/or serious harm to a victim. In this section, we discuss selected risk factors that are highlighted in the literature and are consistent with several serious risk factors listed in MARAM as being associated with greater risk of lethality and/or serious harm.

#### Actual or pending separation

Literature affirms that separation is a serious risk factor and is a prominent feature in many cases of IPV homicides, indicating that the period leading up to and immediately following separation involves an elevated level of risk of family violence. A 2022 ANROWS report on IPV homicides in Australia reported that separation or intention to separate was a feature in more than half (58%) of the cases where a male IPV homicide perpetrator had killed a female intimate partner. In the vast majority of cases (94.3%), the female homicide victim had expressed an intention to separate from the male perpetrator, and 76% of these had expressed an intention to separate within 3 months of the homicide. These data indicate that the period prior to and immediately after separation may be particularly dangerous for women. This reinforces the importance of support and protection for women who intend to separate or have recently separated from an abusive partner (Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety, 2022). This risk is heightened when the adult using violence has exhibited controlling behaviour during the relationship and escalation of violence post-separation in order to punish or re-establish control over the victim. Records by the NSW Domestic Violence Death Review Team indicate that almost two-thirds of female victims killed by a former intimate partner had ended their relationship within three months of being killed (Backhouse & Toivonen, 2018). The Victorian Systemic Review of Family Violence Deaths (between 1 January 2011 to 31 December 2015) indicated a lower rate: 24% of homicide victims had separated from the homicide offender within three months of the homicide incident and 16% of homicide victims were intending to separate (or separation was pending) at the time of the homicide incident (Coroners Court of Victoria, 2020).

MARAM identifies the period when a victim starts planning to leave, immediately prior to leaving, and during the initial stages or immediately post-separation as periods of serious risk, with an increased risk of the victim being killed or almost killed. As noted in MARAM, victims who stay with the adult using violence because they are afraid to leave often accurately





anticipate that leaving would increase the risk of lethal assault (Family Safety Victoria, 2021). However, feedback from stakeholders suggested they perceive the Comprehensive Safety Planning tool as revolving around victim survivors intending to leave and that it does not sufficiently account for victim survivors who want to remain at home or in the relationship/community. [Recommendation 4](#) above is intended to address this.

### Intimate partner sexual violence

Research shows that among physically abused women who also experience rape or forced sexual activity, homicide is seven times more likely, and intimate partner sexual violence is the strongest indicator of an escalation in violence severity and frequency. Recent evidence indicates that if a male adult using violence rapes his victim, the likelihood of intimate partner homicide is increased more than five-fold (Spencer & Stith, 2020). Consistent with this, MARAM identifies sexual assault of a victim as an evidence-based risk factor associated with a higher risk of a victim being killed or almost killed (Family Safety Victoria, 2021).

The MARAM Practice Guides define sexual assault broadly as including any acts of a sexual nature carried out against the victim survivor's will through force, intimidation or coercion. Presentations of sexual assault which are listed in the MARAM Practice Guides include penetration without consent (rape), attempted rape, aggravated sexual assault or indecent assault, and sexual acts against children. Unwanted sexual touching and forcing a victim survivor to watch pornography or witness other sexual acts are also examples of sexual assault (Family Safety Victoria, 2021).

MARAM also notes that there is emerging evidence to suggest that adolescents who use family violence and sexually derogatory language against parents or carers may be at risk of sexually abusing and assaulting siblings. Recent research into adolescent family violence in Australia reported that the co-occurrence of physical and sexual violence with non-physical forms of violence among young people was common. For instance, among young people who had threatened to kill their family members, 81% had been physically or sexually violent towards them as well, and many young people who used physical and sexual violence were also likely to engage in non-physically abusive behaviours (Fitz-Gibbon et al., 2022). MARAM practice considerations emphasise the importance of asking about the use of sexually derogatory language against any family member and any concerns a parent or carer may have about risk of any forms of harm, including sexual abuse to siblings.

Recent research has highlighted the variation in understandings and definitions of intimate partner sexual violence, and the impact that this has on supporting victim survivors (Helps et al., 2023). Given that a lack of understanding of sexual violence and harm among practitioners may lead to exclusion of a part of the risk profile or context, stakeholders highlighted that more guidance could be included in relation to sexual assault. Suggestions included what it may 'look like' in a family violence situation, as this may help open up a conversation about a victim survivor's experience. There is currently only one question in the Comprehensive Risk Assessment tool relating to sexual violence. Stakeholders suggested that guidance could also include how to frame conversations around choice and consent, as approaching the subject in this way was perceived as helpful. Other stakeholders suggested including questions about whether there were times a victim survivor felt they could not say no to sex, what would have happened if they had said no, and what choice they had in having children (if applicable).





Moreover, it was noted that while sexual assault within family violence is most likely to occur by an intimate partner, there should be an emphasis on asking the question in all scenarios, and this is particularly relevant for people with disability.

### **Non-fatal strangulation or choking**

The literature notes that strangulation of a victim constitutes one of the most lethal forms of family violence as it may result in loss of consciousness within seconds and death within minutes. Non-fatal strangulation can also result in serious injury such as ABI and is another way that adults using violence exert control over victim survivors due to the threat of death. A recent meta-analysis highlighted non-fatal strangulation as one of the strongest risk factors for intimate partner homicide and reported that women who have experienced non-fatal strangling or choking by their partners have a seven-fold higher risk of being killed (Spencer & Stith, 2020). Of note, women who were strangled by an intimate partner are more likely to report other significant risk factors for intimate partner homicide, including sexual violence and being threatened with a weapon by the adult using violence (Spencer & Stith, 2020). In accordance with the literature, MARAM identifies strangulation or choking as a serious risk factor associated with an increased lethality risk to a current or former partner (Family Safety Victoria, 2021).

In relation to non-fatal strangulation, stakeholders indicated that further prompts could be included when questioning victim survivors about strangulation to better unpack the severity, such as whether a tool was used to apply pressure to the throat or neck, whether a victim survivor experienced restricted breathing, and whether the victim survivor experienced incontinence as a result of strangulation.

### **Stalking**

Persistent and repeated stalking, whether physically or via technology, is associated with a higher risk of male-perpetrated homicide and constitutes an important risk factor in most cases of attempted or actual homicide. A recent meta-analysis found that compared to other risk factors for IPV including access to and/or use of guns, estrangement, having a stepchild in the home, forced sex, and threats to kill, stalking is considered a stronger risk factor for intimate partner homicide (Spencer & Stith, 2020), and the majority (76-85%) of women who were murdered or experienced attempted murder by an intimate partner had been stalked by the adult using violence (Spencer & Stith, 2020). Compared to women who have been abused, victims of attempted or completed homicide are more than twice as likely to have been stalked by the adult using violence (Spencer & Stith, 2020). As noted in MARAM, stalking, particularly when coupled with physical assault, is a serious risk factor associated with an increased risk of the victim being killed or almost killed (Family Safety Victoria, 2021).

### **Access to and/or recent use of weapons by the adult using violence**

Recent evidence indicates that the involvement of weapons significantly increases the severity of abuse-related harm. A recent meta-analysis revealed that the strongest risk factor associated with an increased risk of intimate partner homicide is the adult who uses violence's direct access to guns, which increases the likelihood of intimate partner homicide more than



11-fold (Spencer & Stith, 2020). As noted in MARAM, perpetrators with access to weapons (particularly guns and knives) are much more likely to seriously injure or kill a victim than perpetrators without access to weapons. The use of a weapon by a perpetrator, especially in the most recent event of violence, is listed in MARAM as a serious risk factor for lethality (Family Safety Victoria, 2021).

Feedback from stakeholders indicated that in relation to the 'access to weapons' question in the Risk Assessment tools, most households contained weapons (particularly kitchen knives). It was acknowledged that it would be useful to understand if there were specific weapons used in an event of family violence, such as machetes or guns, and whether there are specific types of weapons associated with an increase in risk level that are covered by the risk factor.

MARAM practice guidance notes that any object can be used as a weapon, which is defined as any tool or object used by an adult using violence to threaten or intimidate, harm or kill a victim survivor, or pets, or to destroy property. This includes a range of items which may include prohibited weapons, such as firearms, or any object that can be used as a weapon, such as household or utility items (i.e. vehicles, kitchen knives, furniture, sporting equipment, gardening implements). The table of risk factors in MARAM also notes that perpetrators with access to weapons, particularly guns and knives, are much more likely to seriously injure or kill a victim or victims than perpetrators without access to weapons (Family Safety Victoria, 2021). However, stakeholders suggested that unpacking what the adult using violence has used as a weapon would be more helpful than a question which implied the object was a weapon.

### Escalation (frequency and severity)

Escalation in family violence tends to occur following shifts in other dynamic risk factors, such as attempts to leave the relationship (Backhouse & Toivonen, 2018). In line with this, MARAM lists an escalation in severity and/or frequency of violence as a serious risk factor, linked to an increased risk of lethal outcomes for victims (Family Safety Victoria, 2021). An escalation in frequency or severity of physical violence is associated with a five-fold higher risk of homicide.

Of note, transition points such as police investigations and court proceedings may instigate an escalation in aggression and violence of the adult using violence, posing a greater risk to the partner and children (Backhouse & Toivonen, 2018). In line with this, a stakeholder put forward the view that the Intermediate Risk Assessment guidance which deals with pending Family Court matters should be updated to cover common court hearings and practice considerations for each.

### Coercive control and controlling behaviours

The literature indicates that controlling behaviours of the adult using violence, including financial and verbal abuse, social isolation, and psychological control, alongside escalation of patterns of coercive control, are a significant risk factor for intimate partner homicide (Spencer & Stith, 2020). The National Principles to Address Coercive Control in Family and Domestic Violence note that coercive control is a significant risk factor for intimate partner and child homicide (Attorney-General's Department, 2023). MARAM also regards the use of coercive control and controlling behaviours as a serious risk factor that exhibits a strong association







with homicide (Family Safety Victoria, 2021). The literature identifies that coercive control is highly gendered and is the main strategy used by male partners for exerting control over female victim survivors (Attorney-General's Department, 2023). Consistent with this, MARAM notes that men's use of violence is characterised by a pattern of coercive controlling and violent behaviour, as distinct from women who use force in heterosexual intimate partner relationships, who tend to use force to gain short-term control over threatening situations, rather than using power to dominate or control their partner.

The National Principles to Address Coercive Control in Family and Domestic Violence note the role of non-physical violence in coercive control, including threats and intimidation such as threats to remove children or withhold contact, threats to report to child safety authorities, threats to shame or embarrass the person in their community, and threats to infect with an infectious disease. The National Principles also note that an adult using violence may harm animals, particularly when a victim-survivor has a strong emotional connection to a pet or when the animal is a support for the person (Attorney-General's Department, 2023). MARAM similarly notes this correlation between cruelty to animals and family violence, including a direct link between family violence and pets being abused or killed. Harm, threatened harm, or killing of pets or other animals is regarded as a serious risk factor in MARAM (Family Safety Victoria, 2021). Recent research indicates that cruelty and harm directed to pets and other animals are indicative of a high risk of future or more severe violence and are frequently used as a control tactic by adults using violence. Further, having to leave pets behind is an established barrier to victim survivors leaving their violent partners (Backhouse & Toivonen, 2018). Some stakeholders suggested that the current guidance on harm to pets and animals is limited, and conversation prompts would be useful to support deeper exploration of the full range of behaviours towards pets and animals.

### **Pregnancy and recent birth**

In Australia and internationally, family violence against pregnant women is the main cause of death to mothers during pregnancy (Backhouse & Toivonen, 2018). Violence towards pregnant women is a significant risk factor for future harm to a woman and child and is typically underscored by an escalation in frequency and severity if it has occurred previously. Almost half of all women who are abused by their partner and who are pregnant during a relationship, experience partner-perpetrated violence while pregnant, which may include physical violence directed towards specific body parts so that abuse is both of the mother and child (Backhouse & Toivonen, 2018). The commencement or intensification of family violence, particularly physical assault, during pregnancy or following a birth is common and is acknowledged in MARAM as a significant indicator of future harm to a victim survivor and her child (Family Safety Victoria, 2021). However, the nuances in presentation of physical violence towards women while pregnant (for example, violence directed towards specific body parts) may be an element to consider incorporating into MARAM, such as by adding further details to the explanation of the risk factors or within related questions in the MARAM tools. Research indicates that women with disability, women aged 18-24 years and Aboriginal and Torres Strait Islander women are especially at risk of experiencing severe violence from their partner during pregnancy (Backhouse & Toivonen, 2018). Further, the risk of family violence against pregnant women is higher among those with severe mental illness (Suparare et al., 2020). There is scope for updating MARAM to reflect this evidence.



While MARAM acknowledges that family violence often commences or intensifies during pregnancy and the early post-natal period, stakeholders suggested that MARAM does not adequately address potential abuse in the postpartum period. MARAM notes that in addition to physical assault, the risk of sexual and emotional abuse can also increase during this period, and the Practice Guides include a prompt on asking about non-physical abuse. However, MARAM content could be expanded to better capture escalation of risk in relation to pregnancy, such as the number of pregnancies, the role of pregnancies and how pregnancy is used to control victim survivors. Further, although the Practice Guides discuss reproductive coercive control, this could be more strongly reflected in the tools. Stakeholders suggested that further information and questions within the tools about reproductive coercion such as refusing to wear condoms and forcing to keep or terminate a pregnancy would be helpful.

### **Obsession/jealous behaviour toward victim**

Research has long indicated that obsession and jealousy, particularly sexual jealousy, is a significant risk factor for intimate partner homicide. Jealousy may be associated with the victim survivor having children from a previous relationship, or the adult using violence believing that the victim survivor has been involved in an affair, or plans to leave the relationship (Spencer & Stith, 2020). A comparison of men who committed intimate partner homicide and those who perpetrated non-lethal violence revealed that the former were five times more likely to have been jealous or possessive at the time of the perpetrating event (Spencer & Stith, 2020). Consistent with this evidence, MARAM acknowledges obsessive or jealous behaviour towards the victim survivor as a serious risk factor.

### **Alcohol and illicit substance abuse by the adult using violence**

Current evidence indicates that alcohol and substance abuse by the adult using violence may exacerbate the seriousness of risk of family violence by an adult using violence. Recent data have shown that 60% of IPV homicide offenders engaged in problematic drug and/or alcohol use, which may represent a pattern of behaviour in perpetrators of IPV homicide (Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety, 2022).

A recent meta-analysis highlighted alcohol and substance abuse as a significant serious risk factor that increased the likelihood of intimate partner homicide by 85% (Spencer & Stith, 2020). In line with this, MARAM lists drug and/or alcohol misuse/abuse as a serious risk factor (Family Safety Victoria, 2021). Recent cessation of drug or alcohol use by adults using violence, particularly in individuals with addiction, may also perpetuate family violence among adults using violence who are not undergoing recovery and rehabilitation (Backhouse & Toivonen, 2018). These specific manifestations of this risk factor are not explicitly captured within MARAM, and consideration should be given to incorporating them into the explanation of this risk factor.

### **Suicide threats and attempts by the adult using violence**

The NSW Domestic Violence Death Review Team reported that almost a quarter of men who killed an intimate partner in NSW between 2000 and 2014 died by suicide after the homicide



(Backhouse & Toivonen, 2018). As indicated in MARAM, threats or attempts to self-harm or die by suicide are a serious risk factor associated with murder–suicide and constitute an extreme extension of controlling behaviours (Family Safety Victoria, 2021).

#### 4.5.1.1 Emerging evidence for additional serious risk factors

##### History of family violence by the adult using violence against the victim

A 2018 ANROWS report indicated that a previous history of family violence by the adult using violence against the victim is the most consistently identified risk factor for intimate partner lethality and risk of recidivism (Backhouse & Toivonen, 2018). The majority of intimate partner homicides are preceded by a history of violence in the relationship, and women experiencing family violence are five times more likely to be killed if the frequency or severity of physical violence escalates over time (Backhouse & Toivonen, 2018). Most cases of homicide tend to be underscored by a history of repeated patterns of abuse and psychologically coercive and controlling behaviours (Backhouse & Toivonen, 2018).

Although listed as an emerging risk factor, a history of family violence by the adult using violence against the victim is not specifically identified as a serious risk factor associated with an increased risk of death or severe harm in MARAM (Family Safety Victoria, 2021). This may be due to the framing of a ‘history of family violence’, which implies that family violence is incident-based. Nevertheless, family violence is a pattern of behaviour, whereby the other behaviours assessed are, in themselves, indicators of the presence of a history of family violence. Commenting on the terminology used for this risk factor, one stakeholder noted that ‘history of family violence’ relies on mutualising language, rather than having the pattern of behaviour of the adult using violence in view.

##### Threats to harm a victim

A recent meta-analysis identified that a significant risk factor for male-perpetrated intimate partner homicide is previous threats by an adult using violence to harm the victim (which was distinguished from threatening a victim with a weapon) (Spencer & Stith, 2020). Although the findings of the meta-analysis suggested that threats to harm a victim significantly increased the risk of lethality, the operational definitions of threats to harm used in the eight studies assessed in the meta-analysis were not specified. For this reason, threats to harm may encapsulate a range of other risk factors that may be difficult to disentangle. In MARAM, threats to harm a victim are noted as an emerging risk factor but are not considered a serious risk factor associated with an increased risk of a victim being killed (Family Safety Victoria, 2021).

##### Mental illness among adults using violence

A recent meta-analysis reported that mental illness among adults using violence is a risk factor that warrants serious attention when assessing whether an individual is at risk of intimate partner homicide (Spencer & Stith, 2020).





Mental illness, particularly depression, among adults using violence may be linked with an escalation in the frequency and severity of family violence. A recent meta-analysis reported that a history of mental health problems among male adults using violence increased the likelihood of intimate partner homicide by 30%. However, mental health problems were not clearly defined in the paper (Spencer & Stith, 2020). Among a sample of 164 male perpetrators of intimate partner homicide, almost all (95%) perpetrators had at least one diagnosis of mental illness, the most common being personality disorders (Spencer & Stith, 2020).

MARAM includes mental illness among perpetrators as an evidence-based risk factor and notes that this is associated with an escalation in the frequency and severity of family violence but does not specifically identify mental illness among perpetrators as a serious risk factor associated with an increased risk of lethality (Family Safety Victoria, 2021).

### **Mental illness among victim survivors**

Recent evidence indicates that people with mental illness have a heightened likelihood of experiencing greater impact or severity of family violence, alongside additional barriers to seeking and obtaining support (Backhouse & Toivonen, 2018). Consistent with this, MARAM notes that individuals with mental illness have a higher risk of experiencing family violence, and mental health issues or mental illness may arise as a result of family violence (Family Safety Victoria, 2021).

### **Social isolation**

Growing evidence suggests that social isolation and lack of social support are significant risk factors for severe harm (Backhouse & Toivonen, 2018). This is particularly pertinent in the context of the recent COVID-19 pandemic, with extensive evidence documenting an increase in family violence prevalence during the pandemic, underscored by the impact of social isolation, reduced availability of and access to outside help, and reduced options for leaving an abusive relationship.

Social isolation of victims is used by adults using violence as a means for controlling victims, such as by limiting interactions with family, friends, social support and community support programs. Crucially, lockdowns, social restrictions and enforced quarantine during pandemics may be exploited by adults using violence to exercise greater control by enforcing social isolation, instilling fear of contagion, and increasing surveillance of victims (Spiranovic et al., 2021). In this regard, isolation brought about by the COVID-19 pandemic has been considered the 'perfect storm' for exacerbating family violence (Spiranovic et al., 2021). Although the evidence suggests that social isolation exacerbates the severity of family violence, further research is required to confirm whether social isolation is associated with an increased risk of lethal outcomes for victims. MARAM includes isolation as an evidence-based risk factor, but it is not listed as a serious risk factor associated with an increased risk of a victim being killed or severely harmed.

### **Arson and burning-related threats**

In Australia, cases of fire, burning and threats of burning in the context of family violence occur with a degree of regularity and warrant further consideration. Although the use of fire has not



been specifically identified in MARAM as an evidence-based risk factor associated with escalating family violence or death, it may be encapsulated in commonly recognised risk factors such as threats to kill or harm the victim or children, threats to suicide and as a method of coercive control (Douglas, 2022), and should be taken into consideration when examining risk factors for family violence.

For cases involving arson or burning-related threats in the context of family violence, the majority of adults using violence are male (similar to other forms of family violence) and the victim is an adult female (typically the offender's current or ex-partner). Most fire-related cases tend to occur in circumstances where the intimate partner relationship has ended, or the adult using violence knows or believes that the victim intends to leave the relationship. Indeed, separation has been specifically identified as a trigger for fire-related offences (Douglas, 2022).

Cases of dousing and setting a victim on fire may be considered 'near miss' homicides given the high risk associated with this behaviour (Douglas, 2022). Research suggests that the use of fire or threats of fire in an ongoing abusive relationship are generally directed at the body of the victim rather than her property. Although housing tends to be targeted less often, this may be because in the majority of cases, both parties jointly use the property (Douglas, 2022). Given the (limited) emerging evidence on the use of arson, fire-related injury, the use of fire and burning threats may warrant consideration either as new risk factors or presentations of existing MARAM risk factors requiring explanation in MARAM practice guidance.

#### **4.5.1.2 Risk factors for children**

MARAM lists several emerging risk factors specific to children and emphasises that children's risk must be assessed independently of adult victim survivors given the importance of recognising children as victim survivors in their own right, with unique experiences, vulnerabilities, and needs (Family Safety Victoria, 2018). However, evidence in the literature is less definitive regarding distinctive risk factors for children and young people (Lamb, Forsdike, et al., 2022). The majority of research does not specifically examine child-specific risk factors.



## Recommendation 13

### 13

#### Update the evidence-based guidance around risk factors and presentations of risk

##### This includes:

- considering the reframing of 'history of family violence' to 'perpetrator's pattern of family violence' to emphasise that this risk factor reflects a pattern of behaviour over time
- considering additional MARAM guidance and questions in MARAM tools, including:
  - further guidance in relation to sexual assault
  - emphasising asking the question about sexual assault in all scenarios
  - further prompts when questioning victim survivors about non-fatal strangulation
  - questions which aim to understand what the adult using violence has used as a weapon
  - conversation prompts to support deeper exploration of the full range of behaviours towards pets and animals
  - addressing the nuances in presentation of physical violence towards women while pregnant (for example, violence directed towards specific body parts), by adding further details within the practice guidance and MARAM tools
  - addressing reproductive coercive control in more detail, by including further information and questions within the MARAM tools around reproductive coercion such as refusing to use contraception and forcing to keep or terminate a pregnancy
- expanding on the various ways in which family violence may present post-partum (beyond physical assault / abuse).
- pending outcomes of the MARAM 5-Year Evidence review – Data Review, considering:
  - recent evidence relating to arson (and burning-related threats) as emerging risk factors or new presentation of existing risk factors
  - whether a history of family violence, threats to harm a victim survivor, and mental illness of the adult using violence should be considered 'serious' risk factors given emerging evidence that these risk factors are associated with a higher risk of lethality / severe harm
  - whether social isolation (particularly in the context of the COVID-19 pandemic and other periods of emergency) is associated with a higher risk of lethal outcomes for victim survivors
  - evidence in relation to the increased risk of family violence during pregnancy for specific populations, including women with disability, women aged 18-24 years, Aboriginal and Torres Strait Islander women, and women with severe mental illness.



## 4.5.2 Risk factors and presentations of risk across communities

Recent literature indicates that empirically identified risk factors included in risk assessment tools and frameworks have almost exclusively been developed based on an analysis of heterosexual samples and only address heterosexual violence, which is the most prevalent form of family violence (Backhouse & Toivonen, 2018). Crucially, most existing tools cannot be easily applied by frontline workers to the broader contexts in which family violence occurs (such as young people using violence in the home or their dating relationships, violence directed towards older family members or violence within LGBTIQ+ relationships). Moreover, despite growing acknowledgement that ‘women’s use of force’ may exhibit qualitatively distinct intent, impact and motivation, existing tools do not currently encapsulate the differences between male and female offenders even between heterosexual intimate partners (Lamb et al., 2022).

In this section, the term “risk factors” is used where the authors have named them as such, but it should be noted that these “risk factors” may not necessarily help determine the seriousness of family violence risk or may not be correlated with family violence harm and homicide in and of themselves (unlike the evidence-based risk factors encapsulated in MARAM). A range of these “risk factors” are contextual factors, associated with the drivers and reinforcing factors for family violence occurring in the first instance, or act as barriers for safety.

### 4.5.2.1 LGBTIQ+ people

Research suggests that compared to cisgender heterosexual female victim survivors, LGBTIQ+ people experience similar if not higher rates of abuse and poorer recognition and support, noting that the exact forms and rates of family violence may be underestimated given the significant underreporting of family violence by LGBTIQ+ people (Reeves & Scott, 2022). LGBTIQ+ people may experience a range of unique circumstances where they are subject to violence that may not be experienced by other groups, such as rejection or abuse after ‘coming out’ to family members (Hill et al., 2022). MARAM notes that in addition to targeting a person’s gender and/or sexual identity, perpetrators may also target the victim survivor’s race, ethnicity, disability, class, age, and/or religion to denigrate and control the victim survivor (Family Safety Victoria, 2018).

LGBTIQ+ adults in Australia with severe disability are at a high risk of abuse, with almost three quarters reporting experiencing violence from an intimate partner, most frequently emotional abuse, followed by verbal abuse and social isolation (Hill et al., 2022). As a method of maintaining power and control, adults using violence may use the threat of ‘outing’ a victim survivor’s sexuality and gender identity to others, particularly if the victim survivor has a family, religious or cultural background that is homophobic, biphobic, or transphobic. Internalised homophobia, biphobia or transphobia – the sense of self-shame generated by an oppressive environment – may be weaponised by adults using violence to further reduce victim survivors’ self-esteem, including undermining or shaming body parts, using slurs, or disrespecting chosen names and pronouns. Identity abuse is a common factor in LGBTIQ+ family violence, which is underscored by stereotypical tropes that are exploited by abusive partners to control, punish, torment and/or deter help seeking (Reeves & Scott, 2022).



Recognising the nuanced interplay between historically homo- bi- or transphobic social, institutional, and professional responses to LGBTIQ+ people seeking help, is imperative to fostering a sense of safety in those reporting family violence and when assessing risk among LGBTIQ+ people experiencing family violence (Reeves & Scott, 2022). Consistent with this, MARAM acknowledges that cisnormativity, heteronormativity, and social norms and understandings around gender and sexuality can be internalised at the individual, cultural, and institutional level, leading to particular forms of coercive and controlling behaviours in relationships across LGBTIQ+ communities. MARAM also emphasises that many existing stereotypes about LGBTIQ+ IPV can form the basis of narratives provided by adults using violence to minimise or justify their behaviour, as well as using beliefs about faith or religion, gender, sexuality, family and relationships to delegitimise or undermine the identity of an LGBTIQ+ person (Family Safety Victoria, 2021).

#### 4.5.2.2 Older people

Risk factors for family violence among older people include advanced age, having dementia or similar cognitive disorders, isolation, history of family violence, mental health diagnosis and substance use (Collins et al., 2020). The Australian Institute of Family Studies has also recently noted that the increased dependence associated with a decline in cognitive functioning can be a significant risk factor for the experience of elder abuse (Qu et al., 2021). Other research has synthesised the evidence into the following eight victim-related risk factors:

- problems with physical health
- mental health challenges, particularly depression and cognitive decline
- problems with substance misuse, including alcohol
- dependence, which is associated with elder abuse experiences but is not a predominant cause of elder abuse
- problems with stress and coping
- attitudes such as self-blame, excusing the abusive behaviour of family members, protecting adults using violence, self-depreciation, stoicism and apathy
- previous experiences of abuse, including abuse in childhood and neglect and IPV as an adult
- problems with relationships, including with adult children, conflictual relationships with family and friends and social isolation (Storey, 2020).

Other risk factors include caregivers who struggle with substance abuse who more commonly commit physical and emotional abuse, and the association of caregiver burden with neglect (Collins et al., 2020). Some of these factors overlap with 'vulnerabilities' that are noted in MARAM as being targeted by perpetrators of elder abuse, including: declining or diminished mental capacity or physical health from age-related diseases; becoming marginalised and devalued due to ageism; social and community connections diminishing over time, leading to isolation which increases susceptibility to mistreatment and abuse; language or financial





literacy barriers reducing access to information, services and resources; and dependence on others (Family Safety Victoria, 2021).

Elder abuse is mostly committed by family members, most commonly by adult male children, followed by intimate partners or spouses with a history of substance misuse, mental health challenges, or a history of violence (Collins et al., 2020). However, older people are also at risk of abuse from friends, neighbours and acquaintances (Qu et al., 2021). Risk factors for family violence among older people associated with adults using violence include stress (including carer stress, which may be described to attempt to justify or excuse the abuse), limited awareness of support networks, history of family violence, mental health challenges, physical health, substance use, dependence of the adult using violence on the victim, debt or financial hardship, gambling and negative attitudes (such as ageism) (Collins et al., 2020; Qu et al., 2021). Ageist attitudes have been shown to be associated with a stronger belief that family members are entitled to an older persons' assets for their provision of regular assistance (Qu et al., 2021).

MARAM also notes that ageism is a driver of elder abuse. When not perpetrated by an intimate partner or carer of the person experiencing family violence, elder abuse is most commonly perpetrated by adult children, which commonly manifests as financial abuse. MARAM also acknowledges that adult children with a history of perpetration or who currently perpetrate family violence towards their partner or another family member may return home and perpetrate violence against their parents. Further, adult children may be receiving support from their parents in relation to the use of alcohol and drugs, gambling and/or criminal activity, and older people may feel obligated to support their children in these situations (Family Safety Victoria, 2021).

Recent evidence relating to elder abuse suggests that lower-income women living with their spouse or adult children are at higher risk of neglect, as well as physical and financial abuse (Collins et al., 2020). As indicated in MARAM, women remain over-represented as victim survivors of elder abuse generally; however, it does not explicitly mention the greater risk faced by lower-income older women. The literature also identifies social isolation as a contributing factor to family violence against older people (Collins et al., 2020). Among older adults who are reliant on caregivers, victimisation is associated with declining physical health and functioning, mental illness, reduced cognitive status, and substance misuse. MARAM acknowledges that declining or diminished mental capacity or physical health from age-related diseases and diminishing social and community connections leading to isolation are vulnerabilities that may be targeted or exploited by perpetrators of elder abuse (Family Safety Victoria, 2021).

Culturally and linguistically diverse older people in Australia face a higher risk of abuse due to language barriers, social isolation, dependence on family members, concerns about stigma and shame, and cross-generational expectations of care and support (Collins et al., 2020). MARAM acknowledges that how older people are considered within family and community relationships can be deeply bound to culture or faith, and violence against older people must be informed by a recognition and understanding of their family structure, cultural or faith background.



### 4.5.2.3 People living in rural areas

Australian research indicates that people living in rural and remote areas experience higher rates of family and domestic violence. Compared with metropolitan areas, people living in Australian rural and remote communities have higher rates of alcohol consumption and greater access to firearms, both of which increase the risk of partner violence. Further, people in remote and very remote Australia are 24 times as likely to be hospitalised for domestic violence than people in major cities, and women account for 80–87% of these hospitalisations (Australian Institute of Health and Welfare, 2019). According to Canadian research, relative to adults using violence in urban areas, adults using violence in rural areas tend to exhibit more chronic and severe family violence, with concomitantly higher rates of substance abuse and unemployment (Youngson et al., 2021). MARAM acknowledges that there is an increased occurrence of family violence in rural Victoria, including of adolescents using violence, which is correlated to a high use of methamphetamines (Family Safety Victoria, 2021).

Research has highlighted several factors that may increase the risk of family violence within rural populations, including geographic isolation, lack of transportation, and lack of community resources, accepted and more available use of firearms, poverty, and lack of privacy/anonymity. Geographic distance increases isolation and victim survivor risk of family violence, given that neighbours, witnesses, support and emergency services are located further away; and community resources, transportation, and ability to seek help may be limited. Physical isolation may also underpin social isolation, which dually contributes to increased power and control among adults using violence, resulting in an increased risk of family violence. Limited transportation and community resources further enhance risk and impact the ability to seek help. The lower socioeconomic status and higher rates of poverty within rural settings, in conjunction with high rates of unemployment and lack of affordable housing may also impede the ability of a woman to leave an abusive relationship (Youngson et al., 2021).

These factors are reflected in MARAM practice guidance, which acknowledges that victim survivors in geographically isolated areas may feel disconnected from their community or lack support networks as a result of the tactics used by adults using violence, or technological issues. As such, isolation is a major barrier in rural areas to access help when needed. MARAM emphasises that physical distance and transport can be a barrier for victim survivors in seeking assistance, and the adult using violence may block access to vehicles. Further, MARAM underscores the importance of considering proximity to the local police station and access to transport during risk management and safety planning, given the limited access to transport in rural communities (Family Safety Victoria, 2021).

Within rural areas, differing cultural values (for example, about religion, privacy or patriarchal attitudes) may act to sanction family violence and place rural women at higher risk of family violence. Certain rural practices including cultural beliefs about religion (i.e. permanence of marriage), importance of privacy, and predominance of patriarchal attitudes may generate a context that enables and sanctions domestic violence by discouraging women from being assertive. The close-knit community networks in rural areas also represent an additional barrier to help seeking due to the difficulty in maintaining anonymity when seeking help, as victim survivors may avoid accessing resources due to privacy concerns and fear regarding confidentiality (Youngson et al., 2021).



MARAM acknowledges that the close-knit nature of some small communities can be a barrier for victim survivors. An adult using violence may have close relationships with community members, and the victim survivor may fear that knowledge of the family violence would become widespread in the community. Moreover, MARAM highlights that rural communities may hold unspoken norms on keeping personal information private and includes a question on whether victim survivors are concerned that other people in the community or other family members will find out what is occurring (Family Safety Victoria, 2021).

#### **4.5.2.4 Aboriginal and Torres Strait Islander peoples**

Family violence is a significant contributing factor to the incarceration of First Nations women, and the over-representation of First Nations children in child protection systems (Australian Human Rights Commission, 2022b).

Compounding risk factors underpinning violence towards First Nations women include racism, poor housing, financial stress, alcohol and substance abuse, a loss of physical, social and emotional wellbeing, and contact with the justice system. Overcrowding, housing insecurity and homelessness increase the risk of family violence and exacerbate the impact of trauma, while the long waiting lists for accommodation options and the lack of affordable and culturally appropriate public housing heightens the vulnerability of First Nations women and children to homelessness, which in turn exacerbates the risk of family violence (Australian Human Rights Commission, 2022a).

Consistent with the literature, MARAM emphasises that the history and ongoing impacts of colonisation, dispossession and structural and systemic violence are drivers of the elevated rates of family violence perpetrated against Aboriginal and Torres Strait Islander peoples and communities. The MARAM Framework policy document notes that the injustices experienced by Aboriginal and Torres Strait Islander people, including the dispossession of their land, cultural dislocation, oppression, intergenerational trauma, institutionalised inequality, and the wrongful removal of children from their families, both historic and current, have profoundly affected Aboriginal and Torres Strait Islander communities and contributed to the higher prevalence of family violence in this population (Family Safety Victoria, 2018).

While there has been less research into First Nations women's experience of online abuse, there is some evidence that indicates high rates of technology-facilitated abuse directed at Aboriginal and Torres Strait Islander women from regional and remote areas. Low digital literacy rates, social networks that make it easier for an adult using violence to target women, and lack of culturally appropriate and accessible services contribute to First Nations women in remote areas facing a higher risk of experiencing technology-facilitated abuse (Australian Human Rights Commission, 2022a). MARAM acknowledges this by noting that technology-facilitated abuse has particular implications for communities where exploitation of social isolation, language barriers, and deliberate cultural isolation occurs, particularly for communities such as Aboriginal and Torres Strait Islander peoples (Family Safety Victoria, 2021).

#### **4.5.2.5 Migrant populations**

The process of immigrant families trying to settle into a new cultural environment may lead to a redefinition of family roles, obligations, and child-rearing practices, which can impact parent-



child or intimate partner relationships and threaten internal familial cohesion and structure. At the individual level, parental trauma experiences, mental illness, substance abuse and history of child abuse are significant risk factors for family violence among refugee families (Timshel et al., 2017). Further, parents who have been subjected to physical discipline in their own childhood exhibit a higher risk of exerting violent behaviour towards their children, which supports the notion of intergenerational transmission of violence. In this regard, parents may respond to their traumatic pre-migration experiences by more firmly upholding their culturally determined child physical discipline practices or by exerting overprotective, restrictive, and controlling behaviours towards their children (Timshel et al., 2017).

Family-level risk factors include parent-child interaction, family structure, and family acculturation<sup>11</sup> stress (Timshel et al., 2017). Research on child maltreatment<sup>12</sup> among immigrant families has revealed that single parenthood, large family size, and divorce/separation are risk factors for child maltreatment. At the societal level, low socioeconomic status has been identified as a risk factor. Immigrant women often face a set of additional barriers and challenges that require specific strategies to support them in situations of domestic violence. These are linked to social, structural, and individual variables that determine whether women see events as abusive or not, and their ability to escape violent relationships (Timshel et al., 2017).

MARAM acknowledges that people from migrant and refugee backgrounds may have experiences of trauma in their home countries, including histories of family violence pre-dating immigration experiences and the effects of childhood experiences of violence. MARAM also reflects these themes in its practice considerations for responding to people from migrant or refugee backgrounds that are experiencing family violence, including considering how these populations may:

- face cultural stigma, taboos, and community pressures
- be isolated from social networks due to family violence, particularly when they are newly arrived migrants
- have cultural or faith-based beliefs that discourage separation or divorce
- hold parenting norms or practices that are influenced by culture and faith-based beliefs
- have experienced significant trauma prior to their migration to Australia, particularly those from refugee or asylum seeker backgrounds

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<sup>11</sup> The term “acculturation” has been used in this Report to reflect the language adopted by the original authors in the source literature, which defines “acculturation” as the process by which individual or group cognitions and behaviours (such as ways of speaking, dressing, and eating) change as a result of contact with other groups (Timshel et al., 2017).

<sup>12</sup> As per the definition provided by Timshel et al., 2017, child maltreatment covers child abuse (the intended actions of caregivers, but not necessarily intended consequences, causing harm or potential harm to the child) and child neglect (caregivers’ failure to protect and provide physical, emotional, educational, medical and/or dental needs).



- fear the implications of their visas being cancelled if family violence is disclosed
- fear facing punishment or being killed if they return to their country of origin
- have reservations and fears (or misconceptions) about engaging with authorities, police or legal systems in Australia (Family Safety Victoria, 2021).

Graca (2017) lists seven interrelated themes that hinder immigrant women's ability to escape abusive relationships:

- women are unlikely to access services in the country of destination if they were not likely to do so in their home countries
- service access can be restricted due to several factors such as ease of access (for example, options for face-to-face or phone calls), language proficiency, and cultural pressures (such as fear of bringing shame to the family)
- women's relationship with their family can significantly impact their ability and willingness to seek help
- experiences of shame and the need to preserve individual and family reputation and honour
- the need to maintain relationships within the country of origin
- acculturation within the country of destination may lead to prejudice, discrimination, and increased control by husbands who fear losing power and react by becoming abusive
- religious practices can influence women's attitudes toward domestic violence (Graca, 2017).

MARAM reflects these themes, including by:

- recognising that people from culturally and linguistically diverse backgrounds and faith communities are often disproportionately affected by family violence due to barriers in accessing services underpinned by their lack of familiarity with services available, rights under the law, fear of authority, and lack of culturally, linguistically and faith-appropriate and safe service delivery
- emphasising the need for services to recognise intercultural/interfaith relationships and the importance of considering the cultural/faith background of each family member when understanding barriers and developing service responses given the social and economic marginalisation of many people from culturally and linguistically diverse communities, especially those who have recently arrived in Australia
- noting that women without permanent residency and uncertain visa status, including asylum seekers, have limited access to support and services





- acknowledging that girls and young women from some migrant communities experience risk of forced and early marriage, dowry related abuse, overseas abduction and threats relating to their sexual relationships
- highlighting that individuals from multicultural communities may face further physical and mental health challenges that are compounded by displacement and exposure to violence and trauma in their original country (Family Safety Victoria, 2018).

The Foundation Knowledge Guide also emphasises that people from culturally, linguistically, and faith-diverse communities may experience systemic barriers to seeking support, including language barriers, limited access to interpreters, limited access to information about family violence support services and Australian laws, and lack of cultural awareness and safety from service providers.

The MARAM Practice Guides note that for some migrant women, changes in gender norms and roles can increase the likelihood of their experiencing violence, particularly if there are underlying beliefs held by an adult using violence about gender roles and their position of authority in a family. The MARAM Practice Guides also highlight threats relating to immigration, visa status and sponsorship as forms of isolation, referring to situations in which women who are residing in Australia on a visa supported by an adult using violence, feel trapped in the relationship (Family Safety Victoria, 2021).

#### 4.5.2.6 People with disability

A commonly held view among stakeholders is that MARAM does not adequately capture presentations of risk factors for people with disability. For instance, stakeholders noted that specific questions relating to the NDIS were lacking (the timing of NDIS rollout and the original tool development may explain this). It was noted that NDIS plans can be used as a tactic of control by adults using violence and need to be addressed in MARAM, including factors such as NDIS plan abuse, abuse of NDIS funds and interference with NDIS plans and support. The Review Team was provided with many suggested questions to be included in MARAM tools (on the basis that they identify how much control and autonomy someone has over their own lives). These included:

- are you an NDIS participant?
- is the adult using violence your carer?
- do you have a legal guardian appointed?
- is the adult using violence your guardian?
- is the adult using violence the correspondence or plan nominee, or are they applying to be?
- is the adult using violence interfering with access to services?
- does the adult using violence do things that increase the impact of your disability?
- does the adult using violence control your NDIS plan? It was also noted that that references to financial abuse in Responsibility 3 Appendix 8 should include the financial abuse of an NDIS plan, accompanied by examples of this





- do you have access to a phone? Does the adult using violence control your access to assistive technology around communication?

The focus of most of these questions is intended to be on ascertaining how the adult using violence is using a victim survivor's disability, and disability supports, to exert control over the victim survivor, so that practitioners can gauge how to safely mitigate this. Asking such disability-specific questions appears to be important when completing a screening or brief MARAM risk assessment (not just a comprehensive risk assessment).

It was suggested that more practice guidance in relation to disability-related risk was needed, including considering whether the victim survivor's disability impacts on their ability to conceptualise or articulate their self-assessed level of risk. This issue is discussed further at [section 4.6.3](#).

Stakeholders also indicated the need to update risk factors and specific forms of violence experienced specifically by people with disability, including limiting access to medical/disability supports, and reproductive control.

New disability-specific questions could also be incorporated to:

- explore how over- or under-medication may impact the seriousness of risk
- explore how removal of aids and equipment may reduce safety and increase barriers to seeking help
- establish the degree of control and autonomy that a victim survivor with disability has over their own lives.

Moreover, stakeholders raised that people with disability are more likely to experience all forms of violence including sexual assault. Where a person has a disability, this may impact how they understand and talk about sexual assault, and guidance should include practical information about how to support this questioning. It is noted that as a federal agency the National Disability Insurance Agency is not prescribed under MARAM so disability service providers prescribed under MARAM in Victoria may take different approaches to NDIS providers if questioning an NDIS participant about family violence.



## Recommendation 14

**14**

**Improve the descriptions and explanations of the evidence-based risk factors and how these uniquely present for specific populations**

**This includes:**

- incorporating new disability-specific questions in MARAM tools, including the addition of NDIS-related questions
- providing practical information for enquiring about sexual assault where a person has disability.





## 4.6 Intersectionality, diversity and inclusion

The section provides an overview of:

- how experiences of structural inequality, barriers or discrimination, increase risk and impacts of family violence, and how this is reflected in MARAM
- how MARAM supports practitioners to apply an intersectional lens to risk assessment and management
- best practice evidence of screening, identification, assessment and management across specific communities, and how this is reflected in MARAM.

Note that risk factors relating to specific communities are addressed above in [section 4.5.2](#).

### 4.6.1 Overview of current evidence, stakeholder views and MARAM

There is a growing body of evidence indicating that particular groups and individuals experience compounding challenges that increase the probability, impact and/or severity of family violence. These include Aboriginal and Torres Strait Islander women and families, migrants, refugees and people who are culturally and linguistically diverse, people with disability, LGBTIQ+ individuals, people with a mental illness, older women, women in pregnancy and early motherhood, people in regional, rural and remote areas, and young women. For these communities, the intersecting nature of multiple overlapping factors including gender, ethnicity, ability, sexual orientation, citizenship, migration status, religion, age, economic and geographical status, and the experience of discrimination or disadvantage associated with these factors, may worsen the impact of family violence or create additional barriers to support and safety (Backhouse & Toivonen, 2018).

MARAM notes the importance of having an awareness of an individual's personal identities, and the experience of discrimination and disadvantage that increases risk and impacts of family violence, and creates further barriers to service access and responses (Family Safety Victoria, 2018). MARAM Framework Principle 3 requires professionals to be aware, in their risk assessment and management practice, of the drivers of family violence, predominantly gender inequality, which also intersect with other forms of structural inequality and discrimination (Family Safety Victoria, 2018).

Cultural and structural barriers that may relate to factors such as physical, technological or linguistic constraints, can affect access to service providers. This has a "profound impact on the ability of a multi-agency response to domestic violence to succeed" (Graca, 2017, p. 29). MARAM notes that an important part of safety planning and risk management is working with victim survivors to understand practical and structural barriers they face (Family Safety Victoria, 2021).

Recent literature indicates empirically identified risk factors included in risk assessment tools and frameworks have been almost exclusively developed based on heterosexual samples. Their applicability to people in non-heterosexual relationships remains unclear. Some stakeholders thought that MARAM responds well to family violence risk across



identities, communities and relationships. Earlier sections of the report, including [section 4.1.1.5](#) and [section 4.5.2](#) detail how MARAM addresses family violence in non-heterosexual relationships. The recommendations on useability (see [section 4.4.5](#)) may assist in making this information more visible and accessible, which appears to be needed given that many stakeholders described MARAM as heteronormative and as focusing too heavily on intimate partner relationships between a victim survivor and the adult using violence, and that other types of violence such as family-of-origin violence need greater focus in MARAM. This comment was made about MARAM generally, and in relation to the Practice Guides and tools. A common view was that the ‘additional considerations’ in the MARAM Comprehensive Risk Assessment tool addressing diversity were not sufficient (e.g. in addition to examples given throughout this section, it was noted that they do not address women who are at risk of being criminalised, or who will be leaving prison, or who work in the sex industry). Stakeholders also noted:

- the need for the ‘additional considerations’ to delve further into the issues they address
- the ‘additional considerations’ should not be an addendum on the end of standard questions
- the ‘additional considerations’ should be part of all the Assessment tools
- the importance of framing MARAM risk assessments around power and control.

Other reflections from stakeholders included that the MARAM tools are not a good fit for male victim survivors, and the breadth of experience across all communities in the signs of trauma are not adequately represented. However, stakeholders also noted the importance of maintaining a gendered analysis of family violence risk (and incorporating examples of this within MARAM) given that this is relevant to the majority of family violence cases. As noted by a stakeholder:

“ We need to highlight who the predominant perpetrators are but also this kind of recognition that that doesn’t mean ... that’s the exclusive context it occurs in.”<sup>13</sup>

- **Academic**

In terms of how MARAM addresses intersectionality in particular, stakeholders generally thought that it had not been sufficiently incorporated into MARAM, particularly into the tools. It is noted that MARAM addresses intersectional analysis in its Foundation Knowledge Guide in a number of ways including through:

- defining intersectionality and intersectional analysis
- incorporating intersectional analysis into the model of SPJ

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<sup>13</sup> Note that the use of the term ‘predominant perpetrator’ in this comment should not be confused with the meaning of the term ‘predominant aggressor’, which is used in MARAM to avoid suggestions of ‘mutual violence’ that contribute to misidentification of the victim survivor.



- providing guidance on how to apply intersectional analysis
- describing how structural inequality can alter the way family violence is experienced and perpetrated.

However, some stakeholders thought there was misunderstanding in relation to intersectionality. It was suggested that MARAM could benefit from examples and scenarios with a cultural and intersectional lens. Specialist family violence services noted that the practice guidance needs to better reflect how structural oppression relates to and impacts family violence risk. It was suggested that guidance could address how adults using violence may weaponise structural oppression (for example, through threats to call child protection or threats to cancel a temporary visa) and how systems, services and practitioners can replicate this oppression.

The need for MARAM Risk Assessment tools to better support an understanding of the interaction between aspects of a person's identity and their experience of violence and discrimination was also noted. Stakeholders noted that the layout of the Risk Assessment tools did not support an understanding of the interaction between the demographics that are collected and how that might inform the violence that somebody is experiencing.

Another suggestion was to reframe 'additional considerations' and 'diverse communities' to 'marginalised communities' on the basis that this would provide a focus on how the active process of structural oppression impacts family violence risk.

Stakeholders frequently acknowledged that the quality of risk assessment and risk management undertaken came down to the skills and knowledge of the practitioner implementing them. Specialised skills and knowledge and cultural knowledge held by practitioners in relation to the specific communities they work with cannot be assumed to be held and applied by non-specialist services. However, this does not remove the need to strive for a level of cultural competence and understanding of all communities across the broad range of services. As a submission to the Review noted:

“*...people have a right to access culturally safe services where they choose, and given the broad range of services prescribed to MARAM, the framework and practice guidance should embed throughout a deep cultural understanding rather than this being limited to culturally specific services or an addendum to comprehensive risk assessment.*”

**- Specialist service provider submission**

Amendments and additions to MARAM are required to assist practitioners to build a greater understanding of all communities and adopt an intersectional approach to risk assessment and management.

The following sections explore evidence of best practice screening, identification, assessment and management across specific communities, the extent to which this is reflected in MARAM, and how MARAM is supporting practitioners to undertake risk assessment and management across those communities.



## Recommendation 15

15

**Further assist practitioners to adopt an intersectional approach throughout the entire risk assessment process by utilising the information provided through this Review and working with the relevant communities to implement the recommendations**

**This includes ensuring that MARAM Framework Principle 3 is embedded in MARAM Practice Guides and tools by:**

- providing practical guidance about how structural oppression relates to and impacts family violence risk
- further developing and considering the placement of 'additional considerations' within the Comprehensive Risk Assessment tool, so that intersecting aspects of a person's identity and experiences of structural oppression frame the risk assessment
- reconsidering the framing and language of 'additional considerations' so that they are considered central to the risk assessment
- considering the addition of questions addressing diversity in all Assessment tools.

## Recommendation 16

16

**Ensure that MARAM is appropriate and inclusive for people from Aboriginal and Torres Strait Islander communities, people with disability, people from culturally and linguistically diverse and refugee communities, older people, LGBTIQ+ people, people experiencing mental ill health, and people who have drug or alcohol dependence**

Sub-recommendations relating to these communities are included throughout the remainder of this section.



## 4.6.2 Screening, identification, assessment and risk management with Aboriginal and Torres Strait Islander families and communities

The importance of effectively engaging and equipping Aboriginal and Torres Strait Islander people in decision-making processes affecting their lives, and taking a strength-based approach to working with Aboriginal and Torres Strait Islander communities, has been noted in Australia's National Plan to End Violence against Women and Children. Among other things, this involves the Australian Government delivering a standalone First Nations National Plan. It also involves the Aboriginal and Torres Strait Islander Advisory Council on family, domestic and sexual violence leading the development of a dedicated Aboriginal and Torres Strait Islander Action Plan. The plan involves building effective pathways, services and responses for both those who use and experience violence (Department of Social Services, 2022).

In line with this, a 2022 study highlighted that risk assessments could be improved by enabling individualised approaches to assessing and managing risk. It also acknowledged the need for populations such as Indigenous and immigrant communities to have tailored and culturally appropriate responses that identify cultural differences and potential distrust of mainstream services (Youngson et al., 2022).

MARAM Framework Principle 7 requires services and responses provided to people from Aboriginal communities to be culturally responsive and safe, recognise Aboriginal understanding of family violence and rights to self-determination and self-management, and take account of their experiences of colonisation, systemic violence and discrimination and recognise the ongoing and present day impacts of historical events, policies and practices (Family Safety Victoria, 2018). The MARAM Practice Guides offer some guidance for risk management involving Aboriginal and Torres Strait Islander people who are experiencing violence, noting that secondary consultations with appropriate targeted community support agencies may be required to assist with the provision of supportive and culturally respectful services. Similarly, it was noted in consultation that while mainstream services should be able to respond in a culturally safe manner, not all work is suitable to be undertaken by mainstream services. Some questions and areas of exploration must be undertaken by a culturally-specific service.

A recent study in Aotearoa New Zealand focusing on re-framing family violence responsiveness, notes the need for a shift from trauma-informed to trauma- and violence-informed (TVI) practice. TVI approaches explicitly focus on structural inequities, ongoing violence (including intergenerational violence and violence connected to colonisation), and the responsibility of organisations to change as systems perpetuate harm. The study argues that the development of TVI approaches must be informed by Māori-specific approaches that stem from the distinctive Māori and Indigenous collective experiences of historical and intergenerational trauma (Short et al., 2019).

As denoted in MARAM Responsibility 1 (Respectful, sensitive and safe engagement), practitioners need to adopt an intersectional lens and trauma-informed practice in a person-centred approach. This enables tailored responses which empower and validate people experiencing violence, thus facilitating their ability to make informed choices and access services and supports. This requires service providers to be sensitive to the impacts of trauma



and ongoing structural inequality, and to respond to the impacts of both these factors on individuals, families and communities, which should avoid re-traumatisation, and maximise engagement with services.

To ensure TVI practice when working with Aboriginal and Torres Strait Islander communities, MARAM emphasises that services should offer the choice to engage with specialist services to ensure trauma-informed approaches and cultural safety and suggests adopting the principles of Nargneit Birrang—Aboriginal Holistic Healing Framework for Family Violence to guide responses.

Recent ANROWS research found that to develop a culturally strong practice framework to respond to Aboriginal and Torres Strait Islander children who experience violence requires a number of things including:

- Aboriginal and Torres Strait Islander children and young people to be at the heart of all decisions and practices
- family violence responses in regional and remote contexts to occur within a culturally strong framework that considers the needs of children and their families
- education about breaking the cycle of family violence in the lives of Aboriginal and Torres Strait Islander children and young people
- addressing family violence in a holistic way
- Aboriginal and Torres Strait Islander children, young people and families getting access to support at the right time
- a healing approach
- the safety of children and young people, including the need for safe language to talk about their experiences (Morgan et al., 2023).

These matters were also raised in consultation. One person described that when MARAM was properly applied, it helps women:

“*unpack what’s going on in their community, and then at the same time... when applied right, it can also help our women reconnect with that community, and heal with that community, and it facilitates that kind of change within their community too.*”

**- ACCO service provider**

Many others considered that the cultural lens in MARAM was missing, and that MARAM needed various additions and modifications to be culturally safe and appropriate.

#### 4.6.2.1 Terminology

The concept of women who have experienced family violence being on a healing journey was a strong theme within the ACCO sector, with the view that this healing journey should be captured in MARAM as an important part of people’s experience. This also aligns with the National Plan to End Violence against Women and Children which adopts a greater focus on healing through the recovery and healing domain (Department of Social Services, 2022). It



was noted that this could guide check-ins about risk following a full risk assessment, which gauge how risk may have changed. The Review Team was told that the healing journey is also about an individual's sense of agency, choice and self-determination. This concept is in contrast to what some referred to as the 'deficit model', where women are not depicted as having strength, with some people noting that this is the way that women were depicted in MARAM videos.

The questions in the safety plan: 'Would you feel comfortable calling the Police (000) in an emergency? If not, how can we support you to do so?' were seen by stakeholders as especially unsafe for those experiencing violence who have been criminalised, and Aboriginal and Torres Strait Islander experiencing violence, in light of the criminalisation of First Nations people.

Other language raised as not being culturally appropriate or safe in MARAM includes:

- perpetrator (this was regarded as lacking a therapeutic and trauma informed lens)
- victim survivors (this was considered a deficit concept)
- client (this was regarded as lacking a therapeutic lens)
- serious risk (this language was considered intimidating and as making women feel judged - high, low and medium risk was regarded as better when engaging with women experiencing violence). An ACCO service provider emphasised that their service focuses on the dignity of risk, as this is where self-determination comes in:

“ *When we have finished the assessment, where do they see themselves. So we always do the scaling question, so it always leads back to how they view themselves. We can provide information and our professional opinion in that space from working in the specialist sector but it comes back to their dignity of risk.*”

– **ACCO service provider**

Terminology noted to be culturally appropriate includes:

- 'people using/experiencing violence' (it was noted that this was a more therapeutic term and should be sector wide)
- the 'healing journey' (this was regarded as capturing an important part of people's experience, which allows the person to be seen, and allows the emotional impact, the loss and the whole range of emotions that may be experienced, to be understood).

MARAM already notes that the language of 'perpetrator' and 'victim' used in MARAM Practice Guides is not the preferred language of Aboriginal and Torres Strait Islander people and communities.

#### 4.6.2.2 Tool design

Another common theme reported was the need to have the space to have a yarn when applying MARAM tools. The questions in the tools were not thought to be supportive of a yarning approach, but instead encourage a tick box, or a 'door opens and closes' approach.



Feedback was that questions should not elicit yes/no responses, as they are currently perceived to do in MARAM (noting that the MARAM tools include a space for comments to be made). Practitioners from other sectors also noted the need for MARAM to encourage the capture of nuanced information by helping practitioners listen to a story and helping practitioners to stay in the empathic space rather than the clinician mode.

In a similar vein, and in line with broader feedback from consultation, it was noted that the 'additional considerations' relating to Aboriginal and Torres Strait Islander people in the MARAM tools are not sufficient and appear as an 'add-on' at the end of the tools, rather than framing the conversation. It was also noted that all tools should include cultural considerations, not just the Comprehensive Risk Assessment tool.

#### 4.6.2.3 Community and culture

MARAM was also regarded as being very individualistic in its view, in terms of both how women make decisions and how they manage risk. MARAM does not provide guidance on including additional family members in decision making. It was also noted that the emphasis was too skewed towards gendered IPV.

For ACCOs, it was noted that the biggest concern is the dynamics in the community. The SPJ diagram (**Figure 7**) was not seen as adequately capturing that the person experiencing violence is thinking about their family and the community - not just themselves. In one person's words:

“ *The biggest circle in the diagram needs to have the message that culture is central to work done in this space. The egg that we talk about has culture all around it. It's an overlay that we apply and all ACCOs apply. Centre is self, community and family.*”

**- ACCO service provider<sup>14</sup>**

The National Plan to End Violence against Women and Children notes that service responses need to better support Aboriginal and Torres Strait Islander women and their children to safely stay in their communities, rather than relying on people experiencing violence to leave their community or extended family and existing support systems (Department of Social Services, 2022).

MARAM acknowledges this through its practice considerations in the Foundation Knowledge Guide. Further, Responsibility 1 emphasises the importance of providing a culturally safe response, particularly for Aboriginal and Torres Strait Islander people, which includes respecting an individual's right to self-determination. This also includes recognising a person experiencing violence as the expert in their own experience and including and supporting them to make decisions about their own risk management.

However, there is a paucity of explicit practical guidance in MARAM on how to effectively support people from Aboriginal and Torres Strait Islander communities experiencing violence

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<sup>14</sup> The focus group with this participant was not recorded. However, consent was provided by this participant to their quotes being used in the Report. This quotation is based on contemporaneous notes taken at that interview and has not been verified beyond those notes.





to remain within their family networks and communities. ACCOs noted that in contrast to the mainstream perspective, they have been supporting community members where people using violence remain in the home or community.

#### 4.6.2.4 Multiple people using violence

Another issue raised in consultation was that MARAM could improve the way it addresses the situation where multiple people are using violence by tackling the complexity of what it means to be in an intimate relationship where there is violence, as well as experiencing lateral violence or community violence.

MARAM addresses the situation where multiple people are using violence in a number of places:

- the MARAM Framework policy document acknowledges that there may be multiple people using violence where family violence is occurring
- the Foundation Knowledge Guide notes that it is important to understand the varying and diverse cultural and spiritual dynamics in which family violence occurs - such as dynamics of multiple family members using violence, including extended family and in-laws in Australia or overseas - but does not expand on these dynamics
- the Screening and Identification tool, and the Intermediate and Comprehensive Risk Assessment tools, include a question about whether there are multiple people using violence, and brief guidance about asking this question. Practice guidance for Responsibility 7 (Comprehensive Risk Assessment) provides more extensive guidance about this, which includes suggested lead-in statements for asking questions about behaviour being used
- practice guidance for Responsibility 8 (Comprehensive Risk Management and Safety Planning) notes that where multiple people are using violence, safety planning needs to address the risk for each person using violence, and how their behaviour impacts the person experiencing violence both individually and collectively.

These sections in MARAM may be enhanced by incorporating discussion of lateral or community violence. Additional information should address how these forms of violence contribute both to the level of risk experienced and to decision making about safety and support options in the short and longer term. A specific suggestion from consultation was to reframe the question: 'is there more than one person making you feel unsafe?' to prompt the practitioner to enquire about community members (as practitioners tend to focus on family members).



## Recommendation 16.1

### 16.1

**Review and revise MARAM to ensure it is culturally appropriate and safe for people from Aboriginal and Torres Strait Islander communities**

**This includes working with Aboriginal and Torres Strait Islander communities to ensure MARAM Framework Principle 7 is embedded throughout MARAM by:**

- incorporating the healing journey and emphasising the strength of women in MARAM
- providing practical guidance in MARAM on how to effectively support people from Aboriginal and Torres Strait Islander communities experiencing violence to remain within their family networks and communities
- revising MARAM to encourage a yarning approach, reflect culturally appropriate language, and accommodate Aboriginal and Torres Strait Islander understandings of community and an individual's place within that community. This may include changes to key terms used and modifications / additions to the SPJ model
- supplementing existing MARAM sections on multiple people using violence through incorporation of discussion of lateral or community violence, and reframing the question: 'is there more than one person making you feel unsafe?'



### 4.6.3 Screening, identification, assessment and management with people with disability

Responding to violence against women with disability should be supported by frameworks of disability policy and service provision that address gendered violence. These frameworks should ensure that women with disability are at the centre of violence prevention efforts rather than being viewed as an additional group whose needs are exceptional or additional to mainstream responses (Backhouse & Toivonen, 2018).

Increased risk of IPV among women with disability varies by type and degree of disability. Intersectional factors such as limited material resources, social constraints, stigma, discrimination, lack of social support, and dependence on others for long-term support may increase the risk that women with disability have of this form of family violence (Namatovu et al., 2022). Recent research also indicates a high prevalence of disability among young people who experience (and use) family violence (Fitz-Gibbon, Stewart, et al., 2023).

MARAM recognises that people with disability may experience increased risk of family violence and face various barriers to receiving support (Family Safety Victoria, 2021). MARAM Framework Principle 8 requires services and responses to be accessible, culturally responsive and safe, client-centred, inclusive and non-discriminatory (Family Safety Victoria, 2018).

There can be difficulties in using standardised IPV screening tools that are not adapted for clients with disability. In such cases, providers may need to collaborate with others that have special skills to facilitate communication. Having an intersectional awareness and addressing broader issues of accessibility in IPV services (in addition to disability-specific needs) may assist in matching the available services to the needs of women with disability (Namatovu et al., 2022).

The MARAM Adult Victim Survivor Comprehensive Risk Assessment tool includes a series of questions specific to people with disability. These questions are accompanied by practice guidance about why the questions are important, and what should be kept in mind when asking the questions. The guidance notes that victim survivors with disability might benefit from additional specialist support or advocacy in certain contexts. MARAM also notes that:

- practitioners should utilise easy language and/or visual or audible materials as appropriate to the victim survivor's required communication supports
- support and risk management strategies may need to be adapted if necessary to reflect more intensive case management work for those who may have difficulties interacting with services or retaining information about safety planning
- a safety plan should be in an accessible format if required and be readily accessible by the victim survivor (Family Safety Victoria, 2021).

While MARAM relies on practitioners adapting support and risk management strategies and materials in these ways, a common view from stakeholders was that there was scope to make MARAM more generally applicable to victim survivors with disability. For instance, stakeholders noted the need for practice guidance around language in terms of defining



disability and support needs, noting that some existing questions are lengthy and may need to be broken down or be accompanied by conversational prompts.

As detailed in [section 4.5.2.6](#), many stakeholders noted that MARAM tools do not adequately capture presentations of risk factors or safety planning for people with disability. Refer to [section 4.5.2.6](#) for specific recommendations relating to additional questions to address this gap.

In relation to the question in MARAM Risk Assessment tools: ‘Has a crime been committed?’ it was suggested that there be a prompt that reminds the practitioner to ask if the person needs an Independent Third Person to report the crime or make a statement. This should be accompanied by some guidance to support practitioners’ understanding of the right that a person with cognitive disability may have to an Independent Third Person. Additionally, guidance should be given that those with a hearing or speech impairment should call 106 for a text emergency relay service.

MARAM contains information about head trauma in the Foundation Knowledge Guide. MARAM practice guidance for Responsibility 8 notes that victim survivors who have an ABI may have difficulties in interacting with services, retaining information about safety planning, and keeping track of the services or court matter involved, and advises practitioners to adapt support and risk management strategies to reflect more intensive case management work where required. However, stakeholders suggested that there is poor understanding and guidance around head injuries and the level of severity of a woman’s experience and how it could impact decision-making ability and what support she needs. A common view among stakeholders was that the services required by victim survivors with ABI, and how services may be adjusted, are not adequately reflected in MARAM guidance.

Specialist family violence services noted that practical guidance about screening and response for when ABI is identified should be included in the ‘Acquired brain injury as a result of family violence’ section in the Foundation Knowledge Guide and was not sufficiently dealt with within the section of Responsibility 7, ‘Assessing for traumatic or acquired brain injury as a result of family violence’ (see [section 4.3.2.4](#) for more information on ABI). The ACCO sector also noted the need for guidance in understanding the impacts of ABI, and how ABI could impact a woman’s ability to make decisions and access the support she needs. This was seen as particularly pertinent given the reported high levels of Aboriginal and Torres Strait Islander Australians hospitalised for head injury due to assault.

While existing information on ABI in MARAM is able to be enhanced (particularly in the MARAM Framework policy document, and in relation to how services need to be tailored for victim survivors with an ABI), given the information already contained in MARAM practice guidance, the useability recommendations (see [section 4.4.5](#)) may assist in improving the visibility and accessibility of the guidance within MARAM in relation to ABI.

Specific areas identified to be considered in safety planning for people with disability include:

- solutions when the adult using violence is a carer
- access to equipment and medication





- where a victim survivor requires access to support workers
- the implications for victim survivor risk from modifying a guardianship order.

The Practice Guide for Responsibility 8 (Comprehensive Risk Management and Safety Planning) contains some limited guidance relating to victim survivors with disability. Stakeholders made suggestions about how the safety planning process for people with disability could be improved, including by linking Practice Guides to existing resources (such as *Speak Up and Be Safe*<sup>15</sup> which provides communications boards). It was also noted that safety planning needs to be able to explore what is possible for the victim survivor, taking into account factors such as whether their home has been modified (in which case it may not be appropriate for them to move).

Stakeholders also thought that there could be more guidance for supporting victim survivors to assess their own level of risk. Specifically, tailored questions within risk assessment, more practice guidance about situations where a victim survivor with disability might not be able to fully articulate their self-assessed level of risk, and guidance for how to support questioning in these circumstances so the victim-survivor can fully participate in the assessment.

Other matters that highlighted the need for further practice guidance included:

- how to ask questions around disability, including more guidance about invisible disability. Stakeholders suggested framing questions around accessibility and support needs, rather than around whether people had disability. Alternative questions proposed included:
  - Do you need help getting around?
  - How do you learn best?
  - Do you need help filling in forms?
- ‘disengagement’ by victim survivors being a potential indication of disability, which may therefore require a different process to engage to reduce barriers to service access
- risk assessment being able to be built over several engagements. It is noted that MARAM Practice Guides advise practitioners to let the person know that they can take a break at any time, and schedule breaks as required. However, there is a need to balance a more holistic assessment with a point-in-time assessment to ensure that the risk of serious and escalating risk is not missed.

Incorporating suggestions such as those outlined in this section is a way to increase the applicability of MARAM to victim survivors with disability.

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<sup>15</sup> For more details, see the [Speak Up and be Safe from Abuse Communication toolkit and resources](#) (Scope’s Communication and Inclusion Resource Center, 2016).



## Recommendation 16.2

### 16.2

**Review and revise MARAM to ensure greater applicability to people with disability**

**This includes ensuring MARAM Framework Principle 8 is embedded in MARAM Practice Guides and tools by working with people with disability and communities working to support them to:**

- provide practical guidance about matters such as supporting victim survivors to conduct their own self-assessment of risk
- provide additional information in MARAM practice guidance on how services need to be tailored for victim survivors with an ABI
- provide guidance about language used for defining disability and support needs
- consider how matters outlined in this Review can be included in safety planning.



#### 4.6.4 Screening, identification, assessment and management with culturally and linguistically diverse and refugee communities

Research conducted in 2016 found that for family violence risk assessments to be relevant to immigrant and refugee communities, definitions of family violence need to include:

- multi-perpetrator violence
- migration-related abuse
- ostracism from community
- exploitation of interfamilial financial obligations (Toivonen & Backhouse, 2018).

The way each of these forms of family violence is reflected in MARAM is discussed below.

With regard to multiple-perpetrator violence:

- the MARAM Framework policy document acknowledges that there may be multiple perpetrators where family violence is occurring
- the Foundation Knowledge Guide notes that it is important to understand the varying and diverse cultural and spiritual dynamics in which family violence occurs, such as dynamics of perpetration by multiple family members, including extended family and in-laws in Australia or overseas, but does not expand on these dynamics
- the Screening and Identification tool, and the Intermediate and Comprehensive Risk Assessment tools, include a question about whether there are multiple perpetrators, and brief guidance about asking this question
- the Practice Guide for Responsibility 7 (Comprehensive Risk Assessment) provides more extensive guidance about multiple perpetrators, which includes suggested lead-in statements for asking questions about behaviour being used
- the Practice Guide for Responsibility 8 (Comprehensive Risk Management and Safety Planning) notes there where there are multiple perpetrators, safety planning needs to address the risk for each perpetrator and how their behaviour impacts the victim survivor, individually and collectively.

With regard to migration-related abuse, ostracism and exploitation of interfamilial financial obligations:

- MARAM practice guidance lists migration-related abuse (such as perpetrators' use of threats relating to immigration, visa status, and sponsorship as forms of isolation and control), multiple and proxy perpetrators, and socially isolating victim survivors from community and culture as commonly experienced tactics and behaviours of family violence among people from culturally, linguistically, and faith-diverse communities





- practice guidance for the MARAM Adult Victim Survivor Comprehensive Risk Assessment tool notes that family and community networks may actively support the perpetrator and/or ostracise the victim survivor from the community if they disclose violence
- practice guidance also indicates that there are nuances around narratives and presentations of perpetrators from culturally, linguistically, and faith-diverse communities that can relate to “gender and family roles, relationships to extended family, responsibility for financial control and entitlement, dowry entitlement, parenting, visa access and stability, and age-related expectations”, but does not provide explicit details on how these may present
- there is a relative paucity of information within MARAM practice guidance on forced marriage, which is a form of family violence that predominantly impacts individuals from culturally and linguistically diverse and newly arrived migrant communities (Tan & Vidal, 2023). See [section 4.1.1.8](#) for further discussion on this topic.

Research has identified that any engagement with victim survivors from diverse backgrounds should be culturally appropriate, seek to understand the victim survivor’s visa and legal status, and facilitate accessibility through the provision of interpreters and community supports (Toivonen & Backhouse, 2018). Similarly, and as stated above, MARAM Framework Principle 8 requires services and responses provided to diverse communities and older people to be accessible, culturally responsive and safe, client-centred, inclusive and non-discriminatory (Family Safety Victoria, 2018).

Segrave’s 2017 research on temporary migration and family violence in Australia provides further evidence that baseline questions with specific ramifications for women whose migration status is temporary, should be included in generalist risk assessments (Toivonen & Backhouse, 2018). These questions should address:

- technology: considering control over women’s access and use of technology, and the use of technology to enact abuse
- employment and financial security/control: considering access to finances, sharing household and financial responsibilities, access to employment and the nature of employment
- multiple perpetrators: considering who is enacting violence and understanding the cultural and familial context
- intervention orders: considering what mechanisms might be used to undermine the victim survivors account of family violence
- migration status: considering whether migration status is temporary (and whether referral to a specialist service/assessment is required).

Of these questions, the MARAM Adult Victim Survivor Comprehensive Risk Assessment tool currently includes explicit questions about financial control, multiple perpetrators, intervention





orders, and migration/visa status. Questions about multi-perpetrator violence and migration status are also in the MARAM Adult Victim Survivor Brief Risk Assessment and Intermediate tools, and questions about intervention orders are in the Intermediate tool. Questions about technology are not included in the MARAM Risk Assessment tools. Stakeholders also noted that the questions about culturally and linguistically diverse communities appear at the end of the Comprehensive Risk Assessment tool, and that these questions are often skipped.

Australia's National Plan to End Violence against Women and Children notes that access to justice involves making sure that systems are culturally, linguistically, physically and geographically accessible to diverse communities. In order to incorporate an understanding and appropriate response to the specific challenges diverse communities face in relation to family, domestic and sexual violence, services and materials must be produced in language to reduce barriers for culturally and linguistically diverse communities (Department of Social Services, 2022).

Stakeholders thought there were gaps in MARAM in representing the experiences of those from all cultural groups. In terms of specific ways that MARAM could improve its accessibility and inclusiveness, stakeholders thought that MARAM tools should be revised to be less Anglocentric and Westernised, as many questions are regarded as too direct or blunt, and do not highlight the specific concerns of other cultural groups (for example, there is merit in including a question relating to whether the adult using violence is sponsoring a victim survivor on a temporary visa, and addressing the implications this has). The Foundation Knowledge Guide acknowledges that adults who use violence may use threats relating to sponsorship in order to isolate a victim survivor. Similarly, the Practice Guide for Responsibility 7 (Comprehensive Risk Assessment) advises practitioners to ask whether there is anything urgent about the victim survivor's immigration status. However, the tool itself does not contain this prompt.

Interpreting MARAM into other languages was reported by stakeholders to be problematic as it relies on specific interpreters (whose interpretive skills may vary). The [MARAM policy and procedure example table](#), which is intended to support alignment with MARAM, provides guidance on interpreter services, for example using phone interpreters from interstate when the number of people who speak a certain language is small. While the Practice Guide for Responsibility 1 (Respectful, Sensitive and Safe Engagement) advises practitioners to arrange access to an accredited interpreter if needed, the Review Team heard that this did not always happen. A prompt for doing this in the tools may assist. It was also noted that terms and concepts (such as coercion) do not necessarily translate well and that MARAM Risk Assessment tools need to be able to assist in assessing the difference between cultural beliefs (such as faith based patriarchal religions relating to control of money, driving, etc) and abuse.



## Recommendation 16.3

### 16.3

**Review and revise MARAM to ensure it is appropriate and inclusive for people from culturally and linguistically diverse and refugee communities**

**This includes ensuring MARAM Framework Principle 8 is embedded in MARAM Practice Guides and tools by working with culturally and linguistically diverse and refugee communities to:**

- provide more practice guidance on forced marriage
- include questions about technology in MARAM Risk Assessment tools which prompt the practitioner to consider the control over the victim survivor's access and use of technology, and the use of technology to enact abuse
- ensure that culturally appropriate tools are designed and adapted in other languages, including considering whether MARAM terms and concepts can be appropriately translated, rather than relying on interpreters to translate the existing tools
- include prompts within MARAM Risk Assessment tools regarding visa sponsorship or other urgent matters relating to visas.



## 4.6.5 Screening, identification, assessment and risk management with older people

A review of best practices and evidence-based practices in elder abuse and neglect noted that despite increasing attention on elder abuse, data on intervention practices and guidance for professionals remain limited. Screening tools were therefore described as emerging or best practice, rather than evidence-based. The research noted that the emerging tools were targeted towards different populations and focused on different forms of elder abuse. Several screened for psychological abuse and others for the potential existence of abuse or conflict, and one's capacity to live independently (Moore & Browne, 2017). The MARAM Screening and Identification tool asks questions relating to psychological abuse (questions about control, threats) and physical abuse but not specifically about the existence of conflict, or one's capacity to live independently. Under the MARAM Comprehensive Risk Assessment tool, older people are asked questions relating to independence and psychological abuse, such as: 'Are they dependent on you or are you dependent on them financially?'

In 2021, the Australian Institute of Family Studies reported a need for screening for elder abuse in health settings but also pointed to other research which outlined other areas that need to be addressed in order to support effective screening. These included:

- improvements in levels of knowledge about elder abuse among health professionals
- improved training about signs that may indicate the occurrence of elder abuse
- access to effective screening and assessment tools
- organisational support to manage identified cases of elder abuse (Dow et al., 2018).

The study concluded that as elder abuse largely remains a hidden problem, proactive mechanisms are needed to identify people who are experiencing elder abuse or are at risk of experiencing elder abuse. It was noted that such mechanisms should not only focus on supporting identification of the risk of elder abuse or elder abuse itself. Awareness (by the general public, and health professionals) of the services that are available to address elder abuse is also crucial (Qu et al., 2021).

As stated above, MARAM Framework Principle 8 requires services and responses provided to diverse communities and older people to be accessible, culturally responsive and safe, client-centred, inclusive and non-discriminatory (Family Safety Victoria, 2018). MARAM notes that there is growing recognition of elder abuse as a form of family violence, and greater attention on how the family violence service system responds to older people (Family Safety Victoria, 2021). MARAM also outlines a number of considerations that professionals should be aware of when working with older people (Family Safety Victoria, 2018). Given the prevalence and impact of family violence perpetrated by adult children, MARAM practice guidance focuses particularly on older people requiring care and support – as well as where an adult child is themselves in a period of transition and is relying on an older person for care and support (Family Safety Victoria, 2021).



Some stakeholders providing services to older people thought that MARAM fits well with the population that they work with. However, others noted a lack of understanding of what ‘elder abuse’ is, whether it is family violence, and what is involved in managing risk in the context of an older person’s ageing needs, such as in relation to their health, safety, medication, movement, and housing. It was noted that an understanding of ageism improves a practitioner’s ability to work with older people.

Some stakeholders raised a need to modify some of the questions to be more appropriate for older people, with an example being given that it may be inappropriate to use the term ‘perpetrator’ in the context of elder abuse, with some parents not equating this term in relation to their own children. Some stakeholders doubted how well the tools fit with elder abuse and some suggested it would be useful to have a MARAM Practice Guide and tool specifically relating to elder abuse, which could focus on tailoring communication with older people where needed and how to ask questions to get the right information. Others thought there was a need for a better picture of elder abuse in residential care.

#### 4.6.5.1 Matters outside the scope of the Review

While training needs are outside the scope of this Review, some stakeholders expressed uncertainty about what elder abuse is and how to manage risk in this context, revealing a need to upskill practitioners to ensure they can effectively identify, assess and manage risk of elder abuse.

### Recommendation 16.4

#### 16.4

**Review and revise MARAM to ensure it is appropriate and inclusive for older people**

**This includes ensuring MARAM Framework Principle 8 is embedded in MARAM Practice Guides and tools by working with professionals supporting older people experiencing family violence to ensure:**

- practice requirements for risk assessment and management are appropriate and inclusive
- appropriate prompts and questions are included in MARAM Risk Assessment tools.



## 4.6.6 Screening, identification, assessment and risk management with LGBTIQ+ communities

Monash University research highlighted the barriers that LGBTIQ+ communities may face in accessing mainstream and specialist family violence services, particularly for male-identifying victim-survivors who perceived that there was “no space for them in the system”. Indeed, LGBTIQ+ people tend to seek help via informal means (such as through friends and family) rather than through formal ways because “hetero/gender-normative discourses of family violence limit the capacity for LGBTIQ+ people to recognise themselves as ‘legitimate’ victim-survivors or perpetrators” (Reeves & Scott, 2022, p. 14).

Recent research by La Trobe University into family, domestic and sexual violence service accessibility and safety for LGBTIQ+ people in Australia highlighted that, for trans and gender diverse people, choosing whether to disclose sexuality or gender diversity in a consultation with a service provider can be especially fraught, as it might mean not correcting someone, misgendering them or misgendering themselves. The research report notes the importance of supportive and affirming care, which includes:

- use of correct pronouns
- acceptance and affirmation of a client’s gender and sexuality, including not asking invasive questions about or making them feel pressured to defend their identities, gender presentation or intimate or social relationships
- believing LGBTIQ+ clients’ accounts of family violence and validating their need for care and support (Lusby et al., 2022).

MARAM has highlighted the need for professionals to be responsive to the fact that LGBTIQ+ communities face additional barriers to reporting family violence and accessing appropriate services, as previous experiences of discrimination, or a lack of understanding and awareness, may impair trust in the service system and result in an unwillingness to access services or report family violence (Family Safety Victoria, 2018). MARAM acknowledges that LGBTIQ+ victim survivors may face service access and engagement barriers and notes the limited number of LGBTIQ+-specific family violence services. MARAM emphasises the need to be cognisant of the diversity of identities and experiences across LGBTIQ+ communities and what this means for risk assessment and management. It notes that the low levels of identification and reporting of family violence against members of the LGBTIQ+ community are partly underpinned by the dominant understanding of family violence as being circumscribed to heterosexual cisgendered male adults using violence and their cisgendered female partners (Family Safety Victoria, 2021).

Some stakeholders spoke positively about the information contained in MARAM relating to the LGBTIQ+ community, particularly the Foundation Knowledge Guide, but many noted the problems with operationalising this knowledge. The difficulty in capturing the various nuances in people’s circumstances was also noted.



Key factors to consider when conducting risk assessments with LGBTIQ+ people include: experiences of homophobia, biphobia, transphobia, heterosexism and cisnormativity in society and from some service providers; fear of discrimination by the criminal justice system and police; fears of being “outed”; or forced commencement or cessation of medical gender-transition (Reeves & Scott, 2022). MARAM addresses these issues in various places in the practice guidance.

Stakeholders thought that more should be included in MARAM so caseworkers don't assume it is 'just a man and a woman in a relationship' and can capture the nuances of an individual's experience when conducting risk assessment and management. The Review Team heard that:

- there are gaps in MARAM representing the complex experiences of LGBTIQ+ people
- as with other diverse communities, questions relating to LGBTIQ+ communities are seen as an annex in the MARAM Comprehensive Risk Assessment tool
- the experience of transgender women and guidance relating to transgender people were largely excluded.

Given the extensive guidance MARAM provides for LGBTIQ+ victim survivors, many of the reported gaps in MARAM may be due to the accessibility of various pieces of information, and whether the tools specifically prompt information about these issues. For example, while MARAM practice guidance notes that biological parenthood is not just based on pregnancy, questions in the Safety Planning tools do not necessarily prompt consideration of the different ramifications for an LGBTIQ+ relationship where there are children (for example, a stakeholder noted that it may be relevant to ask who the birthing parent is, who the donor was, etc).

## Recommendation 16.5

### 16.5

**Review and revise MARAM to ensure it is appropriate and inclusive for LGBTIQ+ people**

**This includes ensuring MARAM Framework Principle 8 is embedded in MARAM Practice Guides and tools by working in collaboration with LGBTIQ+ people to:**

- reconsider the order of 'additional considerations' as noted in [recommendation 15](#)
- consider the placement of information relevant to LGBTIQ+ people within the Practice Guides and tools
- consider the accessibility of information relating to LGBTIQ+ people throughout MARAM resources to ensure it can be easily located, as per [recommendation 12](#).



## 4.6.7 Screening, identification, assessment and risk management with those who have mental ill health

Evidence supports the routine family violence screening of selected at-risk groups (Spangaro, 2017). Some literature suggests that family violence screening should occur for those who have severe mental illness (Suparare et al., 2020). Both the WHO and the National Institute for Health and Care Excellence guidelines propose that women with mental health symptoms or disorders be routinely screened (Spangaro, 2017).

A recent article has argued that current responses to IPV in mental health and addiction settings in Aotearoa New Zealand require a critical re-framing, from an individualistic autonomy and empowerment framework that constrains practitioners' practice, to an understanding of IPV as a form of social entrapment (Short et al., 2019). The article argues that re-framing IPV as a form of social entrapment acknowledges it as a complex social problem requiring collective steps. The article states that a social entrapment framework encompasses interpersonal and structural forms of violence (Short et al., 2019). MARAM's Pillar 1 (Shared understanding of family violence) describes the link between community attitudes and intersecting historical, social and structural inequality. It also acknowledges a shared responsibility to keep perpetrators in view and accountable for their actions and behaviours.

During the consultations, stakeholders noted that mental health is often treated as a 'tick box' in MARAM. Some additions/ amendments needed in MARAM were noted. While MARAM notes that people with multiple presenting needs, such as a mental illness and alcohol or drug issues, are more likely to experience barriers to service responses (Family Safety Victoria, 2021), stakeholders in the mental health sector noted that a more nuanced intersection between MARAM and mental health practice and AOD would support better practitioner uptake of the MARAM tools. Stakeholders thought that MARAM does not sufficiently address how a person's mental health affects their experience of family violence, or how family violence impacts them differently. More guidance was also noted as being needed to explain how adults using violence use mental health as part of the tactics of control. As one stakeholder explained:

“ *He may have induced her mental health problems but then she's blamed for those to undermine her credibility and to gaslight her... The issues around mental health and the issues around substance use I don't think are well enough written about in MARAM as it stands.*”

**- Academic**

A need for questions in MARAM tools relating to mental health of the victim survivor was noted. The Comprehensive Risk Assessment tool contains questions relating to the mental health of the adult using violence (because this is correlated to homicide risk) but stakeholders thought that considerations relating to victim survivors' mental health were needed in the MARAM Comprehensive Risk Assessment tool. This was seen as important in order to capture information about how a victim survivors' mental health may have impacted their experience of violence, their help-seeking behaviours, and supports required, in a similar way that such questions are tailored to other contexts or communities within the MARAM Comprehensive



Risk Assessment tool (for example, the Comprehensive Risk Assessment tool contains questions for victim survivors with disability such as: ‘To be safe, are there more support services that you need?’).

## Recommendation 16.6

### 16.6

**Review and revise MARAM to ensure it is appropriate and inclusive for people experiencing mental ill health**

**This includes ensuring MARAM Framework Principle 8 is embedded in MARAM practice guidance and tools by working with those experiencing mental ill health and services supporting them to:**

- provide additional guidance on how a person’s mental health affects their experience of family violence or how family violence impacts them differently
- provide additional guidance on matters such as how adults using violence may use a victim survivor’s mental health as part of the tactics of control
- consider including ‘additional considerations’ in the Risk Assessment tools relating to victim survivor mental health
- reconsider the order of ‘additional considerations’ as per [recommendation 15](#).





## 4.6.8 Screening, identification, assessment and risk management with those who use alcohol and drugs

Both the WHO and the National Institute for Health and Care Excellence guidelines propose the routine family violence screening of women experiencing substance abuse problems (Spangaro, 2017).

A need for questions in the tools relating to alcohol and drug use of the victim survivor was noted by stakeholders. Specifically, stakeholders thought that:

- A screening question about victim survivor substance use is needed and should be accompanied by a capability uplift among practitioners. A screening question is needed so that where substance use intersects with the potential of substance use coercion, the full picture of a victim survivors' risk can be known.
- specific considerations for victim survivors' alcohol and drug use are needed in the MARAM Comprehensive Risk Assessment tool. While additional considerations are included in the Comprehensive Risk Assessment tool for other specific matters, or which seek to assess the presence of a risk factor in a particular context, these are not included in relation to a specific AOD context. For example, the Comprehensive Risk Assessment tool contains additional questions for the LGBTIQ+ community which aim to assess controlling behaviours in their particular context such as: 'If affirming your gender, have they stopped you from taking steps to do so?' but similar questions do not exist for victim survivors with AOD dependence. While the Comprehensive Risk Assessment tool contains questions relating to substance use by the adult using violence (because of the correlation with an increased risk of family violence), the AOD sector noted the need for relevant questions in relation to victim survivor substance use (for example, it may be relevant to ask questions about the source of supply in order for the risk assessment to capture relevant controlling behaviours).

The need for additional guidance was also noted by AOD stakeholders in relation to working with victim survivors who use substances. This includes guidance around:

- why people use substances (this will both enhance risk assessment as well as reduce service barriers by supporting safe and sensitive engagement. Such guidance will need to carefully incorporate knowledge of both family violence and AOD). An AOD stakeholder noted that at times victim survivors who use substances do so to find the courage to access services, only to be denied service at the specialist family violence services because of intoxication
- working with mothers who use substances
- working with victim survivors who need to access refuge or crisis accommodation
- working with victim survivors to safely use substances (harm reduction), as part of risk management and safety planning, and factoring the safe use of substances into risk management



- substance use coercion (with a focus on the behaviour of the adult using violence, not victim survivor circumstance). This includes how substance use can be weaponised by the adult using violence against the victim survivor as a form of coercive control. Guidance is also needed about talking with victim survivors in a safe, non-judgmental way about their substance use and the impact of substance use coercion on their experience of family violence risk, in order to appropriately assess risk. It was noted that questions need to be asked in a way that helps the practitioner understand how the adult using violence has caused or exacerbated the victim survivor's drug use
- the services, programs, and appropriate referral pathways into the AOD sector.

Stakeholders reported that the terminology of 'drug misuse' should be replaced with 'use', or 'dependence', or 'patterns', to avoid stigmatisation.

## Recommendation 16.7

### 16.7

**Review and revise MARAM to ensure it is appropriate and inclusive for people who have drug or alcohol dependence**

**This includes ensuring MARAM Framework Principle 8 is embedded in MARAM practice guidance and tools, by working with those who have drug or alcohol dependence, and services supporting them, to:**

- include 'additional considerations' in the Risk Assessment tools relating to victim survivor alcohol and drug use
- ensure terminology is appropriate and inclusive
- provide additional practice guidance on matters such as why people use substances and how to work with those who do; substance use coercion; and how adults using violence may weaponise substance use as part of the tactics of control
- reconsider the order of 'additional considerations' as per [recommendation 15](#).



## 4.7 Children

This section addresses risk identification, assessment and management practices for children, and the extent to which MARAM is assisting professionals to treat children as victim survivors in their own right.

Note that risk factors relating to children are addressed above in [section 4.5.1.2](#), and the impacts of family violence on children are addressed above in [section 4.3.2.2](#). Also, as outlined earlier in the Report, while existing practice guidance relating to children and the existing Child Assessment tool are within scope of the Review, the materials in development during 2022-2023 to address direct risk and wellbeing assessment and management with children and young people are outside the scope of this Review.

### 4.7.1 Risk identification, assessment and management practices for children

#### 4.7.1.1 Research overview

Australian research from 2023 has shown that 43.8% of young Australians aged 16-24 have been exposed to family violence as children. The research shows that exposure to family violence was the most common form of maltreatment amongst Australian children. Further, exposure to family violence has also been found to increase the chance of the child experiencing other forms of maltreatment (Haslam et al., 2023).

Recent research into acceptable approaches to the identification of children's exposure to IPV found that:

- sufficient training and support for professionals, good client-professional relationships and supportive environments for clients need to be in place before enquiry or disclosure of children's exposure to IPV occurs
- a phased enquiry about IPV initiated by healthcare professionals, which focuses on 'safety at home' and is integrated into the context of the consultation or visit should be adopted
- an acceptable initial response prioritises child safety and includes emotional support, education about IPV, and signposting to IPV services (Lewis et al., 2018).

The approach adopted in MARAM generally aligns with this research. Under MARAM, professionals consider existing factors of strength, safety and/or protection and how these can be used as building blocks to increase protection and safety. Assessments consider 'protective factors' which may include considerations such as safe housing, mental health support and connection to services. Questions in MARAM tools include those relating to feelings of safety at home and people to whom it is safe to talk.

There is a growing body of research that indicates that risks for an adult and child may be 'linked but separate', and risk assessment may thus require more targeted and possibly distinct approaches in order to respond to the safety, risk and both common and unique wellbeing needs of women and children (Fitz-Gibbon et al., 2019). More recent research has





highlighted the importance of creating safe, child-centric spaces for children and young people to talk about their experiences of family violence. This includes improving the design and practice in mainstream spaces where support is provided to children and young people seeking support for family violence. In relation to promoting a trauma-informed system response, the report emphasised the importance of providing children and young people agency in their safety planning and decision-making, the value of individualised or tailored responses, and the importance of age-appropriate supports (particularly with regards to language). Responses for younger children may also need to adopt techniques for communicating with children and young people who are neurodivergent or who have disability (Fitz-Gibbon, McGowan, et al., 2023).

This aligns with the fourth and sixth MARAM Framework Principles which note that services provided to child victim survivors should acknowledge their unique experiences, and needs, including the effects of trauma and cumulative harm arising from experiences of family violence. Accordingly, MARAM states that “children and young people affected by family violence are victim survivors in their own right, with unique experiences of family violence and its impacts” (Family Safety Victoria, 2021, p. 195).

Supporting this approach, under MARAM, children are assessed using a specific Child Victim Survivor Risk Assessment tool, which is supported by the Assessing children and young people experiencing family violence practice guide (Victorian Department of Human Services, 2013).

Research conducted by Monash University identified the following key issues as critical to developing and building effective family violence risk assessment and responses for children:

- modifying universal practice to better capture family violence risks unique to children
- the importance of interagency collaboration and a shared framework of responsibility
- developing clear pathways and referrals from children’s risk assessment
- the need for specialised training for support workers (Fitz-Gibbon et al., 2019).

MARAM also reflects the importance of interagency collaboration and a shared framework of responsibility in its approach to risk assessment and responses for children and young people as victim-survivors in their own right. For example, under the Child Risk Assessment tool, information can be drawn from a number of sources including the carer, the child or young person, and other professionals and services.

There are conflicting perspectives in the literature on engagement with children and safety management. According to a 2018 synthesis of qualitative studies focusing on the integrated perspectives of patients/clients and healthcare and social service professionals:

- most mothers think that involvement of children’s social services increases the risk for the child through potential escalation of abuse and child removal
- most social service professionals believe that the involvement of children’s social services results in greater safety





- most social service professionals think that women and children are safer out of the abusive relationship, while women do not feel safer after leaving the adult using violence because of potential escalation of abuse, child contact with the adult using violence without their supervision and protection, and lack of post-separation support
- most children and mothers are positive about healthcare and social service professionals talking directly to children and addressing their individual needs, but most professionals do not feel competent in communicating directly with children and prefer to assess children's needs through a proxy adult (Lewis et al., 2018).

The 2018 study found that, in line with previous research, there was distress experienced by patients/clients due to feelings of shame and guilt, linked to the acknowledgement of IPV and disclosure, professionals' ambiguous feelings towards mothers who did not follow their advice, tensions that arise when shifting the focus from the mother-child dyad to the child, and frustration with system-level obstacles. The study findings emphasised the importance of assisting both patients/clients and professionals with managing psychological symptoms and preventing vicarious trauma (Lewis et al., 2018).

MARAM guidance remains consistent with this research. The MARAM Practice Guides refer to an existing Victorian Government document, *Assessing Children and Young People Experiencing Family Violence Practice Guide*, which notes that during screening and assessment, issues may arise relating to concerns about exacerbating trauma, parental shame, child removal, and family members overwhelmed by the complexity of problems (Department of Human Services, 2013). The MARAM Foundation Knowledge Guide also attempts to address this issue by including guidance on unconscious bias and reflective practice.

Recent ANROWS research highlighted the importance of safety planning when assisting Aboriginal and Torres Strait Islander children and young people who are experiencing family violence. It was noted that the protective behaviours that children and young people already display need to be acknowledged, and children and young people need to be equipped with strategies and actions that they can take that provide them with agency. The importance of creating safety plans with children, independent from adults including a protective primary carer, was identified (Morgan et al., 2023). The MARAM Practice Guide for Responsibility 4 notes that if it is appropriate, safe and reasonable, a practitioner can fill out the Child Safety Planning tool with the child or young person. The Practice Guide notes that it will enable children to be actively involved and understand how they can also be active to support their own safety.

Many practitioners noted the practical obstacles in doing individual assessments with each child, particularly in a crisis situation (and where many children may have come in, there may be limited capacity to conduct the assessments, there may be a deep distrust of the system and a fear of child protection, and where the amount of rapport needed to work with children is significant), and one stakeholder raised the need for practical advice around triaging assessments. However, some stakeholders warned against providing a triaged approach to child risk assessments, given the experience of each child may be vastly different, and needs to be assessed in an individual assessment.



### 4.7.1.2 Safe and Together model

An approach identified in the literature (Fitz-Gibbon et al., 2019) that stakeholders also spoke positively about was Mandel's Safe and Together model (Safe & Together Institute, 2022b). The Safe and Together Model seeks to increase practitioners' understanding of the effects of family violence on children and to support the creation of unique case management plans, developed following observation of each family and potential risks. The model encourages a collaborative approach between child protection and family violence practitioners and aims to ensure the safety and wellbeing of children experiencing family violence. The model is based on three key principles:

- keeping the child safe and together with the non-offending parent
- partnering with the non-offending parent as the default position
- intervening with the adult using violence to reduce risk and harm to the child (Safe & Together Institute, 2022a).

According to the Safe and Together model, it is in the best interests of a child to remain with the non-offending parent, due to considerations of safety, healing from trauma and stability. There is a growing body of evidence supporting the effectiveness of the Safe and Together model, including the Multi-Agency Triage project in Melbourne which demonstrated that collaborative multi-agency triage risk assessment and referral using the Safe and Together model resulted in better management for intake and intervention for children affected by family violence (Humphreys & Nicholson, 2017).

MARAM's position with regard to partnering with the non-offending parent is seen under Responsibility 3 in practice considerations for assessing and managing risk for children and young people. These considerations emphasise that wherever possible, practitioners should collaborate with the parent or carer who is not the adult using violence and support strengthening and repairing the relationship and bond between the child and parent or carer. MARAM practice guidance also notes that "the attachment of children and young people to parents and caregivers is key to their development" (Family Safety Victoria, 2021, p. 69) and that "perpetrators often use various harmful tactics to deliberately undermine, manipulate and damage the mother/carer-child relationship" (Family Safety Victoria, 2021, p. 64). MARAM highlights the need for professionals to be aware of these tactics to avoid misinterpreting a parent/carer's way of resisting the violence as "poor parenting".

Stakeholders spoke positively about the Safe and Together model and thought that it complemented MARAM and that MARAM could draw on it further. Specifically, stakeholders said that Safe and Together:

- gave them confidence to speak with children
- deals well with intersections with family violence and other complexities (for example, victim survivor drug use)
- highlights the importance of the initial conversations as part of the evidence that goes with the woman
- helps unpack people's protective capacity
- is very visual



- encourages story telling
- supports practice with children and families, including accountability of the adult using violence, when you don't work directly with the adult using violence.

It was suggested by stakeholders that aspects of the Safe and Together Model could support practitioners in their risk assessment analysis and risk management responses, including by supporting practitioners to link the patterns of behaviour of the adult using violence with the presentations of children impacted,

#### 4.7.1.3 Coercive control

The National Principles to Address Coercive Control in Family and Domestic Violence note that children and young people have unique experiences of coercive control and should be considered victim survivors in their own right. They may be directly targeted, coerced to participate in abusive behaviours or they may witness violence towards another family member (Attorney-General's Department, 2023)

Stakeholders generally noted that MARAM is effective in its education about children being victim survivors in their own right, though doubts were raised about the effectiveness of MARAM in communicating the needs and risks for children with disability as victim survivors in their own right. There were also doubts about whether MARAM tools effectively support practitioners to treat children as victim survivors in their own right. The MARAM Practice Guides note that children may be subject to coercive and controlling behaviours by an adult using violence and that most older children and young people can understand and articulate their experiences of violence and coercive control, which is different to the experience of adults. While some stakeholders noted a lack of assessment questions in the tools about children's experiences of coercive control, stakeholders generally thought it would be risky to ask child specific questions relating to coercive control directly to the child. Risks highlighted were that it might lead to the child having certain conversations or behaving differently in the home, and if the adult using violence is still in the home, this could place the child in danger (as it may mean they deviate from what keeps them safe and what they do on a daily basis). The skill/training that practitioners would require in order to ask the questions appropriately and respond properly to the outcomes of this line of questioning, was also raised by stakeholders.

#### 4.7.1.4 Engaging directly with children

There was a general view that practitioners were reluctant to engage with children directly, either because they felt they lacked the specialist expertise they thought was needed, there was little opportunity to engage directly with the child, they were worried about harming the child or placing the child at further risk (particularly where child victim survivors remain in contact with the adult using violence), or they considered it to be outside their role or not supported by organisational policies and practices. Stakeholders also noted a lack of clarity about when it would be 'safe, reasonable or appropriate' (as advised in MARAM) to engage in a risk assessment directly with children, and whether parent consent was required.

The MARAM Practice Guide for Responsibility 2 provides some guidance for assessing children and young people in accordance with their stage of development. The MARAM Practice Guide for Responsibility 3 also provides some guidance about what to take into



account when deciding whether to assess a child or young person directly or indirectly, i.e. their age, development stage and circumstances. The guidance also includes a number of questions for practitioners to consider in determining if assessing risk directly with a child is appropriate, safe and reasonable for their age, developmental stage or circumstances. There is also a table outlining the approach that should be taken to risk assessments for those under six years old and those between six and 18 years old. However, stakeholders noted that MARAM practice guidance does not sufficiently reflect working with children in a manner that considers age and stage. The Review Team understands that this is a key component of the children and young people-focused materials for MARAM currently in development.

Survivor Advocates generally thought that working with children as victim survivors in their own right was something still under development. A Survivor Advocate noted that through the risk assessment process it felt like no one picked up on her child – that her child was invisible. They noted that while the names of children and some minimal information is asked by practitioners, practitioners want to work with people who are making the decisions. Another Survivor Advocate noted that their children didn't have individual assessments done.

This mirrors the views of children and young people encapsulated in a recent Victorian study (commissioned by FSV for the purpose of current MARAM development work) that examined children and young people's experiences of navigating the family violence system in Victoria. The report found that children and young people consistently noted that they felt invisible at different points of the system response to family violence, with a common perception that system responses to family violence were not designed or conducted with children and young people in view (Fitz-Gibbon, McGowan, et al., 2023). This perceived lack of visibility was noted by some children and young people as being related to risk assessment practices that were "not a genuine process". As highlighted in the report, ineffective risk assessment and management practices can depersonalise a victim survivor's interaction with a support service. The report also noted that children and young people highlighted the value of receiving specialist support to address their safety and wellbeing concerns following an experience of family violence.

It is also worth noting in this context that Victoria's Commission for Children and Young People found that there was a lack of child-focused practice, and that this "resulted in children's voices not always being heard by services, and their experiences often not being taken into account. Children were rarely interviewed away from family members and rarely engaged in decision-making processes or participated in case planning." (Commission for Children and Young People, 2019).

#### 4.7.1.5 Suggestions for improvements

Stakeholder suggestions for strengthening the emphasis of treating children as victim survivors in their own right included:

- making reference within MARAM to Article 12 of the United Nations Convention on the Rights of the Child, which requires State Parties to assure to a child who is capable of forming their own views the right to express those views freely in all matters affecting the child







- providing further guidance about when it is appropriate to engage directly with children
- providing further guidance on victim survivors that are young people and who also use violence
- providing guidance on talking about sexual abuse with children
- providing guidance on children, mental health and therapeutic supports.

Stakeholders also commented that MARAM tools could be improved by:

- including questions that are more qualitative about each child's experience of family violence in the home
- adopting child-friendly language. An example given was of a question in the Child Victim Survivor Assessment tool (which the tool advises can be asked directly of a child victim survivor where it is assessed as safe, appropriate and reasonable to do so): 'Has the child been asked to monitor you by the other parent?' is not framed in age-appropriate language
- including pictures in the Child tools (there are examples of this internationally)
- including specific questions and guidance for assessing children in out of home care, including those relating to the risks associated with particular out of home care placements, and where the adult using violence is not the parent but another person living in the home
- using the language of a child 'experiencing' violence, rather than being 'exposed' to violence, due to the latter wording not being adequate to capture an assessment of the risk of lethality and the impact of experiences of family violence on a child
- including further questions (noting that some already exist) in the Child Victim Survivor Risk Assessment tool relating to the risk factor of undermining the parent-child relationship, and how much that impacts the child.



## Recommendation 17

17

**Ensure that MARAM practice guidance and tools relating to children and materials currently in development support child-centred practice**

**This includes:**

- providing further guidance about when it is appropriate, and how to, engage directly with children, with reference to age and stage of development of the child and disability (if present)
- providing further guidance about how to approach difficult subject matter such as sexual abuse
- providing further guidance relating to children and young people who use violence
- providing opportunities for MARAM to further draw on aspects of the Safe and Together model that have been highlighted by stakeholders as helpful, in making any amendments to MARAM guidance relating to children.



## 5.0 CONCLUSION

This Review has found that MARAM largely reflects current evidence of best practices including through its multi-agency approach, its adoption of the SPJ model, the policy of consistent and collaborative practice (Pillar 2), its use of a broad and consistent definition of family violence, use of an intersectional lens, and its conceptualisation of coercive control. The evidence collected for this Review does not indicate the need for any changes to MARAM's overall architecture or policy structure.

This Review has found that MARAM has significantly improved practice in relation to Pillars 1, 2 and 4. Consistent with the maturity model, further focus on Pillar 3 is expected to improve clarity of responsibilities for risk assessment and management across a diverse range of workforces. The range of reviews and research underpinning MARAM support the development of the evidence base and its continuous improvement, providing evidence of achievement towards Pillar 4.

While there was general agreement among stakeholders in some areas, diverging views and suggestions were seen in other areas, pointing to the need for FSV's further engagement with stakeholders to develop, test and refine any new and updated MARAM resources.

Stakeholder consultation revealed that MARAM is broadly seen as a valuable source of knowledge for a range of sectors and has contributed to a shared understanding of family violence (at least across many sectors, and in relation to some aspects of family violence). Collaboration within and across sectors has improved since the introduction of MARAM and the information sharing schemes, but these systems and ways of working are maturing and there is room to improve. Where collaboration and information sharing are ineffective, this is often due to matters outside the scope of this Review, including resourcing, capacity, and training needs.

MARAM is regarded as focusing too heavily on heterosexual intimate relationships between a victim survivor and an adult using violence. Other types of family violence need greater focus in MARAM. While MARAM has improved consideration of diversity and intersectionality in family violence risk assessment and management, further work is required to properly embed these considerations throughout the entire risk assessment and risk management process. MARAM resources should continue to reflect the gendered nature of family violence while also accounting for the breadth of experience across all family relationships and communities.

The Practice Guides provide a comprehensive theoretical framework. However, the number of MARAM resources, their length, and challenges in navigating them are presenting barriers to accessing important information and guidance. This has impacted the extent to which the Practice Guides are being used, and in turn, the effectiveness of implementing the MARAM tools. A balance will need to be found in maintaining a comprehensive theoretical framework while ensuring the usability and accessibility of MARAM resources.

While not intended to be used in this way, MARAM risk assessments and safety plans are often being used in a tick-box fashion, which is not facilitating a conversational/narrative approach. Safety planning does not always acknowledge victim survivor agency, as it tends to revolve around victim survivors intending to leave and does not adequately account for





victim survivors who may choose to remain in the relationship or at home, or who may not want to be in contact with the police.

MARAM's conceptualisation of family violence could be expanded to include a wider range of abusive behaviours such as substance use coercion and technology-facilitated abuse. Recent research also highlights new manifestations or ways of perpetrating violence used during the COVID-19 pandemic. Other research highlights the occurrence of PTSD in children affected by family violence. While MARAM contains guidance on trauma and violence informed practice, there is limited discussion of PTSD diagnosis. Consideration may be given to specifically addressing the occurrence of PTSD and practice responses to it, in both adult and children victim survivors in MARAM resources.

There is scope for updating MARAM risk factors based on recent evidence, as well as more adequately capturing the current status and nature of dynamic risk. Recent evidence confirms several serious risk factors associated with a victim being killed or almost killed that are consistent with risk factors represented in MARAM. These include actual or pending separation, intimate partner sexual violence, non-fatal strangulation or choking, stalking, and an adult who uses violence's access to and/or recent use of weapons.

The representation in MARAM of the risk posed by a history of family violence, threats to harm a victim survivor, and mental illness of the adult using violence may be updated, given the recent evidence relating to these risk factors. Further, there is evidence that social isolation, which was exacerbated in the context of the COVID-19 pandemic, is associated with an increase in family violence complexity and severity, which could be emphasised more strongly in MARAM. There is also some limited emerging evidence relating to arson (and burning-related threats) as a risk factor or new presentation of existing risk factors, which is not currently addressed in MARAM.

The literature indicates that empirically identified risk factors included in risk assessment tools and frameworks are almost exclusively developed based on an analysis of heterosexual samples. There is a growing body of evidence indicating that particular groups and individuals experience discrimination and marginalisation, as well as specific family violence behaviours targeting identity or effect of marginalisation that increase the probability, impact and/or severity of family violence. These groups include Aboriginal and Torres Strait Islander peoples; migrants, refugees and people who are culturally and linguistically diverse; people with disability; LGBTIQ+ individuals; people with a mental illness; older people; women in pregnancy and early motherhood; people in regional, rural and remote areas; and young women. There is currently a lack of risk assessment tools that adequately address the diverse and intersecting needs of these groups. However, caution must also be taken in amending risk assessment instruments, given that a culturally appropriate risk instrument with weaker predictive properties than a culturally neutral instrument may inadvertently disservice the very groups it aims to assist.

MARAM is effective in communicating the need to consider each child as a victim survivor in their own right but many practitioners are, for a number of reasons, reluctant to engage with children directly. This may be because they feel they lack the specialist expertise they think is needed, there is little opportunity to engage directly with the child, they are worried about harming the child or placing the child at further risk (particularly where child victim survivors





remain in contact with the adult using violence), or they consider it to be outside their role or not supported by organisational policies and practices.



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**ALLEN + CLARKE  
CONSULTING**

+61 447 734 185

[office@allenandclarke.com.au](mailto:office@allenandclarke.com.au)

[www.allenandclarke.com.au](http://www.allenandclarke.com.au)

