ACT DOMESTIC AND FAMILY VIOLENCE

RISK ASSESSMENT AND MANAGEMENT FRAMEWORK

Supporting an integrated domestic and family violence service system

Community Services Directorate

October 2020
THIS FRAMEWORK IS A WORK IN PROGRESS

This framework was developed in consultation with a working group of key stakeholders in the ACT domestic and family violence sector. It was agreed that we would release the framework as a draft and implement trials to test the framework's usefulness and accessibility.

All feedback on this framework will be incorporated at the end of 2020 and the framework re-released. However, it is envisaged that the framework will always be a working document incorporating feedback from the sector and from various projects to keep the framework relevant and useful.
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INTRODUCTION

All domestic and family violence should be considered a risk which requires a response.¹

Domestic and family violence is a pervasive and serious problem in Australia. On average, one woman a week is murdered by her current or former intimate partner.² One in three Australian women have experienced physical violence since the age of 15,³ one in four women experience violence by an intimate partner or family member.⁴ One in four women in Australia have experienced emotional abuse by a current or former partner and one in five women in Australia have experienced sexual violence.⁵

This framework has been developed in consultation with key stakeholders in the ACT. The development also drew on the significant work done in other jurisdictions in Australia and internationally, and considered the National Risk Assessment Principles for domestic and family violence produced by Australia’s National Research Organisation for Women’s Safety (ANROWS).

The draft framework was developed to coincide with the domestic and family violence training program being rolled out across the ACT Government. Evaluation of the draft framework will be undertaken as part of the evaluation of that training and will also evaluate the application of the framework in a number of trial sites throughout 2020.

Why we need a new approach

Recent consultation with survivors of domestic violence in the ACT shows that they currently experience the service system as fragmented, inconsistent and hard to navigate (sometimes to the point that they give up trying to seek support).

There was so much paperwork. When you are in the middle of all of this it is just too hard to do. The responsibility is all on the victim.⁶

Others reported that a range of mainstream services failed to notice the signs or hints women were giving about the violence they were living with. Some spoke of the need to

³ ibid.
⁵ Our Watch, ‘Quick Facts’.
repeat their personal story over and over again, and others found the system made them feel at fault.

*People’s reactions to my trauma made me feel like it was my problem.*

At the same time, those consultations (and previous ACT reports) showed the importance of commonly used mainstream services as the first touch points for help seeking for those living with domestic and family violence.

This problem is not unique to the ACT. Nationally and internationally jurisdictions are recognising the need for a new system-wide approach that, ‘helps victims, perpetrators and their families through the complex network of providers, practitioners and services towards a consistent and effective outcome.’

Victims, perpetrators and their families, ‘must not be left to flounder on their own, disengage or go without support because they couldn’t navigate the system.’

If the broad service system is going to deliver effective responses to domestic and family violence it is critical that it takes a consistent, informed, integrated and supportive approach to domestic and family violence.

**Why a risk assessment framework?**

The prevalence of domestic and family violence and the profound and diverse effects on the health and wellbeing of victims means that responses often involve multiple services. The involvement of different services can result in strong and collaborative responses that collectively keep the victims safe and hold perpetrators to account. However, when services do not work together, the risk and vulnerability of victims can increase.

Research and reviews have shown that a common risk assessment and risk management framework is one strategy for assisting a jurisdiction to improve knowledge and confidence, and ensure consistent, informed, integrated and effective identification and appropriate responses to domestic and family violence. As a review of the Victorian framework found:

...those who use the framework testify to its utility in working with women on identifying and understanding their own risk and supporting the professional judgement of support workers in a range of contexts.

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7 ibid.
9 ibid.
SCOPE

The framework as the foundation of a new approach

This framework outlines a common approach to understanding domestic and family violence. It builds a shared understanding of the nature of domestic and family violence and provides a common language for describing it. The framework also establishes a common approach to screening, assessing and managing domestic and family violence risk. This will enable a more confident, consistent and effective response across the broad service system.

The gendered nature of violence

All violence is wrong, and all victims need access to support regardless of the sex or gender of the victim or perpetrator. There are, however, distinct gendered patterns in the perpetration and impact of violence. As Our Watch notes, ‘...both women and men are more likely to experience violence at the hands of men, with around 95% of all victims of violence in Australia reporting a male perpetrator.’

In this framework, we focus on men’s violence against women in intimate partner relationships. We do so because it is overwhelmingly the most common form of domestic and family violence, the research and evidence is primarily based on this form of violence and because as Jess Hill in her new investigative book on domestic violence notes, ‘in scale and severity it is by far the most dangerous kind.’ She goes on to say:

But heterosexual men didn’t invent abuse and they’re not the only ones to inflict it. Domestic abuse is also suffered, often in silence, by a high percentage of women in same-sex relationships...and by gay men...whose subordination may be secured with threats to out them...Ultimately domestic abuse is a pattern of power and control, and power imbalances aren’t limited to heterosexual relationships...domestic abuse is also suffered by a smaller proportion of men, who, like women, often stay in the vain hope they can help their abusive partners, and who may be trapped by the fear that they won’t be able to protect their children if they leave.

Recognising and acknowledging the gendered nature of domestic and family violence and having an approach that looks honestly at the evidence and research does not negate the experiences of male victims, nor preclude an understanding of domestic and family violence within the LGBTIQ+ community. However, any approach that does not recognise and respond to evidence cannot hope to seek change and benefit the community.

At present, the tested and evidence-based risk assessment tools available, nationally and internationally, have been built on evidence from heterosexual intimate partner violence, because this is the group most likely to offend and most likely to experience severe violence and/or homicide. However, emerging evidence on the experiences of people such as those

11 Our Watch, ‘Quick Facts’.
in the LGBTIQ+ community is that they, ‘experience similar forms of violence’ combined with threats to their identity, privacy or gender identification.14

Understanding intersectionality (see below) and incorporating it into practice allows for this framework to be utilised with diverse victims as research and evidence into their specific and unique experiences is undertaken.

This framework will be reviewed regularly to respond to emerging evidence about diverse experiences of domestic and family violence. The crucial factor in responding effectively to domestic and family violence is recognising and understanding the use of power and control as a pattern of behaviour over time, irrespective of the sex or gender identity of the perpetrator or the victim. While acknowledging this framework focuses on intimate partner (or domestic) violence, we have used the term ‘domestic and family violence’ to be consistent with policy and legislation.

**Essential elements**

This framework provides definitions and shared understandings about domestic and family violence. It outlines the process for identifying and responding to domestic violence for a range of service providers. The framework also contains a range of practice guidance and support to build capacity across the service system in the ACT.

**Who should use the framework?**

The framework covers and should be applied by agencies, services and practitioners. In general, agencies, services and practitioners can be classified as generalist, statutory and specialist, though some of these, practitioners in particular, may not be easily classified in only one group.

**Generalist**

Generalist providers are people or services who may encounter victims or perpetrators of domestic and family violence during their work, but domestic and family violence is not a core part of their work. These include people providing health, education or social services and may be government, community sector or private business.

**Statutory**

Statutory providers are those whose core business is the provision of legal or statutory responses, which include provision of services to perpetrators and victims of domestic and family violence including courts and child protection services.

**Specialist**

Specialist providers are those for whom domestic and family violence is core business. They have specialist skills and knowledge about domestic and family violence and how

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to respond. Included in this group are domestic violence refuges, Domestic Violence Crisis Service (DVCS) and some counsellors/psychologists.

While non-specialist providers will not generally be skilled or trained or able to respond to complex high-risk cases, they are expected to be able to identify indicators and risk factors of domestic and family violence and respond appropriately. In particular, they should be confident in actively supporting people to access the specialist and other services they may need.

**Application of this framework**

This framework covers screening, assessing and managing domestic and family violence risk. The tools provided in this framework have been developed and refined from evidence-based research including death reviews, which have been focused on intimate partner violence. While many of the concepts in this framework may be applicable to identifying and responding to other forms of family violence (such as elder abuse, sibling abuse) or be applicable to diverse relationships, it is important to acknowledge that the tools are built upon the known dynamics of heterosexual intimate partner violence. This framework will be updated regularly with a focus on including risk assessment factors and tools for diverse groups as they are developed and tested.

**Screening**

Screening is the systematic routine of enquiring about domestic and family violence. The goal is to identify those at risk (early in the life of the violence) who need further assessment and support to reduce the likelihood of further and/or escalating violence. All practitioners in a position to identify domestic and family violence should be able to undertake screening. This framework provides information about how to screen, provides a common tool for screening and includes practice guidance for how to ask these agreed common questions.

**Identifying**

Identifying is the asking of questions about possible violence at home when a practitioner suspects there may be domestic or family violence occurring.

**Risk assessment**

Risk assessment is the process of identifying, analysing and evaluating the risk of further or escalating violence. This framework uses three factors in this process; evidence-based risk factors, the victim’s own assessment of risk and the practitioner’s professional judgement. This framework provides information on how to conduct a risk assessment, includes an agreed assessment tool and information on known evidence-based risk factors and practice guides to support workers to undertake a risk assessment.

**Risk management**

Risk management is the planned process to identify risk factors and protective factors and devise a plan to reduce or mitigate the risk of or escalation of violence. Risk management should use an integrated service response as a key strategy in reducing
the risk of violence. Risk management includes providing all family members with referrals to the services they need to try to increase safety. As perpetrators often cause damage to the relationship between mothers and their children, responses designed to strengthen this relationship should form part of the response. Ongoing risk assessment and management is also required, as domestic and family violence risk cannot be assessed as a one-off process.

The needs of Aboriginal and Torres Strait Islander women, families and communities

We recognise Aboriginal and Torres Strait Islander peoples as Australia’s first people. First people have the right to self-determination, which is an ongoing process of choice to ensure that Aboriginal and Torres Strait Islander communities are able to meet their social, cultural and economic needs.15

Across Australia there is a historic lack of culturally appropriate responses to the needs of Aboriginal and Torres Strait Islander families and communities. All work with Aboriginal and Torres Strait Islander people must be informed by an understanding of past and ongoing injustices and recognise the right to self-determination.

Violence both perpetrated and experienced by Aboriginal and Torres Strait Islander people cannot be dissociated from broader contributing social, cultural, historical and economic factors. These factors include the experience of colonisation, the disintegration of traditional laws and community norms, disruption of family and kinship ties, poverty, unemployment, personal stressors and multiple disadvantages, the experience of forced removal from families and substance abuse.16

We know Aboriginal and Torres Strait Islander women experience higher levels of family and domestic violence than non-Aboriginal or Torres Strait Islander women, although local and national research indicates that the violence is often perpetrated by non-Aboriginal or Torres Strait Islander men. We also know that in interviews with Aboriginal and Torres Strait Islander victims in the ACT, they were, ‘unanimous in wanting the violence to stop’ and, ‘wanted justice in their lives and for their children.’17

Aboriginal and Torres Strait Islander women also told us that, ‘their help-seeking can be undermined by ineffective, disrespectful, ignorant and racially stereotypical comments, practices and activities. Gaining access to justice and participating in the system as a victim of family violence can be hard.’18

17 ibid, 17.
18 ibid, 1, 2.
All responses (including the development of this framework) need to be based on an understanding of these issues and incorporate appropriate consultations. Aboriginal and Torres Strait Islander people must always be offered choice about the services they wish to engage with and the actions they want to take.

All agencies should understand how to create an environment that supports self-determination.
PRACTICE VALUES

The practice values should guide the decisions and actions of providers across the service system, both in direct work with people and in the formulation of policy. These practice values provide a broad base for how we deliver this framework in our work. Acknowledgement for this section needs to be given to the New Zealand Government Family Violence Risk Assessment and Management Framework. The practice values are:

- the safety of victims and their children is paramount;
- practitioners must take responsibility and action;
- perpetrators are accountable;
- children’s needs are considered in their own right;
- autonomy and agency are respected; and
- responses are integrated

The safety of victims and their children is paramount

The first priorities of every response and interaction must be the safety of victims of domestic and family violence and their children. This ranges from understanding you cannot attempt to undertake screening while the perpetrator is present, to ensuring that perpetrator programs take the victim’s assessment of risk into account. It may also range from having to make a notification about risk to children where the victim may not want you to, to taking a victim to a safe space in your office to call a support service with them.

Services and agencies should also assess that their policies and procedures do not inadvertently put victims and their children at risk. For example, ensure policies do not require a victim to provide information that would require the victim to contact the perpetrator to obtain it, and ensure policies and practices do not inadvertently provide perpetrators with information about the whereabouts of a victim.

Practitioners must take responsibility and action

It can be hard to ask the questions or raise the issue of domestic and family violence and to deal with disclosures. While acknowledging this, it is also critical that organisations and practitioners take responsibility to identify domestic and family violence and take action within their roles and capabilities.

Evidence including from our own research in the ACT shows clearly that victims try to reach out for help.

*He accompanied me to every appointment, he would not leave me alone, he would not let me talk. I tried to make eye contact with the [practitioner] to let her know I was not OK. She didn’t notice.*

The importance of frontline and other key practitioners knowing how to identify and respond appropriately to violence cannot be overstated when we know that, ‘most people when faced with a system that can liberate women from violence will choose that path, but only if they understand it.’  

Perpetrators are held accountable

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

Holding perpetrators to account means ensuring that in every interaction the system has with either a victim or a perpetrator, full responsibility for the violence is held with the perpetrator. Some of the ways that responsibility is ensured is through:

- providing consistent information and messages that violence is not tolerated or accepted;
- understanding and communicating that alcohol or drug use or mental health issues do not mitigate responsibility for domestic and family violence;
- supporting perpetrators to engage in behaviour change or other effective intervention;
- reporting of criminal offences; and
- identifying, assessing and sharing information about risk, including contributing to the monitoring of perpetrators’ behaviours and working with victim survivors (such as through partner/family member contact as part of behaviour change programs).

A commitment to perpetrator accountability includes ensuring that practitioners can determine the primary aggressor and hold them responsible in situations where violence might initially appear to be mutual. The primary aggressor is defined as the person who poses the most serious and ongoing threat to safety.

In these instances, it is important to understand the dynamics of domestic violence, which involves ongoing patterns of coercion and control. Practitioners should consider the history of violence, the nature of the injuries sustained by both parties, the context in which the violence took place and the effects on the person.

Children’s needs are considered in their own right

The needs and aspirations of children should be provided for in decisions that affect them. Children are victims of domestic and family violence as a result of being witness to or aware of domestic violence. They experience fear and trauma even if they have not been physically

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20 ibid.
harmed (see Factsheet 1: Effects on Children in the Resources section at the end of this framework).

Children need to understand what is happening, they need to feel safe and they need to have their needs heard and met. Opportunities need to be given to children to participate in decision making (in a child-centred and developmentally appropriate way) when decisions affect them.

**Autonomy and agency are acknowledged and respected**

The experience of victims of domestic and family violence is one that lessens their sense of control and agency in their own lives. It is important that this is not repeated by practitioners or agencies, however well intentioned. As one ACT survivor put it:

> I have left a controlling relationship and now I’m controlled by services.\(^{22}\)

The knowledge and experiences of victims must be recognised. Victims must be accorded the right to exercise autonomy and control over the decision and choices in their lives.

People are capable of and need to be making decisions even when they are traumatised or upset. As Judith Herman noted in her classic book on trauma, *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*, ‘no intervention that takes power away from the survivor can possibly foster her recovery no matter how much it appears to be in her best interest.’\(^{23}\)

It is possible, even in situations of immediate harm (where action may have to occur without consent), to provide some level of personal autonomy and agency; ‘the survivor should still be consulted about her wishes and offered as much choice as is compatible with the preservation of safety.’\(^{24}\)

**Responses are integrated**

As mentioned earlier in this framework, responses and actions will mostly only be effective if they are part of an integrated approach with other agencies. This is particularly true for those people with complex needs who will have or will need to have a range of service responses in place to meet their needs.

All workers and organisations should be prepared to work collaboratively and respectfully with the other agencies and services involved in people’s lives.

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\(^{23}\) Judith Herman, *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*, (New York: Pandora, Harper Collins Publisher, 1992), 133.

\(^{24}\) Ibid, 134.
KEY COMPONENTS
KEY COMPONENT ONE: SHARED UNDERSTANDINGS OF DOMESTIC AND FAMILY VIOLENCE AND RISK ASSESSMENT AND MANAGEMENT

Introduction

Having a clear and shared understanding of domestic and family violence, and the concepts of risk assessment and management, helps agencies to speak together with a common language. This shared understanding has been shown to contribute to creating a more integrated response to domestic and family violence.

The way a community conceives of, understands and talks about domestic and family violence is important. As the Western Australian domestic violence risk framework notes:

> How domestic and family violence is defined and understood has a profound impact on the way service provides support victims, including children, and how perpetrators are held accountable for the violence.25

Additionally, a review of the common risk assessment framework in Victoria, conducted by Monash University, found that using the language of ‘risk’ is important as a means of communicating between services and in highlighting the seriousness of domestic and family violence, including to victims.26

Shared definition of domestic and family violence

Domestic and family violence is defined in the ACT Family Violence Act 2016 as, ‘behaviour that controls or dominates a family member and causes them to fear for their own or another person’s safety or wellbeing.’27 The Family Law Act 1975 defines domestic violence as, ‘violent or threatening behaviour, or any other form of behaviour that coerces or controls a family member or causes that family member to be fearful.’28

These definitions are important because domestic and family violence needs to be understood as a pattern of coercive and/or violent behaviour over time designed to control or intimidate, rather than as an incident or series of incidents of violence. It is this underlying pattern of coercion and control by one person over another that differentiates domestic and family violence from other forms of violence.

27 Family Violence Act 2016 (ACT) s. 8.
28 Family Law Act 1975 (Cth) s. 4AB.
While there are many different types of violence (including physical, verbal, emotional, financial, sexual and psychological abuse), domestic and family violence often involves exploitation of power imbalances and intentional and systematic violence that often increases in frequency and severity the longer the relationship goes on.

These understandings are critical for assessing and managing risk of domestic and family violence because, ‘events and circumstances may change frequently which will alter the severity of risk at points in time.’

Domestic and family violence is deeply gendered. Research shows that violence-tolerant attitudes and gender inequality, including gender stereotyping are underlying causes of violence against women. Intimate partner violence is the most common form of domestic and family violence.

People working with male victims or victims from the LGBTIQ+ communities can and should substitute concepts and terms in this framework with terms that are personally or organisationally more appropriate. They should also use their expertise to determine which, if any of the understandings or processes in this framework are not applicable in a particular context. The section in this framework on intersectionality touches on some of the key issues that can present additional barriers to people from diverse communities.

The key points of the definition are that domestic and family violence is understood as:
- behaviour that controls or dominates a family member and causes them to fear for their own or another person’s safety or wellbeing; and/or
- violent or threatening behaviour, or any other form of behaviour that coerces or controls a family member or causes that family member to be fearful.

We understand that:
- there are many different types of violence (including physical, verbal, emotional, financial, sexual and psychological abuse);
- domestic and family violence often involves exploitation of power imbalances; and
- the violence is systematic and often increases in frequency and severity the longer the relationship goes on.

Importantly, inherent in and underpinning these understandings, we know that:
- domestic and family violence needs to be understood as a pattern of coercive and/or violent behaviour by one person over another that occurs over time and is designed to control or intimidate, rather than being seen or responded to as an incident or series of unrelated incidents of violence (see Factsheet 2 in the Resources section at the end of this framework for further information on coercion and control).

Shared understandings about domestic and family violence

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29 ANROWS, National Risk Assessment Principles for domestic and family violence, p4. 2018
A common understanding of some of the key issues about domestic and family violence is important to providing effective responses to victims and perpetrators.

**Understanding the victim’s situation**

Today...we know that...there is nothing uniquely weak, helpless or masochistic about victims of domestic abuse. Faced with the universal methods of coercive control, their responses are no different from those of trained soldiers.30

Women go to great efforts to try and prevent or minimise the violence and keep themselves safe. Women will also go to great efforts to try and protect their children from the abuse and violence.

There are many reasons why it is difficult for victims to leave the abusive relationship. Additionally, as Our Watch notes, ‘the most extreme violence, including murder, often occurs when a woman tries to leave a relationship.’31

Some of the key barriers to leaving include:

- the perpetrator may have threatened to harm or kill the victim, children or themselves if the relationship ends;
- the perpetrator may have taken control of the finances;
- the perpetrator may have isolated the victim from family and friends;
- the perpetrator may use threats related to visa status, mental health, sexuality or ethnicity as reasons they should not leave or that children will be removed if they do; and
- often the resources victims need in order to leave the relationship are not available – money or accommodation for instance.

In addition to the range of actions perpetrators may use to prevent the victim leaving, an additional barrier can be an ineffective support system. Research in the ACT has shown that many victims experience the support system as fragmented and crisis driven.32 ACT research also found that workers in frontline services often are not trained or skilled enough to pick up the signs of, or identify and respond effectively to, domestic violence.33 This framework and the domestic and family violence training being rolled out across the ACT Government in 2019-2020 are both actions designed to improve and better integrate the service system and equip frontline workers to respond effectively to domestic and family violence.

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Choosing to stay in the relationship

Some women choose to stay in the relationship for a range of reasons. However, they also want the violence to stop. There are a range of responses that can be provided, including referral for the perpetrator to a behaviour change program, counselling or assistance to live apart. Importantly, safety still needs to be assessed and managed.

A person remaining within a relationship should never be judged for doing so but should be encouraged to plan for safety when violence occurs.\textsuperscript{34}

The perpetrator

We know that men who perpetrate domestic or family violence are often described (by courts, neighbours and friends) as being ‘good blokes’ or ‘great fathers’ as though these facets of his personality preclude the possibility that he could also use violence. We need to understand that perpetrators are indeed often ‘good blokes’ to people not in an intimate partner relationship with them. It is important to not be totalising in our descriptions of perpetrators but at the same time it is important that people are held accountable for their behaviour. Some people use the term ‘men who use violence’ to avoid the totalising of the label ‘perpetrator’. This framework allows workers to use terms that they are most comfortable with and that are appropriate to their working context but primarily uses ‘perpetrator’.

Underlying drivers

The choice to use violence rests only with the perpetrator. However, it is important to understand that the choice to use violence operates in a social and cultural context.

Drivers of family violence risk are consistent with the overarching drivers of violence against women and children including condoning violence against women, men’s control of decision-making and limits to women’s independence in public and private life, rigid gender roles and stereotyped constructions of masculinity and femininity, and male peer relations that emphasise aggression and disrespect towards women.\textsuperscript{35}

Intersectionality

While domestic violence impacts the lives of all women of all backgrounds, society does not treat all victims of abuse equally.\textsuperscript{36} Intersectionality is a term used to describe the ‘complex, cumulative way in which the effects of multiple forms of discrimination combine, overlap or

\textsuperscript{36} Genesis Women’s Shelter and Support, 2020, ‘Intersectionality and domestic violence’, Genesis Women’s Shelter and Support, \url{https://www.genesisshelter.org/intersectionality-and-domestic-violence/}. 
Vlais et al. define it as a term that is, ‘used to describe how multiple forms of exclusion can impact on a person’s individual experience of marginalisation.’

Particular women may be more vulnerable to the effects of domestic and family violence due to a range of structural inequalities and discrimination as well as the gendered drivers outlined earlier. These inequalities include colonisation, racism, sexism, ageism, ableism, homophobia and transphobia.

These inequalities can affect a victim’s access to appropriate resources and can cause additional reluctance to disclose the violence. For example, for Aboriginal and Torres Strait Islander victims, history of government interventions or culturally inappropriate service provision may affect their willingness to disclose domestic or family violence. A victim with a physical disability may have serious concerns that if she discloses she would need to leave a (hard to find) property that has been modified for her special needs.

In addition, perpetrators may use threats related to these drivers. For example, for women from culturally and linguistically diverse backgrounds, the perpetrator may use threats of their visa status being revoked in order to control them. For victims in the LGBTIQ+ community, the perpetrator might use the threat of ‘outing’ the person to family or their workplace to control them.

The intersection of the individual forms of oppression a victim experiences will influence the meaning and nature of domestic and family violence, how it is experienced by the victim and responded to by others, how personal and social consequences are represented, and how and whether escape and safety can be obtained.

An intersectional approach considers the complexity of a person’s lived experience, with an emphasis on difference and that person’s ‘unique struggles.’ This then requires an exploration of how the individual victim assigns meaning to the violence, what social consequences she might face from others and what additional barriers to safety may be in the way.

This understanding of intersectionality, recognising the intersections between systems of oppression or discrimination and individual identity, is critical in understanding the individual impacts of violence, the choices people make and the barriers that might prevent or preclude certain actions.

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In our work, using an intersectional approach allows us to better understand our clients in relation to how they are perceived in society. This can help us to understand barriers to care and complex traumas and oppressive systems impacting clients’ daily lives. By better understanding this, we can better know how these factors may affect control tactics used by the abuser and a victim’s ability to get help and be believed by law enforcement.42

A broad understanding across the range of diverse groups in the community will assist workers to better respond to domestic or family violence for groups from diverse communities. Some factors to consider for some victims is included in Factsheet 3: Intersectionality in the Resources section at the end of this framework.

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

Effects of domestic and family violence on women

The effects of domestic and family violence on women are profound and diverse, including injury and death, short and long term physical and psychological effects, financial effects and effects on relationships with children.

Domestic and family violence has been found to be the greatest contributor to ill health and premature death in women under the age of 45 years. National homicide data shows that in the period 2008-2010, 89 women were killed by their current or former partner, equating to nearly one woman every week.43

The impact of domestic and family violence also has a range of other physical, social and psychological effects:

Access Economics estimates that in Australia, nearly 18% of all depression experienced by women and 17% of all anxiety disorders experienced by women are related to domestic and family violence. Other known mental health impacts of domestic and family violence include post-traumatic stress disorder (PTSD), problematic substance use, and other stress and trauma-related disorders [and] much greater risk of attempting suicide.44

Additionally, domestic or family violence is the single largest driver of homelessness for women in Australia. The combined cost of these effects of violence against women, ‘have been estimated to be $21.7 billion a year. If no further action is taken...costs will accumulate to $323.4 billion over a thirty-year period from 2014-15 to 2044-45.’45

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42 Genesis Women’s Shelter and Support, ‘Intersectionality and domestic violence’.
44 ibid.
45 Our Watch and VICHealth, A high price to pay: the economic case for preventing violence against women, PricewaterhouseCoopers Australia. 2015, 4.
More information about some of the key psychological and other effects of domestic and family violence on women is included in Factsheet 4 in the Resources section at the end of this framework.

Effects on children

More than one million children in Australia are affected by domestic violence.\textsuperscript{46} We know that children experience (either as witnesses and/or direct victims) serious emotional, social and developmental consequences as a result of living with domestic or family violence.

A growing body of evidence shows that children experience the impact of violence and abuse in the home, even when the violence and abuse are not directly targeted at them. Children can be profoundly affected in the immediate and long term, and children’s experience of violence must be considered in all responses to their mothers.\textsuperscript{47}

One of the key understandings in relation to the impact on children relates to the damage perpetrators may cause to the mother-child relationship. Perpetrators may denigrate mothers in front their children, may involve children in the abuse and violence, and can attempt to undermine the mother-child bond. They may also use threats about the family law and child protection systems as one of many tactics that can have long lasting effects on the mother-child relationship.

The Third Action Plan of the \textit{National Plan to Reduce Violence against Women and their Children 2010-2022} acknowledges that while we must ensure that homes are safe and protect children from violence, ‘we must ensure that systems which protect children are not used to further victimise women who are experiencing violence.’\textsuperscript{48}

More information on some of the key psychological and other impacts of domestic and family violence on children is included in Factsheet 1 in the Resources section at the end of this framework.

Perpetrator accountability

Perpetrator accountability is a key strategy in creating safety for women and children by holding men who use violence responsible for their behaviour. It is one of the six key


\textsuperscript{48} ibid.
outcomes in the *National Plan to Reduce Violence against Women and their Children 2010-2022.*

The National plan and each jurisdiction are working to ensure that there are strong laws, ‘supported by stronger policing leading to arrest, consistent sentencing and serious consequences for perpetrators if they breach orders.’

There is also increasing recognition nationally and internationally that perpetrator accountability is reliant on the provision of options for perpetrators to take responsibility for their behaviour (through a behaviour change or other perpetrator program which may include individual counselling).

These programs and all agencies involved with perpetrators need to be using evidence to ensure perpetrators are taking responsibility, via compliance with protection orders, regularly attending programs/counselling and listening for any indication that the perpetrator speaks in a way that blames the victim for the violence.

Perpetrator accountability also requires all parts of the system to hold them to account. For example, being careful not to hold victims responsible for the safety of children, instead recognising that working towards the safety of the victim and the accountability of the perpetrator are crucial to the safety of children. It also requires all parts of the system to challenge perpetrators who blame their violence on external factors (such as mental health or drug and alcohol misuse).

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50 ibid, 29.
Shared understanding of risk, risk assessment and risk management

In developing a standardised risk assessment process, it is important to recognise that the assessment of risk based on a single tool alone will not deliver the desired outcome or guarantee victim safety. In fact, such an approach may endanger a victim because no tool currently available is 100% accurate.51

Shared understandings about risk assessment

A shared understanding of risk assessment includes:

- understanding that risk assessment is a dynamic, active and collaborative process;
- understanding that with the evidence to date, the best risk assessments combine three things: a victim’s own assessment of their risk, a tool or list of known evidence-based risk factors, and professional judgement;
- understanding that all risk assessment is complex because it is effectively trying to predict the future and no framework or tool will change that complexity, it will only ever help practitioners manage that complexity;
- understanding that risk can be serious and/or chronic. Quoting a participant in the review of Victoria’s framework – ‘there is risk of lethality or risk of serious injury…and there’s a small percentage of them that are at really high risk. The others are chronic risk – and the risk can be devastating, whether its financial or its emotional, but it’s not high risk of lethality.’52;
- understanding that while preventing lethal outcomes is critical, we also recognise that there is increasing evidence that coercive and controlling behaviours that do not include physical violence are a leading risk factor in male-perpetrated intimate homicide;
- understanding that unmet needs can add to risk;
- understanding that no matter where a victim enters the system, a risk assessment will be collaborative (with the victim), respectful, inclusive and consistent with this framework; and
- perpetrators are solely responsible for their violence and all attempts will be made to hold them to account for their actions and behaviours.

Risk Assessment

A risk assessment tool (in the main) assesses for an individual’s risk of victimisation, harm and/or lethality and/or escalation of violence. Some tools assess the likelihood of perpetration or reoffending or escalation.

A risk assessment framework takes a broader approach that includes ensuring the service system is able to identify and support victims early in the life of the violence and that


workers have access to tools to help assess the level of risk of violence and to assist victims to respond to and manage that risk.

The ACT framework has adopted a broad approach to risk assessment. The framework rests on the premise that improving understandings, developing shared language and improving the support for and skills of practitioners across the service system is in itself a risk management strategy. Screening in order to improve early intervention is also a risk management strategy and is included in this framework.

The risk assessment form and process that is included in this framework is designed to identify the risk of repeat offending and escalation of violence. A more comprehensive assessment process will be designed after the review of the framework at the end of 2020 and may or may not include assessment of the risk of lethality. All users of this framework are encouraged to view risk assessment in its broad sense rather than only an assessment of extreme risk or lethality.

**Purpose of risk assessment**

The new Victorian risk assessment framework defines risk assessment in the following way:

> Risk assessment is the process of identifying if a person is at risk of family violence and then determining the seriousness, including the likelihood that they will be affected by violence or, if violence is already occurring, that it will escalate. Determining seriousness of risk is undertaken through structured professional judgement with an intersectional lens, and by using relevant risk assessment approaches.\(^{53}\)

The Western Australian framework defines risk assessment as:

> The purpose of risk assessment is to determine the risk and safety for the adult victim and children, taking into consideration the range of victim and perpetrator risk factors that affect the likelihood and severity of future violence.\(^{54}\)

The first trial of the framework in the ACT will include a risk assessment tool to help practitioners undertake a risk assessment as well as provide some risk management strategies and approaches. The risk assessment will be focused on determining the likelihood of future harm and repeat and/or escalated violence.

The ACT framework is being designed so that in the future it can and/or may include a high risk/lethality tool and/or a perpetrator tool and/or a tool for risk assessment for children. As domestic and family violence death reviews become more widespread across Australia and internationally, it is also possible that different risk factors for specific groups may become

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clearer and tools may be developed from those evidence-based risk factors, particularly related to risk of lethality.

Risk versus needs assessment

The review of the Victorian framework conducted by Monash University found that some practitioners were unclear whether they were assessing risk or assessing needs and recommended making the distinction and interrelationship between risk and needs clearer in the revised framework. The review notes that the needs arising from domestic and family violence are likely to extend beyond the need for safety and protection and unmet needs can contribute to risk and compound harms caused by domestic and family violence. Understanding the difference between risks and needs and the way they intersect will be important for all users of this framework.

The case study on this page shows how risk is affected by an assessment of needs and demonstrates why risk management is an integral part of and influences risk management.

Case example of intersection of risk and needs

<table>
<thead>
<tr>
<th>Risk assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laylah is 26 years of age with one child aged four years. Four months ago, she moved to the ACT from Melbourne to live with her partner of one year. The partner has become increasingly jealous and controlling of Laylah. In the last month he has twice hit Laylah while in a jealous rage about her imagined flirting with other men.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needs/risk management assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Laylah still has her own property in Melbourne and with some small one-off financial support could return to that property with her daughter. She also has support from her sister and brother in Melbourne.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VERSUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Laylah gave up her property in Melbourne, is not on the lease at her partner’s property, has no family support and is financially dependent on her partner.</td>
</tr>
</tbody>
</table>

This case study is intended to demonstrate how general needs, particularly unmet needs, such as finance and housing, can impact on the risk to a victim and must therefore be included in any analysis of risk assessment and risk management.

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56 ibid, 43.
Risk factors

There is a wide range of factors that may help identify the risk of domestic and family violence occurring or escalating. There is also a wide and diverse range of risk assessment tools. Some of these tools are for assessing the risk of re-offending, some for assessing the risk of lethality and some the risk of escalation. In 2018 ANROWS undertook research and developed national risk assessment principles for domestic and family violence. As part of the release of those principles they included a list of the most common evidence-based risk factors across the range of the most widely used and tested risk assessment tools. A copy of the ANROWS risk factors is included in Factsheet 5 in the Resources section of this framework.

Findings from empirical studies, academic and practice-based literature and reports produced by international and Australian domestic violence death review committees and Coroners Courts indicate that some risk factors are associated with a higher likelihood of violence reoccurring, serious injury or death in the context of intimate partner violence by men against women.57

The key risk factors used in this framework are comprised of 13 factors recently found to be effective in predicting the risk of repeat offending by ACT Policing (as well as being found in ANROWS list and other key tested risk assessment tools), plus some key common factors found across other tested risk tools, death reviews, research and ACT community specialist services. See Key Component Four: Risk Management of this framework for more information.

Understandings of risk management

Risk management is a broad term used to encompass responses to family and domestic violence that aim to promote victim safety and perpetrator accountability.58 Risk management is understood as a fundamental and requisite part of working with victims and their children regardless of their level of risk. We know that, ‘where risk is not managed, it is unlikely that any other response or intervention will be effective and may compromise the safety of adult and child victims.’59

Some key actions or strategies in risk management include:

- working with the victim to identify protective factors;
- working with the victim to develop and implement a safety plan based on both the risk and protective factors identified in assessment;
- referral to specialist domestic violence services;
- supporting the victim where they wish to apply for a Family Violence Order; and
- seeking agreement to share information with other services.

59 Ibid, 44.
Most jurisdictions in Australia recognise in their frameworks that the management of risk for domestic and family violence is best achieved when the service system responds in an integrated way. The primary agencies involved in an integrated response for domestic and family violence includes (but is not limited to): specialist domestic violence services, police, courts, child protection, corrections, health services (including maternal health and drug and alcohol services), advocacy services, crisis accommodation services and perpetrator behaviour change programs.

Integrated responses are particularly important where victims are at extreme risk. To mitigate this risk, some jurisdictions like Queensland have developed their (highest risk) tools and processes based around an integrated multi-agency approach. This will be considered in the future development of the extreme high-risk response for the ACT.

**Children**

We know that children’s safety is linked to the safety and wellbeing of the adult victim, however children may also have a range of needs related to risk management. Responses to those needs may include sharing information with providers who are working with the children (including schools) and/or referral to specialist services for children. Responses may also include notifying care and protection about the risk posed to the children from the perpetrator. All responses to and with children need to be done in collaboration with the adult victim and must recognise the damage often done to the mother-child relationship by the perpetrator, being cognisant not to further damage that relationship.

Tools to assist people working directly with children who may experiencing violence will be considered in the future for this framework.

**Family violence used by adolescents**

We recognise that violence used by adolescents is a distinct form of family violence. The use of domestic or family violence by adolescents can often be a result of trauma and/or learnt behaviour as a consequence of witnessing or being exposed to domestic or family violence or other trauma. Therefore, adolescents require a different response, such as therapeutic and diversionary approaches.

Therapeutic approaches should be used to improve identification of individual risk factors, such as previous exposure to family violence, trauma, mental illness, disability and other factors that have been linked to this form of family violence.60

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KEY COMPONENT TWO: SCREENING/IDENTIFYING DOMESTIC AND FAMILY VIOLENCE

Non-disclosure is not a failure – being asked is therapeutic in itself and each time a person is asked (appropriately) the possibility of help seeking and change increases.61

Introduction

This component is divided into two sections. Section One, ‘About Screening/Identifying’ looks at the value of screening for or actively asking about domestic and family violence, and the experience of women and practitioners in doing this. Section Two is a practice guide for applying screening/identifying domestic and family violence.

About Screening/Identifying

Screening is the systematic routine of asking every woman who uses the service the same key questions about domestic and family violence. The goal is to identify those at risk (early in the life of the violence) who need further assessment and support to reduce the likelihood of further and/or escalating violence.

Identifying is the process of being familiar with key indicators of domestic and family violence and having the skills to ask questions if you identify that it may be occurring. The goal is to identify those at risk and provide further assessment and support to reduce the likelihood of further and/or escalating violence.

Purpose

The purpose of screening and identifying domestic and family violence is to help identify early opportunities for support and provide effective responses to people experiencing domestic and family violence. Victims often present to services for a range of reasons other than the violence, such as health services. These and other frontline services provide an opportunity to intervene early with the provision of support and safety.

It has been shown that women tend not to disclose their experience of domestic violence unless they are directly asked about it. Women who receive an initial positive response to disclosures of domestic violence are more likely to seek further help to escape violence.62


Reminder

All the screening or risk assessment processes outlined in this framework combine three elements to identify and determine risk:

- evidence-based risk factors;
- the victim’s own assessment of their level of risk; and
- the practitioner’s professional judgement.

Women’s experience of screening

Women who have participated in domestic violence screening studies have been overwhelmingly supportive of the screening process, with over 90% of participants showing support for screening wherever follow up studies have been undertaken.63

Screening sends a message to women, victims and the broader community that violence against women is not acceptable and that a service is open to talking about and responding to it. Screening also reduces the stigma and/or fear that a victim may experience at being ‘identified’ as someone who could be experiencing domestic or family violence.

The critical issue [for the women participants] was not who asks the questions but that the questions are asked of all women presenting to [that service].64

Screening provides an early intervention tool that women who have participated in screening for domestic and family violence have noted.

I was in a violent relationship when I was younger, and I think if someone would have asked me the questions like that maybe I would have told someone instead of putting up with it.65

I was in a violent relationship a few years ago and I found it very difficult to leave. Maybe if someone had taken an interest in my life and asked me then I could have got help sooner.66

A lot of women don’t say anything unless they’re asked.67

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64 ibid, 8.

65 NSW Health Department, Unless they’re asked: routine screening for domestic violence in NSW Health, 46.

66 ibid.

67 ibid.
Experience of Aboriginal and Torres Strait Islander women and screening

A small study conducted with Aboriginal and non-Aboriginal women about screening for intimate partner violence showed that the majority of both groups were supportive of screening.68 This comparative study found some similarities and differences in Aboriginal and non-Aboriginal women’s perceptions of screening. Being asked the questions ‘with interest and no judgement’ and believing in the questioner’s genuine eagerness to offer support and provide validation were important to both groups but particularly important for Aboriginal women in the study.

Importantly, Aboriginal women in the study rated ‘cultural safety’ as a key ingredient in their response to being screened and key to ‘their decisions to disclose the abuse’. The study also found that ‘continuity of care’ was critical.

The study defined ‘cultural safety’ as:

- understanding and acknowledgement of the history of discrimination against Aboriginal families;
- understanding the complex interactions of disadvantage, generational trauma and their effects;
- understanding the extra surveillance Aboriginal families report experiencing; and
- knowledge about clear pathways for collaboration, information sharing and notification and input of mothers should statutory intervention be indicated.”69

The study concludes that, ‘the findings here point to the potential value of routine screening interventions for Aboriginal women but also reinforce the need for culturally safe care’ that has the possibility of extending beyond the initial contact point.

Practitioners experience of screening

Overall, health practitioners who undertook the training for the [screening pilot] project had a sound knowledge of the indicators and effects of domestic violence. However, many were less confident about how to respond to domestic violence.70

Practitioners’ experiences of feeling unsure of how to respond to domestic and family violence (even when they can clearly identify the signs), needs to be addressed in any trial of a screening or identifying process related to domestic and family violence.

Practitioners need training that includes practical help and examples related to responding to disclosures of domestic and family violence. This need has been identified in the trial of

69 ibid, 15.
70 NSW Health Department, Unless they’re asked: routine screening for domestic violence in NSW Health, 1.
the ACT Domestic and Family Violence Training and will be addressed in the development and delivery of the training.

It is important to understand that asking about and responding to domestic and family violence requires the same skills (such as empathy and skills in asking intimate questions in a respectful way) as those required to ask about and respond appropriately to any sensitive issue in people’s lives.

There is some knowledge however, that is critical to have prior to asking screening questions or in working to better identify and respond to domestic and family violence. This includes:

- the ability to understand and recognise the dynamics of power and control that underpin most domestic and family violence and the impact of this on victims;
- understanding the impact of disclosure and the increased risk to women and children that occurs when they disclose and/or leave the violent relationship;
- knowledge about effective referral practices; and
- knowledge about referral pathways specific to domestic and family violence.

Across studies of screening trials, training has been identified as critical to the success of the implementation of routine screening. This is recognised in the ACT through the roll out of ACT Domestic and Family Violence Training that addresses the topics above.

**Policy and protocols**

Studies have found that having clear policies and protocols for how to respond to disclosures of domestic and family violence were seen by practitioners as critical in implementing screening. Both the ACT Domestic and Family Violence Training and the resources section of this framework provide support for services and agencies to support them to build or strengthen the agency or service’s ability to support staff in addressing domestic and family violence. It is important (for overall system capacity) that agencies build their own capacity to allow the first referral to be an internal referral wherever possible.

**Understanding domestic and family violence as part of work in your agency/service**

Domestic and family violence has serious impacts on health, education, employment, poverty and housing. Domestic and family violence can also be life-threatening and fatal.

Developing an effective and responsive system to address domestic and family violence requires responses from all service delivery areas alongside strong legal, statutory and specialist service responses.

Identifying and responding effectively to domestic and family violence is a key part of the work of all frontline service delivery staff. Effective identification and response of domestic and family violence is a core capability of Tier 1 of the ACT Government Domestic and Family Violence Training.
It is also critical that services and directorates build the capacity within their own organisations to respond beyond screening and referral so as not to overburden the specialist response services.
Practice Guide One: Screening/identifying domestic and family violence – adults

Necessary preconditions for screening/identifying

As well as having an understanding of the dynamics and effects of domestic and family violence, there are some other factors that are necessary for effective screening/identifying:

Privacy – screening is best undertaken in a space where a victim is private and safe.

Time – if domestic or family violence is disclosed, time will be required to respond. While this will impact on the practitioner’s work, ultimately early disclosure and responses should reduce the overall work already occurring as a result of domestic and family violence.

Safety – do not undertake screening or questioning with a partner present or in the room. If the interaction is being undertaken on the telephone, clarify that they are alone and safe to speak with you.

Possible outcomes

There are three primary possibilities that arise from screening/identifying:

No violence is disclosed – the victim should still be provided with information about the support available if they ever experience violence in their relationship.

Violence is disclosed but the person declines assistance – know that there are a range of reasons why someone might not want help at this stage, including fear of escalating the violence, poor prior service experiences, shame and fear of losing access to their children. Victims should be provided with information about where help is available and how to access it, and be encouraged to reconnect with you or the service at any point in the future.

Violence is disclosed and the person would like assistance – services need to accept responsibility for assisting and supporting anyone who discloses violence. If domestic and family violence is not the core business of the service, an active referral process should be made to a specialist domestic and family violence provider. This should be within the service wherever possible. The referral should include the offer to accompany the victim to the service or at a minimum help with transport if required.

It is expected that separate screening tools for children and for young people will be developed and included in this framework at a later date.
Practice Guide One: Screening/identifying domestic and family violence for adults

Some practice tips:
- listen closely, validate their experience and do not rush the process;
- if violence is disclosed through the process, proactively name the violence and reinforce that responsibility for the violence rests solely with the perpetrator; and
- if violence is disclosed follow the procedures for your service/agency.

1. Introduction
Begin with a practiced but genuine introduction of why your service asks these questions, such as:

- Services across the ACT have begun to routinely ask all women the same questions about violence at home.
- This is because violence in the home is very common and can be serious and we want to connect women with help wherever we can.
- You don’t have to answer the questions if you don’t want to.
- All answers to the questions will remain confidential to our service except where you give us information that indicates you or your children are at immediate risk of serious harm. We would discuss this with you (adjust this to your organisation).

2. Screening questions
Ask the three agreed ACT screening questions, which are:

- Has your partner or ex-partner ever put you down, humiliated or tried to control what you can or cannot do?
- Within the last year have you been hit, slapped or hurt in other ways by your partner or ex-partner?
- Are you ever frightened of your partner or ex-partner?

3. Possible outcomes
If the answers to these questions are no:
- Say something like: Thanks for answering those questions and if you ever need assistance please just ask.
If the answer to any of the questions is yes:
- Do you feel safe to go home when you leave here?
- Would you like some assistance with this?
If the answer is no to assistance:
- Say something like: Thanks for answering the questions. Please know we can help if you ever want it.
If the answer is yes to both experiencing violence and wanting assistance:
- Thanks for answering those questions and for telling me about that. I’m sure this is difficult but it’s important to know you aren’t alone, it isn’t your fault and help is available for you.
- I’d really like to refer you to a service/worker in this service that helps women in situations like this and they can suggest ways that work best for you to keep yourself and your children safe. Are you happy for us to contact them together now?
Identifying domestic and family violence

This section has been designed to assist mainstream professionals who may encounter people they believe to be victims of domestic and family violence but who are not using a screening tool with all service users.

The ability to identify and ask questions about domestic and family violence is premised on existing skills in developing rapport so that they feel comfortable and safe to respond to intimate personal questions.

The preconditions and practice tips in the first part of this key component should also be considered and applied.

Possible indicators

Practitioners need to be familiar with the shared understandings outlined in this framework as well as the indicators and evidence-based risk factors presented in Key Component Three: Risk Assessment (see ‘Evidence-based risk factors’ section in this document).

If a number of risk factors are present or observed, mainstream services should ask questions such as the prompting questions below.

**Prompting questions**

Asking questions about domestic and family violence should begin with an explanation that sets the context for such personal discussion, such as:

*I am a little concerned about you because I have noticed [indicators] and would like to ask you some questions about how things are at home. Is it OK with you if we do that?*

Or:

*When I meet with people, I often ask about how things are at home. Is it OK for us to talk about that now?*

Practitioners could then ask the common screening questions outlined above and/or follow the response and referral processes in place in their service/agency.

**Note** – Key Component Three: Risk Assessment outlines the next step for agencies/workers/services who are able to undertake a preliminary risk assessment.

Those whose role and skills enable them to undertake the risk assessment should do so rather than refer every matter to specialist providers.
KEY COMPONENT THREE: RISK ASSESSMENT

This section is divided into two parts. The first section provides some general information about risk assessment and the risk assessment approach, and the second part is a practice guide, outlining how risk assessment might be undertaken.

Alignment with this framework

The fragmented nature of the current ACT system response to domestic and family violence is described in a number of ACT reports that included service user feedback. The fragmented service system is also noted in the Insights Report generated by the Family Safety Hub in 2018. These reports noted that a common risk assessment framework may assist in improving integration across the system, and this has been found to be true in other Australian jurisdictions with a similar framework. The ACT Government has agreed to the development of this common risk framework and supports its implementation across directorates.

While recognising that many frontline and/or direct service delivery areas have established practices that work for their specific client group, it is also important to note that feedback from service users consistently notes the lack of integration and common approaches as unhelpful.

> Services offer the response they know how to offer, and one binary path is applied to everyone.  
> Our current system works in silos, one-way thinking and families are left at risk.  
> Everyone knew a bit of the puzzle about me, but no-one knew me.

In order to enhance consistency across the system and enhance collaboration and integration, all risk assessments should be consistent with and align with this framework. In particular, risk assessments should reflect the shared understandings and the ACT-specific risk factors. These 13 factors may change when new information from ACT death reviews or other inquiries and research indicates specific risks.

Who should conduct a risk assessment?

Risk assessments are conducted by workers trained in and confident in undertaking work with complex clients (this is equivalent to those who have undertaken Tier 2 in the ACT Government Domestic and Family Violence Training). These workers are able to act as case managers and provide some level of ongoing support (though not necessarily crisis or high-risk management).

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72 ibid.
73 ibid.
About risk assessment

A risk assessment should be undertaken whenever domestic and family violence has been disclosed or identified. Risk assessments should be able to be carried out within all organisations who work regularly with victims of domestic and family violence (but for whom it is not their only core business), and who have a primary function of providing support to clients. This includes (but is not limited to): school psychologists and counsellors, social workers, specialist court workers, community legal centre staff, statutory workers, specialised housing workers and anyone whose role includes case managing a client.

It is recommended that organisations/units identify who is suitable to undertake a risk assessment as part of their organisation’s policy and procedure for responding to domestic and family violence (for example, maternity staff in a hospital might refer to a hospital social worker to undertake an assessment). An example of a risk assessment form is provided at the end of this section.

It is critical that organisations take responsibility for ensuring capacity within their organisation wherever possible, to undertake risk assessments rather than relying in every case on specialist services. These services need to be able to focus on high risk and critical cases.

Teachers, general medical practitioners, nurses and other Tier 1 workers according to the ACT Government Domestic and Family Violence Training should refer to ‘Practice Guide One: Screening/identifying domestic and family violence’ and follow the referral procedures outlined by their agency.

Purpose of risk assessment

The purpose of a risk assessment is to begin to understand and outline the risk and safety of the adult victim and their children to help inform effective appropriate responses. A risk assessment not only works to identify and respond to the risk of violence, it supports victims to understand their own level of risk.

What is risk assessment?

Risk assessment is an ongoing process that forms the basis of an effective response to domestic and family violence. It is critical to understand that risk can change markedly over time or even within a short time. Risk assessment will only be effective if it is reviewed and updated regularly.

The point of separation (or where a perpetrator realises that they may be losing the relationship) has been found repeatedly to be a time of extreme risk, even perhaps the most at-risk time for many victims. Despite this, a study in the United Kingdom found that many practitioners mistakenly regarded the victim who had left the relationship as safer than
those still residing with the perpetrator. Addressing this risk through regular updates and reassessments is vital.

In general, risk assessment includes and considers three components – evidence-based risk factors (primarily obtained from death reviews and court and police data), professional judgement and the victim’s own assessment of their risk. This combination is referred to as ‘structured professional judgement’.

While it is important to consider the victim’s sense of fear, which can often be minimised, it is also important to note that sometimes victims themselves can minimise the risk. This minimisation can occur for a range of reasons, including a lack of understanding about what domestic and family violence is, a lack of clarity about risk and escalation, or finding it hard to accept that the person they love is a risk to them. Workers will need to use their professional judgement to assess whether the victim may be minimising the risk and seek to address the causes of that minimisation.

**Approach**

Risk assessment must be carried out in a conversational way to ensure the victim feels supported and understood. The practice guide is meant to be used as a broad guide to the conversation, not as a list of questions.

Be mindful of only seeking information that is necessary regarding the risk and protective factors. Avoid asking unnecessary questions, particularly if the information is already held or the woman has answered previously.

The initial aim of the assessment is to encourage the victim to tell their story and define the problem in their own words. It is important to ‘feel your way’ as you work through the assessment, and determine if a particular question may be inappropriate (such as a male practitioner asking a woman questions about sexual coercion and abuse). This does not mean practitioners can skip questions because they feel uncomfortable; it is intended to determine the victim’s level of trust and comfort.

**Evidence-based risk factors**

The choice of which risk factors to include in risk assessments for domestic and family violence is continually being revised as more validation studies are undertaken. These studies measure the predictive power of individual factors, the level and nature of risk indicated by particular patterns of co-occurrence and the validity of risk factors in different social and geographical contexts. Additionally, risk factors identified in empirical research have almost exclusively been developed using heterosexual samples, so their applicability to people in LGBTIQ+ relationships remains unclear.

Risk assessment practices and common tools should be adapted in accordance with emerging knowledge about specific risk factors for diverse communities and as further
research determines how well the existing evidence base on risk factors for DFV [domestic and family violence] applies to priority population groups.\textsuperscript{74}

The 13 risk factors included in this framework have come from assessment of ACT-specific, national and international evidence and research, and have also been found in a recent review of an ACT Policing risk assessment tool to correlate with repeat offending or risk of escalation and severity. The 13 risk factors are also consistent with ANROWS risk factors related to repeat offending and/or lethality, findings from death reviews nationally and internationally, and with ACT legislation.

These 13 risk factors are a starting point for ongoing work to determine the risk factors that are specific to the ACT. This work will include alignment with, and findings from, the soon-to-be established ACT Domestic and Family Violence Death Review model, ongoing monitoring of the ACT Policing risk assessment tool and will be guided by research nationally and internationally.

The 13 key risk factors are:

1. History or previous incidents of domestic violence
2. Perpetrator has breached family violence orders or child contact or parole conditions
3. Perpetrator has harmed or threatened to harm pets
4. Victim was physically assaulted in the most recent incident
5. Victim was injured in that recent assault
6. Victim has recently separated from or is in the process of separating from the perpetrator
7. Victim is pregnant or has a new baby
8. Perpetrator has previously assaulted other people
9. The violence is escalating
10. There are indications that violence may escalate in severity, including:
   - Perpetrator having attempted to, or actually, strangled the victim
   - Perpetrator has stalked and tried to control and used coercive/controlling behaviour
   - Perpetrator has used sexual violence or coercion
   - Perpetrator has threatened to kill the victim
11. The perpetrator has issues with the use of drugs and/or alcohol
12. Perpetrator has previously or currently had a diagnosed mental illness and/or has threatened suicide
13. The perpetrator is facing financial issues

Questions related to these key risk factors are included in the example risk assessment tool on the following pages.

\textsuperscript{74} ANROWS, *National Risk Assessment Principles for domestic and family violence*, 11.
**Practice Guide Two: Example risk assessment**

Say something like, “I would like to find out a bit more about you and [person using violence] so that together we can work out the risk and then explore what we could do to try and keep you (and your children) as safe as possible. Are you OK if we do that now?”

**If yes:** The ACT has developed a process to use as a guide for this conversation just to make sure we think of the right things and then make decisions about the next steps that work for you. Are you OK if we work through that together?

**If no:** OK what if we just talk about what you think the risk is at the moment and what things you might need to make things safer for you and your children?

**Initial broad questions examples**
- Can you tell me what’s been happening to you lately?
- Can you tell me a bit about what is worrying you?
- You said yes to a couple of the earlier questions about violence or abuse at home. Can you tell me a bit more about what’s going on with that?

**More specific questions examples**
- Could you tell me a little more about the last time he hurt or frightened you?
- Are there things he does that are trying to control you?
- What is the scariest thing he has done to you or others?
- How long has this been going on?

**High risk**
- We know there are some things that can happen that indicate a high risk of further and/or escalating violence. Some of these questions may be a bit challenging but we really need to try and get a good picture, so we know what to do next. Would it be OK if we go through these?
  1. Has the perpetrator assaulted you in the past?
  2. Has the perpetrator ever breached a protection order or another sort of order (such as parole conditions or child contact)?
  3. Has the perpetrator ever harmed or threatened to harm pets?
  4. Were you physically assaulted in the most recent incident?
  5. Were you injured during that assault?
  6. Have you recently separated or are you in the process of separating?
  7. Are you pregnant or do you have a new baby?
  8. Has the perpetrator ever assaulted other people?
  9. Is the violence escalating?
  10. Does the perpetrator have issues with drug and alcohol use?
  11. Has the perpetrator ever been diagnosed with a mental illness and have they ever threatened suicide?
  12. Is the perpetrator facing any financial pressures at the moment?
  13. Are there indications that violence may be escalating in severity, such as
     - Has the perpetrator applied pressure to your neck or throat?
     - Does the perpetrator stalk or track you and/or try to control what you do?
     - Has the perpetrator ever tried to coerce you to do things sexually you didn’t want to do?
It is important to note that all risk must be acted on. Death reviews have shown that even low risk matters can escalate quickly, particularly at the point of separation (or where the perpetrator realises that the victim is ceasing the relationship). For this reason, regular updates and reassessment are necessary.

Assessing the risk

Taking the information you have collected and then assessing the level of risk to your client at the time can be challenging. Risk assessment is more of an art than a science and requires skill that is developed over time with experience. The risk factors identified may indicate an increased risk and must be used to guide and inform your responses, rather than be treated as definitive indicators or causal factors.
You may believe that the risk to your client is high even when many of the evidence-based risk factors are not present. That may be because there are few protective factors present, or because there is something which has been described or told to you that ‘presses your alarm buttons’. It is good to trust your professional judgement and at least talk with an experienced colleague to help you come to a decision about the level of risk; you can also ring a specialist domestic violence service to discuss your concerns. Of course, it is also true that the next time you speak with the victim, one new and additional risk factor might confirm or change your assessment of the risk.

If you are working with domestic and family violence regularly and/or want to improve your risk assessment ability, you might read some of the key information coming out of death reviews and analysis across Australia. For example, *Out of Character? Legal responses to intimate partner homicides by men in Victoria 2005-2014*75 and Queensland *Domestic and Family Violence Death Review and Advisory Board 2018-19 Annual Report*.76

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Case study – risk assessment

Jemimah is 29 and has been with her current partner for two years. She knows he was charged with assault against his previous partner’s new boyfriend but has never been physically violent with her. She is a little concerned at the moment that he is increasingly ‘paranoid’ about where she is and who she is with. She tells you that sometimes he texts or phones her every five minutes and is really agitated and angry if she doesn’t respond. She also tells you that this has made her feel scared at times and as though if she doesn’t reassure him all the time he will ‘do something’. She would like to end the relationship and had tried to do so about six months ago, but he got so depressed and pressured her a lot, so she didn’t.

There are no children or pets in the relationship (though he has two children from a previous relationship), and they do not live together.

A risk assessment using the evidence-based risk factors may rate this as low to medium risk, in part because there are only two evidence-based risk factors present – a history of violence against others, and coercion and control. Additionally, Jemimah is not residing with the perpetrator. However, the level of coercion and control and its escalation is extremely worrying, and this could be considered high risk at least until Jemimah has ended the relationship and some time has passed.

Our discussion of risk factors in this chapter highlights that behaviours that may appear relatively benign (in comparison to physical assaults) – such as controlling behaviour or obsessive jealousy – are often significant and frequently part of a pattern of family violence prior to a homicide. Service providers need to be alert to such risk indicators before a fatal outcome (DVRCV, 2016: 50).

Research has identified the co-existence of certain risk factors in intimate partner homicides. Controlling behaviour and separation are commonly associated factors. For example, Campbell et al. (2003) found a nine-fold increase in the risk of homicide when women attempted to separate from highly controlling men (DVRCV, 2016: 56).
Finalising risk assessment

Low to medium risk

- Thank you so much for answering those questions. It can be really difficult to do that honestly, so thank you.
- The questions and answers we have just gone through show there is a level of risk for you at the moment that I would really like to help you find some strategies for managing. Are you OK if we do that now?
- SEE KEY COMPONENT FOUR – RISK MANAGEMENT – for the required next steps

High and/or imminent risk

- Thank you so much for answering those questions. It can be really difficult to do that honestly, so thank you.
- The questions and answers we have just gone through suggest to me that there is a really high risk that you could be exposed to further and escalating violence. I would really like us to call a specialist crisis service to work out how to keep you safer in the short and longer term. Are you OK if we try and call them now?

If the answer is no:

- I really understand your reluctance to talk with another service and I am also extremely concerned for your safety. I can assure you that they will work with you to find strategies that work for you so could we just give them a call and see what they say, and then we can work out what you want to do next?

If victim is still reluctant to act and the risk is very high and there are children at risk:

- I know the experience of violence is that control is taken out of your hands and I don’t wish to add to that. At the same time, I cannot keep information confidential where I believe your children/family are at extreme risk of harm or violence. And I really do believe that they are, based on the information you have given me. I need to [outline your agency’s agreed process for notifying about children at risk].
KEY COMPONENT FOUR: RISK MANAGEMENT

Risk management is a conscious and planned approach to identify and prioritise risk factors and remove, reduce, or mitigate them. Risk factors are not static and, in many cases, will change over time as the needs of victims, perpetrators and families change.77

Understanding risk management

Like risk assessment, risk management is an art, not a science. Effective risk management relies on a few key understandings and skills, and the patience and willingness to undertake the process of coordinating the range of services a victim might need.

The key tool for effective risk management is conversation. The more you and the victim discuss and understand both her particular circumstances and what is known about general risk factors, the better able you will be to formulate strategies together.

Understanding what risk management can and cannot achieve

It is critical to point out that the problem of domestic violence cannot be resolved by effecting changes in the victim’s behaviour. No abused woman has control over her partner’s actions; she cannot stop the violence. Neither does safety planning solve the problems of insufficient resources or overcome the barriers that may exist as a result of a lack of a coordinated response.

Nevertheless, the steps that you help a woman to take to reduce her risks and increase her safety can make an enormous difference to her ability to keep herself and her children safe, and to empower her to take control of her life.78

Key understandings

Central to effective risk management is the need for service providers to have an awareness of four key things.

Service providers need to:

- Understand the dynamics and changeability of domestic and family violence risk

As outlined in the Shared Understandings component of this framework, domestic violence is an ongoing process of intimidation, coercion and control, that most often increases and escalates over time. This understanding is critical as it demonstrates the

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77 New Zealand Government, Family Violence Risk Assessment and Management Framework: common approach to screening, assessing and managing risk
need for risk management to be an ongoing process that continually adapts to the known risks. For example, we know victims are at increased risk at the point in which the perpetrator realises the relationship is over (which may be the point of separation or some months later). Practitioners need to go through this framework, read the additional information provided in the resources section and keep themselves up to date on evidence-based risk factors through training. The risk management conversation guide included in this component provides some of the key points about the dynamics of domestic violence that should be included when having a conversation about risk management.

- **Know the range of services available and what they offer, both in relation to domestic and family violence as well as generalist services such as housing, health and financial services**

  As discussed throughout this framework, a victim will most likely need a broad range of services to address their safety. This may include court support, police, crisis services and other specialists, as well as generalist services related to needs that can affect safety, such as finance, housing and health. Active assistance to access this range of services requires practitioners to have a sound working knowledge of relevant ACT services and referral processes.

- **Be clear about your own role in responding to domestic and family violence**

  Service providers and practitioners need to be fully aware of what is expected of them by their agency in their role and for them to be familiar with the relevant policies and procedures of their agency (rather than waiting until an issue of domestic violence arises).

- **Have sound skills in good practice referral**

  All referrals must be made in consultation with the victim and/or perpetrator and with consent (unless there is imminent risk to safety, see section below). It is also critical to be comfortable and familiar with explaining the information sharing practices and policies you work within and outline this with clients from the start of contact. Practitioners need to be flexible and determine what level of support might be needed for a person at that particular time to support them to contact other services.

  *How a referral is made is as important as whether or not information is provided about the service.*

  Some victims might be able to contact services themselves, while others might need help to devise a plan on who to contact and in what order. Some victims may need practitioners to do the first contact with them.

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79 ibid, 16.
Practitioners must be clear about what other services can offer and what those services might do with any information that is shared with or given to them.

Women are isolated, they don’t know who to call, they don’t know what will happen if they call. Do the police have to be involved? Will child protection services be involved?81

Practitioners need to acknowledge diverse experiences and understand intersectionality, and know which services might best meet the particular diverse needs of each victim or perpetrator.

She [a woman with a physical disability] wanted to know if it would be possible to leave and what that would look like.82

Safety planning and supporting a victim of family violence may well mean that you need to spend time finding and accessing the services she might need, particularly as she may not be able to undertake this by herself. It is important to understand that the work of accessing services is not simply an annoyance, it is often a key part of what it means to commit to supporting victims of domestic and family violence.

Advocating for proactive system responses is another key element of your role.83

**Types of services that might be needed**

- Specialist domestic and family violence services
- Counselling support services
- Men’s services and behaviour change programs
- Police
- Courts
- Legal services
- ACT Policing
- Child abuse services
- Child protection services
- Family relationship services
- Mental health services
- General practitioners
- Drug and alcohol services
- Sexual assault services
- Victim support agencies

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81 ibid, 21.
82 ibid, 23.
Interpreter services
Community health services
Child and family services
Financial support services
Housing support services

A list of ACT services and their contact details under each of these headings is included in the Resources section of this framework.
Skills for risk management

Effective risk management relies on the skills and ability to build a good relationship with the victim of violence. Of course, this skill is not limited to supporting domestic and family violence victims – it is a skill that practitioners already possess and employ.

Assessing risk in relation to domestic and family violence requires eliciting as much honest information as possible. This honesty is dependent on the non-judgemental and trusting relationship the practitioner builds with the victim. It is important not to assume that the victim has fully disclosed information in any previous risk assessments or is able to during the current risk assessment.

Clear information about what you want the information for, a commitment to working with the victim to develop risk management strategies and a sound working knowledge of supports available will contribute over time to building the trust a victim needs to fully disclose.

While arguably a virtue rather than a skill, patience will be required. Navigating the range of services that might be needed, finding new solutions when services are not available and undertaking the processes those services require for access can be a frustrating task. However, patience and persistence will result in better outcomes for the victim of domestic violence.

Risk management planning

All responses need to prioritise and focus on safety, which involves managing risk by understanding it, developing safety strategies and working to engage the services a victim needs. If victims are not safe it is unlikely that any other responses or interventions will be effective.

A risk management plan identifies goals and objectives and ways to achieve them, as well as outlining the roles and responsibilities of the agencies involved. A risk management plan also most often also involves developing a safety plan.

Risk management like risk itself is a dynamic process and cannot be effectively done only once. Risk management needs to be continually assessed and monitored. Key elements of risk management include information sharing relevant to risk and safety, and appropriate referral to the range of services a victim and their family might need. A conversation guide for risk management is included below.

High risk with no consent to share information

It is important to remember that there are many reasons why women may be reluctant to leave or to pursue police or legal avenues. These include fear for their safety and an escalation of violence; fear of being rejected by family, friends or community; wanting the
violence to stop but still loving the partner; fear of poverty; and for many women, fear of losing custody or access to their children.

As these fears are often real, you should never minimise or dismiss them but work with the victim to seek solutions to the barriers they pose to safety.

If there are no children involved continue to support the victim, continue to discuss the known risks for someone in her position and remain non-judgemental. You can ring a helpline yourself for support around how to best support the victim, but unless the violence is occurring in that moment, the police are unlikely to have the capacity to act.

Child protection

If children are being physically or sexually assaulted or abused, or being forced to watch or participate in the abuse of others, you should contact Child and Youth Protection Services (CYPS), with the victim’s consent where possible, but without it if necessary.

Deciding to make a CYPS notification is never an easy step to take. It can be difficult to determine what level of risk justifies it, notifying without the adult victim’s consent can pose a threat to the trust you may have established with the victim, and the potential escalation of risk to the victim (whatever action or not is taken by care and protection), by alerting the perpetrator that the victim is talking about the abuse.

For these reasons, CYPS notification without consent must always be done with calm consideration. These situations rarely require immediate action and should not be done as a consequence of a worker’s (understandable) distress at what they are hearing. Often taking some time to work with the victim to assess and manage the risks will enable her to take actions to protect herself and her children.

Most victims when faced with a system that can liberate women from violence will choose that path, but only if they understand it.84

The women in this study discussed that fundamentally they sought social and structural support that empowered them to safely separate from their abusive partner.85

CYPS acknowledge that listening to, seeing or seeing the result of domestic violence is emotional abuse. However, they also receive approximately 16,000 reports per year, many of which ‘relate to children and families who could have been better served by reporters offering to help them access services relevant to their needs.’86

Onelink is a community-based service in the ACT that works in partnership with CYPS to provide advice and referrals related to children and families. This service is in part designed

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to divert families from CYPS when the provision of support would be a better option, including support to work towards safely ending a relationship characterised by domestic violence. If, after balancing the risks outlined above, you are still unsure about whether the risk to children is high enough to require a report to CYPS without the non-offending parent’s consent, you can contact Onelink on 1800 176 468 to get support and advice.

If you decide to make a CYPS notification it is best if you tell the victim beforehand. You might want to say something like:

I understand that you feel you have little control over aspects of your life right now and so it’s been important to me to give you the power to decide on actions to keep yourself and your children safe. However, I also have obligations legally and morally to take actions to protect children and I believe I now need to do that. I would rather we did it together, but I am going to talk to CYPS about what I believe to be significant risk to [children’s name] from [perpetrators name]. I know and accept that may mean you no longer trust me or want to keep seeing me, though I hope that isn’t the case. I can give you contact details for other services if you want.

Having these conversations is difficult and you can get support for yourself from your manager, a supportive colleague, your EAP provider, a social worker or psychologist in your work environment, DVCS, Lifeline, or 1800 RESPECT.
Practice Guide Three: Risk management planning

Who should use this?

It is expected that workers who have undertaken ACT Government Domestic and Family Violence Tier 2 training (that is, workers who undertake case management or similar with clients but for whom domestic and family violence is not their only or primary target group), will be able to and will undertake risk management planning with women, referring the victim to specialist services only where risk is imminent and extreme. However, these services will offer you support and advice about the work you are doing with victims.

Where you and the victim have determined there is low risk of immediate harm, consider at least including the following actions in a risk management plan:

- have a risk management conversation;
- develop a safety plan;
- identify barriers to seeking safety and identify solutions to those barriers (for example, she may currently not have her own bank account – organise a way for her to put aside money for her future use);
- identify services that might be needed for the victim and children and the referral processes required;
- consider and discuss who needs to be aware of the safety plan and notified about it; and
- make any necessary referrals with the woman (to the extent she needs you to).

Where you and the victim have identified they are at some risk of harm, consider at least the following risk management strategies:

- referral to a specialist domestic violence service;
- support for her to seek an apprehended violence order;
- reporting any breaches of an existing order;
- reporting to care and protection;
- sharing information with other service providers;
- taking on or referring to a service that can provide case management if you cannot;
- having a risk management conversation (that includes finance and housing needs); and
- develop a safety plan.

Where you have identified extreme risk of harm:

- Contact DVCS or a specialist domestic violence service.
Risk management – Conversation Guide

Conversations about the current situation and circumstances are the primary way to develop safety planning actions. For example, a discussion about threats or harm to pets could include a discussion about a friend who could take the pets at short notice, that can then be included as an action in the safety plan.

This is not meant to be used as a checklist, nor is the list exhaustive; the conversation guide is simply some suggestions for areas to discuss during risk management conversations. Many of the possible actions are centred around ensuring the women understands the risks she may be facing, derived from what we know about evidence-based risk factors. Remember that:

Risk identification and safety planning may not be an exact science or a perfect solution; but working with a woman to undertake a thorough exploration of her risk and a collaborative safety planning process can do much to empower her to keep herself and her children safe and to move forward in their lives.87

Most of the content in the conversation guide can be attributed to the Ending Violence Association of British Columbia and Community Coordination for Women’s Safety Canada.

<table>
<thead>
<tr>
<th>Risk area</th>
<th>Possible actions for you to suggest or help her to take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship</td>
<td><img src="https://example.com/last.jpg" alt="List of actions" /></td>
</tr>
<tr>
<td>Escalating violence</td>
<td><img src="https://example.com/last.jpg" alt="List of actions" /></td>
</tr>
<tr>
<td>Children</td>
<td><img src="https://example.com/last.jpg" alt="List of actions" /></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Perpetrator – relationship</th>
<th>Protection orders</th>
<th>Perpetrator – other factors</th>
<th>Victim safety features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarify that she understands your agency’s position on notification to child protection if you come to believe the children need protection.</td>
<td>Discuss with her the increased risks of ongoing and/or escalating violence associated with kinds of violence such as strangling, choking, sexual coercion or abuse.</td>
<td>Discuss that a previous history of domestic violence is quite strongly associated with future domestic violence.</td>
<td>The woman’s social locations will affect her risk and safety planning needs. You need to try and find what communities and social locations she identifies with. Some of the things you might need to consider and discuss include:</td>
</tr>
<tr>
<td>If she has not been recording/diarising threats and incidents of violence discuss with her the possibility of doing that and where to keep the notes.</td>
<td>If she has not been recording/diarising threats and incidents of violence discuss with her the possibility of doing that and where to keep the notes.</td>
<td>Discuss that a previous history of violence to people other than partner is also associated with greater likelihood of domestic violence.</td>
<td>Aboriginal and Torres Strait Islander women have understandable concerns about child notification and removal that should be discussed.</td>
</tr>
<tr>
<td>Discuss with her the value in reporting to police and or in obtaining a protection order.</td>
<td>Discuss the dangers of obsessive, jealous and controlling behaviour on future likelihood of violence.</td>
<td>While drugs and alcohol and/or mental health issues do not cause domestic violence, they can indicate periods of greater risk. Discuss what she has observed, what strategies are in place and what additional strategies you might be able to develop.</td>
<td></td>
</tr>
<tr>
<td>Discuss with her whether she needs to tell her employer or a co-worker/s.</td>
<td>Discuss the dangers of obsessive, jealous and controlling behaviour on future likelihood of violence.</td>
<td>Unemployment – may indicate a greater risk of committing further violence.</td>
<td></td>
</tr>
<tr>
<td>Pets – discuss any threats he has made to pets and options for keeping them safer and/or getting them out quickly if necessary.</td>
<td>Pets – discuss any threats he has made to pets and options for keeping them safer and/or getting them out quickly if necessary.</td>
<td>Financial pressures – can also indicate greater risk.</td>
<td></td>
</tr>
<tr>
<td>Immigration status – if he has threatened her immigration status, discuss placing copies of her immigration papers in a safe and secure place.</td>
<td>Immigration status – if he has threatened her immigration status, discuss placing copies of her immigration papers in a safe and secure place.</td>
<td>These factors can prompt a discussion about whether she is feeling responsible for his living situation and whether this or guilt may constitute a pressure to stay with him or return to him. Of course, acknowledge the feelings and reassure her she is not responsible for his living situation.</td>
<td></td>
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</tbody>
</table>
- Aboriginal and Torres Strait Islander people have experienced a history of colonisation that can make them distrustful of government and community services.
- Discuss that some Aboriginal and Torres Strait Islander women want a specific Aboriginal and Torres Strait Islander service while others prefer a non-Aboriginal and Torres Strait Islander service.
- Concerns for a member of the LGBTIQ+ community may include that the partner may access LGBTIQ+ services or fears that the partner may 'out' them to friends or family.
- Is her wider family/community supportive of her or does she feel pressure to stay with the perpetrator?
- Are there any vulnerabilities that arise because of her age or physical ability?
- Are there steps she may not have already taken to mitigate the risks caused by poverty?
- Potential risk and impact of homelessness.

| Her perceptions of the violence | If the victim minimises the violence and risk, you might need to discuss the nature and dynamics of domestic violence. You may suggest some reading materials that she can either read at your service (if it is unsafe to take the materials home) or take them with her. You might also talk about the experiences of other women who have been in similar circumstances.
- If she has indicated she thinks violence might continue and/or escalate, discuss with her what she thinks he might be capable of.
- If she fears for the safety of other people be sure to include them in her safety planning.
- If appropriate make a referral to a counsellor or service with expertise in working with victims of domestic violence. |

| Reluctance to leave or involve authorities | Carefully and sensitively (particularly non-judgmentally) explore her reasons for not wanting to report to police or seek to leave the situation. Provide reassurances about these reasons where possible. Offer to accompany her to police or medical support, explain processes such as protection orders and crisis services. Support her choices and at the same time continue to gently explore her options, her needs, her fears and the risk and encourage her to report or seek help to keep herself safe (see the section above in this framework ‘High risk with no consent to share information’ if you believe children are at risk.
- Where relevant provide information such as the Women’s Legal Centre Family Violence Order guide. |

| Level of current support | Fully explore who and what supports she currently has in place and whether these could offer more support if she asked. Explore how she might go about that. |

| Availability and accessibility of services | Explore with the victim the services she might require and then discuss the access to and availability of these.
- Consider alternative housing options for the future including lodging a public/social housing application form or rental bond loan, Safer Families Grants etc.
- Discuss sharing information across services to improve coordination and obtain written permission to share information where appropriate.
- If it all possible, offer to act as a case manager to help |
coordinate services and ensure they are working together.

- Once the range of services required has been discussed, work with her to access the services she needs. For some women, just providing them the numbers may be enough support. Other women may need you to call for them and then hand them the phone. Others might just need a list of services and a bit of a plan for contacting them.

<table>
<thead>
<tr>
<th>Technology</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• It is important to undertake some level of audit of phones and</td>
</tr>
<tr>
<td></td>
<td>computers if stalking is a possibility.</td>
</tr>
<tr>
<td></td>
<td>• See <a href="#">ACT Women’s Legal Centre Technology safety page</a> for</td>
</tr>
<tr>
<td></td>
<td>more information.</td>
</tr>
</tbody>
</table>

There may be a number of other things to consider in your discussions with a victim of domestic and family violence. This table is just meant as a guide to some of the things you may need to know to complete a safety plan with the victim. Specialist services such as DVCS or 1800 RESPECT can provide you with advice if you feel unsure about your skills at safety planning or are concerned for the victim.

Further information on safety planning provided by DVCS can be found in Factsheet 6 in the Resources section of the framework.
Factsheet 1: Impacts of domestic and family violence on children

This factsheet is adapted from the Western Australian Government’s Impacts of family and domestic violence on children factsheet.

Impacts of family and domestic violence on children

There are many ways that children are exposed to family and domestic violence – many not including hearing or seeing the violence. For this reason, when it occurs in a family with children, family and domestic violence is always child abuse.

A recent review by the Australian Domestic Violence Clearinghouse found that ‘more than two decades of international research definitively shows that infants, children and adolescents experience serious negative psychological, emotional, social and developmental impacts to their wellbeing from the traumatic ongoing experiences of domestic violence’ (Sety 2011). These impacts are often cumulative – that is, they amass over time.

Research also shows that family and domestic violence affects unborn children – family violence often commences or intensifies during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death.

Family and domestic violence does not predetermine outcomes for children and young people, but it does influence them significantly – particularly when exposure to the violence occurs in a child’s early years. Infants and young children exposed to family and domestic violence are more likely to miss key developmental experiences, which – because they are foundational – can have a cascading effect on their further developmental progress.

The effects of family and domestic violence vary from child to child. Furthermore, they are mediated or filtered by other factors, such as poverty or marginalisation on the basis of culture or race. The secondary effects of violence, for example unstable housing, lack of access to education, and poor access to ante and post-natal care, can also significantly impact on children’s safety and wellbeing.

In addition to physical injury and death at the hands of male family members, children manifest physical symptoms of stress or distress, for example bedwetting, stomach upsets and chronic illnesses.

The immediate emotional effects of experiencing family and domestic violence tend to differ with age.

Babies and toddlers who experience family and domestic violence often cry more than other infants and show signs of anxiety and irritability. They frequently have feeding and sleep
difficulties. They are often underweight for their age and have delayed mobility. They often react to loud noises and are very wary of new people. They might be very demanding or very passive.

Preschool children lack the cognitive maturity to understand the meaning of what they observe and the verbal skills to articulate their feelings. They exhibit their emotional distress by ‘clinginess’, eating and sleeping difficulties, concentration problems, inability to play constructively and physical complaints. They sometimes have symptoms similar to post-traumatic stress disorder in adults, including re-experiencing events, fearfulness, numbing and increased arousal. Immature behaviour, insecurities and reduced ability to empathise with other people are common for this age group. Frequently, children have adjustment problems, for example, difficulty moving from kindergarten to school.

As they get older, children start to observe patterns or intentions behind violent behaviour. They often wonder what they can do to prevent it, and might attempt to defend themselves or their mother. Pre-adolescent school-aged children have the capacity to externalise and internalise their emotions. Externalised emotions might manifest in rebelliousness, defiant behaviour, temper tantrums, irritability, cruelty to pets, physical abuse of others, limited tolerance and poor impulse control. Internalised emotions might result in repressed anger and confusion, conflict avoidance, overly compliant behaviour, loss of interest in social activities, social competence, and withdrawal, or avoidance of peer relations. Overall functioning, attitudes, social competence and school performance are often negatively affected, and children often have deficits in basic coping and social skills. The low self-esteem engendered by experiences of violence is exacerbated by these other effects.

Adolescents who have experienced family and domestic violence are at increased risk of academic failure, dropping out of school, delinquency, eating disorders and substance abuse. They frequently have difficulty trusting adults and often use controlling or manipulative behaviour. Depression and suicidal ideation or behaviours are common. Adolescents are also at greater risk of homelessness and of engaging in delinquent and/or violent behaviour.

Children’s anger at their mother tends to increase with age. Older children and adolescents commonly see their mother as causing or being complicit in the violence, or blame her for ‘failing’ to protect them or for not taking them away from the abusive situation.

Table 1: Impacts of family and domestic violence on children

<table>
<thead>
<tr>
<th>Age of child</th>
<th>Impacts of family and domestic violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babies and toddlers</td>
<td>Often cry more than other babies and show signs of anxiety or irritability; frequently have feeding and sleep difficulties; are often underweight for their age; may have delayed mobility; often react to loud noises and are wary of new people; may be very demanding or very passive; and may acquire physical injuries from being held in a mother’s arms whilst the mother is being assaulted.</td>
</tr>
<tr>
<td>Preschoolers</td>
<td>‘Clinginess’; eating and sleeping difficulties; concentration problems; inability to play constructively; physical complaints; fearfulness; numbing;</td>
</tr>
</tbody>
</table>
### Factors contributing to children’s ability to cope with the violence

While the detrimental impacts for children living and experiencing family and domestic violence are well documented, not all children are adversely affected or affected in the same way. It is important to consider how children have coped with the violence, what skills and understanding they have developed, and what resilience factors have assisted their coping.

Factors contributing to a child’s ability to cope with the violence include:

- the mother’s responses to the violence and the supports that she receives from family, friends, community and the broader service system when seeking assistance for the violence;
- the availability and responsiveness of a support system for the child within the family structure;
- the availability and responsiveness of a support system outside of the family structure;
- strong relationships with friends, peers, and community;
- involvement in extracurricular school activities or cultural activities; and
- the child’s own ability and strengths to handle stressful and frightening situations

### Responsibility for protecting children

When children are not safe due to family and domestic violence, this is often attributed to the mother for not leaving the relationship or not managing the perpetrator’s behaviour or taking active steps to protect the child. This effectively holds the mother responsible for protecting the child from the perpetrator’s use of violence. It contributes to the pervasiveness of ‘mother blame’ that permeates the service system.

Holding mothers responsible for the safety of children has the effect of relieving the perpetrator of any accountability for the impacts of the violence on children. Perpetrators become invisible to the service system when the sole responsibility for keeping children safe is placed with the mother. This invisibility within the service system allows perpetrators to continue to use violence against women and children with impunity. Service providers inadvertently collude with the perpetrator when they fail to hold them accountable for the impact they have on the safety and wellbeing of children.
Factsheet 2: Further Information on Coercion and Control

This factsheet is adapted from Section 2 of the New South Wales Government’s Coercive Control Discussion Paper.

What is coercive control?

Coercive control in domestic and family violence (DFV) contexts describes patterns of abusive behaviour designed to exercise domination and control over the other party to a relationship. It is often a process that happens slowly over time and can be nuanced in nature, making it difficult to identify. It can include a range of abusive behaviours – physical, psychological, emotional or financial – the cumulative effect of which over time robs victim-survivors of their autonomy and independence as an individual.88

The work of Evan Stark, who originated the concept of coercive control, provides a general typology of this behaviour, identifying four key aspects: violence, intimidation (including threats, surveillance, degradation, withholding money), isolation and control (principally though the micro-regulation of everyday behaviours, and the institution of rules).89

This can extend to a wide range of behaviours, including but not limited to the following:

- Deprivation of liberty and autonomy, such as preventing one person from leaving the house at all or requiring them to get permission for any movement beyond the household.
- Isolating an individual from friends, family and wider society. This could be done through deprivation of liberty, manipulation by suggesting that friends and family are not in fact supportive, or the use of the victim’s social media to drive away family and friends.
- Withholding or controlling access to resources, including money. This can extend from direct demands that all income of the victim be provided to the perpetrator, as well as denying the victim a say in the management of joint property, or using their property without their consent. This can also include the imposition of restrictions on the victim’s access to education, employment and training opportunities.
- Psychological control and manipulation, including by making the other person question their memory of events and agreements (i.e. gaslighting), or threatening self-harm or suicide.
- Stalking and intimidation, including through technological means such as installing tracking software or apps.

89 Evan Stark Coercive Control: How Men Entrap Women in Personal Life (Oxford University Press, 2007)
• Physical assault or threats of physical assault. Beyond physical assault of the victim, this can also include things such as the destruction of property or harming animals to set an example or to inspire fear for one’s individual safety. Threats can also be made against friends or family.
• Sexual assault, including non-consensual intercourse or sexual touching. This may also involve the use of image-based abuse, such as threats to share intimate images against the victim’s wishes.
• Reproductive coercion, such as forcing the victim to become pregnant or denying birth control, or demanding an abortion.
• Threatening to take the victim’s children away, to send them to state care or to institute court proceedings to deny the victim access to the children.

Cases in Australia and internationally illustrate this mixture of abusive behaviours that are deployed specifically to undermine an individual and to keep them under control. In Queensland, the murder of Hannah Clarke and her children by Rowan Baxter in February 2020 reportedly revealed a significant pattern of control and coercion, in which the perpetrator used recording devices to monitor Hannah’s conversations, controlled what she wore (for example by preventing her from wearing shorts or a bikini off the beach), and isolated her from her family. Reporting also noted that this was coupled with sexual violence, in which Baxter forced Hannah to have sex with him every night, and made threats if she did not comply. Even when they separated, Baxter continued to track and monitor Hannah’s actions and movements, and sought to control her through their children, including kidnapping one of them, which he claimed was punishment for her leaving him.

One of the challenges in defining coercive control is that the relevant behaviours are deeply contextual. The triggers of fear and intimidation that enable control may be so frequent and subtle they are not evident from the outside of the relationship.90

Additionally, the demarcation between coercive and controlling behaviours on the hand and voluntary choices in a relationship on the other hand may be difficult to determine. For example, one indicator of coercive control may be that one individual controls the finances of the household. In some relationships, this could be indicative of a pattern of oppression or exploitation, whereas in others it could indicate a consensual position between the individuals.

In terms of its impacts, coercive control has been referred to as ‘intimate terrorism’.\(^91\) It has been reported that many victim-survivors describe it as the ‘worst part’ of DFV — more impactful and traumatic than physical violence, and more difficult to recover from.\(^92\) Coercive control may also be described as a condition of entrapment that renders its victim hostage-like in the harms it inflicts on their dignity, liberty, autonomy and personhood as well as to their physical and psychological integrity.\(^93\)

Coercive control is a significant predictor of intimate partner homicide. As noted above, the NSW Domestic Violence Death Review Team (DVDRt) has identified evidence of sometimes long histories of other forms of coercive and controlling behaviours in the majority of cases it has reviewed. The DVDRt noted that in 111 of the 112 (99%) intimate partner domestic violence homicides that occurred in NSW between 10 March 2008 and 30 June 2016 that it had reviewed, the relationship was characterised by the abuser’s use of coercive and controlling behaviours towards the victim.\(^94\) It noted the complexities that can arise in such cases with perpetrators going to extreme lengths to control their victim and avoid detection and the varying ability of a victim or those close to them to identify what was being experienced as DFV.\(^95\)

The findings of the DVDRt are further supported by the academic research, where empirical studies have linked the presence of coercive control with the eventual intimate partner homicide.\(^96\) This broadly aligns with wider research on predictive factors for intimate partner homicide, which includes the realisation by a perpetrator that they have lost control over the relationship or over their partner.\(^97\)

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95 Ibid 68-69
It is also important to acknowledge the evidence that coercive control or intimate terrorism, much like DFV more generally, is predominantly experienced by women and perpetrated by men.  

This is not to imply that victims and perpetrators do not encompass all gender identities and relationship types. However, sociological research points to clear trends in coercive control, particularly in intimate partner relationships, as being mapped to the definition and regulation of individuals in line with gendered power dynamics.  

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99 Ibid.
Factsheet 3: Intersectionality

This factsheet is adapted from Our Watch Practice Guidance: Equality and respect for all women - an intersectional approach (pages 4 and 5).

In order to achieve equality and respect for all women, gender inequality cannot be seen as separate from other forms of discrimination and disadvantage that women face.

Gender inequality is not experienced in the same way by all women (or men). While gender needs to remain at the centre of efforts to prevent violence against women, to achieve equality and respect for all women, gender inequality must be addressed concurrently with other forms of discrimination and disadvantage such as racism, colonisation, ableism, homophobia and religious discrimination.

It is important that staff leading workplace equality and respect initiatives understand intersectionality, in order to focus their efforts and tailor work accordingly.

What is intersectionality?

Gender inequality is not experienced the same way by all women, nor expressed the same way in all contexts. For example, an Anglo-Australian, able-bodied woman, is likely to have a vastly different experience of sexism in the workplace than a recently arrived refugee or a woman living with a disability.

To achieve equality and respect for all women, gender inequality cannot be seen as separate from other forms of discrimination and disadvantage that women face. Everyone’s identities, social positions and experiences are shaped not just by gender, but by a range of other social categories of difference, including Aboriginality, culture, race, ethnicity, faith, socio-economic status, ability, sexuality, gender identity, education, age, and migration status.

The consideration of how people experience multiple and intersecting forms of discrimination and disadvantage is referred to as ‘intersectionality’.

Where did the concept of ‘intersectionality’ come from?

The concept of intersectionality was developed by Professor Kimberlé Crenshaw in 1989. In developing ‘intersectionality’ as a concept, Crenshaw cited a court case where a group of African-American women argued that a manufacturing company had refused to hire them on the basis on their race and gender. However, the court ruled that the company was not guilty of discriminatory hiring practices based on race, because they had hired African-American men to work on the factory floor.

The court also ruled that the company had not discriminated on the basis of gender, as they hired white women for office-based roles. What the court failed to consider was the intersection of race and gender and the compound discrimination faced by African-American women.

The outcome of this court case illustrates how looking at diversity through only one lens (in this case either gender or race) can obscure instances where discrimination against particular groups of women exists. It also highlights how some workplace policies, though they may appear to promote diversity, can fail to be inclusive of all women or all employees.

How intersectionality complements work to promote diversity and inclusion

Many workplaces are already undertaking important work in promoting diversity and inclusion through their policies. As highlighted by the manufacturing company example
above, applying an intersectional approach is different to promoting diversity, because it considers more than one form of privilege and/or discrimination at the same time.

An intersectional approach to workplace equality and respect firstly requires that a diversity of employees and stakeholders are considered in your initiatives. It then also requires that initiatives consider the intersection of different forms of discrimination that might affect groups of people in the workplace. For example, your workplace diversity policy might aim to increase the number of women in leadership, or it might seek to create a work culture where all LGBTIQ identifying employees feel safe and valued at work. An intersectional approach addresses both the impact of gender alongside other forms of identity and social status, such as cultural background, and can consider whether women whose second language is English face structural or cultural barriers in the workplace.
Factsheet 4: Key psychological and other effects of domestic and family violence on women

This factsheet is adapted from the Western Australian Government’s Impacts of family and domestic violence on women factsheet.

Impacts of family and domestic violence on women

Family and domestic violence has short and long-term physical, emotional, psychological, financial and other effects on women. Every woman is different and the individual and cumulative impact of each act of violence depends on many complex factors.

While each woman will experience family and domestic violence uniquely, there are many common effects of living with violence and living in fear.

The obvious physical effects of family and domestic violence on women are physical injury and death. Yet there are also other effects on women’s physical health – such as insomnia, chronic pain, physical exhaustion, and reproductive health problems – that are not necessarily the result of physical injuries. Women experiencing family and domestic violence have higher rates of miscarriage, most probably because pregnancy is often a time when violence begins or is exacerbated.

Women experiencing family and domestic violence are more likely to experience depression, panic attacks, phobias, anxiety and sleeping disorders. They have higher stress levels and are at greater risk of suicide attempts. They are at increased risk of misusing alcohol and other drugs, and of using minor tranquillisers and pain killers.

Women who experience family and domestic violence are often unable to act on their own choices because of physical restraint, fear and intimidation. Women who experience family and domestic violence live in persistent fear of further violation. They are frequently silenced and unable to express their point of view or experience. Women often make their partners’ needs and feelings the constant focus of their attention as a survival strategy, which may result in an inability to attend to their own and their children’s health and wellbeing.

Women who experience family and domestic violence often experience social isolation, including from their own extended family. Isolation can be a form of controlling behaviour or a consequence of women’s stress, anxiety, shame, physical exhaustion, substance abuse, physical injuries and fear.

Seeing the effects of violence on their children can be profoundly distressing for women. They may feel or be unable to protect their children; this can have serious effects on their identity and confidence as mothers. Women’s capacities to parent their children can be affected by the physical, emotional and cognitive effects of their own experiences of the violence, and by men’s deliberate attempts to undermine their confidence and ability as mothers.
Women’s resistance to the violence

Although women experience a multitude of harmful effects from their partners’ violence, they are not passive recipients of abuse and violence – they do not ‘just go along with it’ or ‘let it happen’. Victims of family and domestic violence always try to reduce, prevent or stop the violence in some way. It is important for service providers to uncover the many ways in which women creatively and strategically resist the violence in an effort to escape the violence, retain their dignity and to make a better life for themselves and their children.

A victim’s resistance to the violence may not make the violence stop. A victim’s resistance may not be overt or visible. It is often dangerous for victims of family and domestic violence to openly resist the perpetrator. Victims may only resist the violence in their thoughts or through small acts that may go unnoticed. Therefore, to some the victim may appear ‘passive’. A victim may resist the violence through overt acts and behaviour, such as ‘hitting back’, by not doing what the perpetrator wants her to do, or by numbing her feelings. These behaviours may then be labelled as ‘dysfunctional’ or the victim may be considered to be ‘just as violent’.

The meanings of the behaviours used to resist the violence are unique to each woman, and are set in the context of her own experience and understanding of the violence.

Table 1: Victim’s resistance to violence

<table>
<thead>
<tr>
<th>What the perpetrator does</th>
<th>Examples of how a victim may show resistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tries to isolate the victim</td>
<td>Retains some relationships with others and remembers good times with family or friends.</td>
</tr>
<tr>
<td>Tries to humiliate the victim</td>
<td>Thinks or acts in ways that sustain her self-respect and dignity and not ‘stooping’ to the perpetrator’s level of behaviour.</td>
</tr>
<tr>
<td>Tries to control the victim</td>
<td>Thinks or acts in ways that show she refuses to be controlled, for example, not doing what the perpetrator wants her to do, or doing it in a very exaggerated way.</td>
</tr>
<tr>
<td>Says that they are both responsible for the violence</td>
<td>Thinks or acts in ways that remind herself that he is solely responsible for his violence, for example, calling the police after a physical assault, or telling herself that he is choosing to use the violence.</td>
</tr>
<tr>
<td>Makes excuses for the violence</td>
<td>Thinks or acts in ways that show herself that the violence is wrong or that there is no excuse for the violence, for example, writing down all the acts of violence in a journal.</td>
</tr>
<tr>
<td>Tries to hide the violence</td>
<td>Thinks or acts in ways that expose the violence, for example, telling other people about his use of violence.</td>
</tr>
</tbody>
</table>
Factsheet 5: ANROWS Risk Factors

This factsheet is adapted from the ANROWS National Risk Assessment Principles for Domestic and Family Violence (pages 12 to 16).

There are many factors that contribute to the risk of domestic and family violence (DFV). However, findings from empirical studies, academic and practice-based literature, and reports produced by international and Australian domestic violence death review committees and Coroner’s Courts indicate that some risk factors are associated with a higher likelihood of violence reoccurring, serious injury, or death, in the context of intimate partner violence by men against women.*

The relationship between these factors and risk of re-assault or lethality are not always straightforward, and no one factor can be considered singularly “causal”. Importantly, there are diverse forms of DFV that do not necessarily involve risk of physical violence or lethality, but that can have a devastating impact on victims’ lives. While there is significant evidence that the below risk factors indicate high risk of serious harm or death when mediated by other risk factors or an individual’s situation, all of these factors are salient in any case of DFV and should be responded to appropriately and proportionately, whether or not there is a clear intent of homicide.

*Risk factors identified through empirical research have almost exclusively been identified using heterosexual, intimate partner samples, and their applicability to people in non-heterosexual LGBTQI relationships, or for violence occurring more broadly within families, remains unclear. In this resource, the terms “intimate partner violence” or “intimate partner lethality” have sometimes been used instead of “DFV” to accurately reflect the nature of the data source (such as the ABS Personal Safety Survey). Risk assessment practices and tools should be adapted in accordance with emerging knowledge and as further research determines how well the existing evidence-base applies to diverse relationships, families, communities and priority population groups.

<table>
<thead>
<tr>
<th>Lethality/ High-risk factors</th>
<th>Key facts</th>
</tr>
</thead>
</table>
| **History of family and domestic violence** | • The most consistently identified risk factor for intimate partner lethality and risk of re-assault is the previous history of violence by the perpetrator against the victim.  
• In their 11-city study in the United States (US), Campbell et al. (2003) found that 72 percent of intimate partner femicides were preceded by physical violence by the male perpetrator. When there was an escalation in frequency or severity of physical violence over time, abused women were five times more likely to be killed.  
• Smith, Moracco, & Butts (1998) found that for 75 percent of homicides perpetrated by women, the relationship was characterised by a history of abuse by her male partner and the homicide was preceded by male-initiated violence.  
• Homicide is rarely a random act and often occurs after repeated patterns of physical and sexual abuse and psychologically coercive and controlling behaviours. |
| **Separation (actual or pending)** | • Women are most at risk of being killed or seriously harmed during and/or immediately after separation.  
• The NSW Domestic Violence Death Review Team recorded that two-thirds (65%) of female victims killed by a former intimate partner between 2000-2014, had ended their relationship within three months of the homicide.  
• Separation is particularly dangerous when the perpetrator has been highly controlling during the relationship and continues or escalates his violence following separation in an attempt to reassert control or punish the victim.  
• Children are also at heightened risk of harm during and post-separation. |
| **Intimate partner sexual violence** | • Intimate partner sexual violence (IPSV) is a uniquely dangerous form of exerting power and control due to its invasive attack on victims’ bodies and the severity of mental health, physical injury and gynaecological consequences.  
• Campbell et al. (2003) found that physically abused women who also experienced forced sexual activity or... |
rape, were seven times more likely than other abused women to be killed and IPSV was the strongest indicator of escalating frequency and severity of violence, more so than stalking, strangulation and abuse during pregnancy.

- The 2016 ABS Personal Safety Survey (PSS) found that since the age of 15, 5.1 percent (480,200) of Australian women have experienced sexual violence by a partner. Heenan (2004) found that Australian domestic violence workers believe that 90-100 percent of their female clients have experienced IPSV.
- More than other factors, IPSV is under-reported by victims. Shame and stigma caused by commonly held assumptions that discussing sex or sexual assault within relationships is “taboo”, are significant barriers to seeking help for IPSV.

**Non-lethal strangulation (or choking)**

- Strangulation is one of the most lethal forms of intimate partner violence. When a victim is strangled, whether by choking or other means of obstructing blood vessels and/or airflow to the neck, they may lose consciousness within seconds and die within minutes.
- Glass et al. (2008) found that women whose partner had tried to strangle or choke them were over seven times more likely than other abused women to be killed, whether by repeat strangulation or another violent act.
- The seriousness of strangulation as an indicator of future lethality is often misidentified, or not responded to proportionately, as a consequence of the often minimal visibility of physical injury. However, many victims suffer internal injuries which may result in subsequent serious or fatal harm.
- Most perpetrators do not strangle to kill but to show that they can kill. Non-lethal strangulation is a powerful method of exerting control over victims. Through credible threat of death, perpetrators coerce compliance.

**Stalking**

- Stalking behaviours (repeated, persistent and unwanted) including technology-facilitated surveillance, GPS tracking, interferences with property, persistent phoning/texting and contact against court order conditions, increases risk of male-perpetrated homicide.
- The 2016 ABS PSS found that since the age of 15, one in six Australian women (17% or 1.6 million) have experienced at least one episode of stalking.
- McFarlane et al. (1999) found that stalking was a factor in 85 percent of attempted femicides and for 76 percent of femicide victims.
- The vast majority of perpetrators of stalking, and the most dangerous, are intimate partners of the victim, and not a stranger.

**Threats to kill**

- Perpetrators who threaten to kill their partner or former partner, themselves or others including their children, are particularly dangerous. Threats of this nature are psychologically abusive.
- Campbell et al. (2003) found that women whose partners threatened them with murder were 15 times more likely than other women experiencing abuse to be killed.
- Humphreys (2007) found that actual attempts to kill are difficult to separate from serious physical and sexual abuse, and that as above, attempted strangulation is of particular concern given the prevalence of femicide through strangulation.

**Perpetrator’s access to, or use of weapons**

- Use of a weapon (any tool used by the perpetrator that could injure, kill or destroy property) indicates high risk, particularly if used in the most recent violent incident, as past behaviour strongly predicts future behaviour.
- Campbell et al. (2003) found that women who are threatened or assaulted with a gun or other weapon, are 20 times more likely than other abused women to be killed. The severity of abuse-related harm is significantly heightened when weapons are involved.

**Escalation (frequency and/or severity)**

- The escalation in frequency and severity of violence over time is linked to lethality and often occurs when there are shifts in other dynamic risk factors, such as the attempts by the victim to leave the relationship.
- Campbell et al. (2003) found that when there is an escalation in either frequency or severity of physical violence over time, abused women are more than five times more likely to be killed.
**Coercive control**
- Reports from death review committees and Coroner’s Courts highlight the prevalence of patterns of coercive and controlling behaviours prior to male-perpetrated intimate partner homicide, including verbal and financial abuse, psychologically controlling acts and social isolation.
- Elliott (2017) found through a synthesis of key empirical research, that coercive control is a gendered pattern of abuse, and is the primary strategy used to coerce and exercise control over female survivors by a current or former male partner. Understanding violence as coercive control, highlights that it is ongoing, cumulative, chronic and routine.
- Coercive and controlling patterns of behaviours are particularly dangerous and can heighten the risk of lethality, in contexts where other high-risk factors are present, such as attempts by the victim to leave the relationship.

**Pregnancy and new birth**
- Violence perpetrated against pregnant women by a partner is a significant indicator of future harm to the woman and child, and is the primary cause of death to mothers during pregnancy, both in Australia and internationally.
- The 2016 ABS PSS found that nearly half (48% or 325,900) of women who have experienced violence by a previous partner and who were pregnant during that relationship, experienced violence from their partner while pregnant.
- Humphreys (2007) highlights this violence as “double-intentioned”, where perpetrators may aim physical violence at their partner’s abdomen, genitals or breasts, so that abuse is both of the mother and child.
- Women with a disability, women aged 18-24 years and Indigenous women are at particularly significant risk of experiencing severe violence from their partner during pregnancy.
- Violence often begins when women are pregnant, and when previously occurring, it often escalates in frequency and severity.

<table>
<thead>
<tr>
<th>Other risk factors</th>
<th>Key facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim’s self-perception of risk</td>
<td>A victim’s perception of their own risk of experiencing future violence is not sufficient by itself to accurately determine severity or incidence of violence. However, there is significant consensus across the literature that it is important to consider the victim’s own assessment as at a minimum, they can provide information relevant to their safety management.</td>
</tr>
<tr>
<td>Suicide threats and attempts</td>
<td>Hart’s (1988) study found that the combination of attempts, threats or fantasies of suicide, availability of weapons, obsessiveness, perpetrator isolation and drug and alcohol consumption indicates severe or lethal future violence. Threats of suicide, like most threats in the context of DFV, are a strategy used by perpetrators to exert control. The NSW Domestic Violence Death Review Team recorded that 24 percent of men who killed an intimate partner in NSW between 2000-2014 suicided following the murder.</td>
</tr>
<tr>
<td>Court orders and parenting proceedings</td>
<td>In their review of the Victorian Common Risk Assessment Framework (CRAF), McCulloch et al. (2016) found that from their experience, victims/survivors considered Family Law proceedings and intervention orders a critical and often overlooked indicator of DFV risk. DFV is common and often escalates among separating parents. Perpetrators may use their joint parenting role or judicial options as a way of exercising control over their former partner.</td>
</tr>
<tr>
<td>Misuse of drugs or excessive alcohol consumption</td>
<td>Alcohol and/or drug misuse and abuse are often exacerbating or moderating factors in predicting the dangerousness of a perpetrator, and may increase the severity of future violence. Recent cessation of drug or alcohol use, particularly where addiction was present, can also exacerbate violent behaviour when the perpetrator is not actively involved in a recovery and rehabilitation process.</td>
</tr>
<tr>
<td>Isolation and</td>
<td>Isolation, including limiting interactions with family, friends, social supports and community support programs</td>
</tr>
</tbody>
</table>
| barriers to help-seeking | is a control strategy used by some perpetrators and increases the risk of severe harm.  
• A victim is at increased risk of future violence if she has had no prior engagement with services and is presenting with DFV. A systematic review by Capaldi et al. (2012) found that social support and tangible help are protective against both perpetration and victimisation and that a lack of support is a significant risk factor for victims. |
|---|---|
| Abuse of pets and other animals | • Cruelty and harm directed to pets and other animals can indicate risk of future or more severe violence and are often used as a control tactic by perpetrators.  
• Having to leave pets behind is a recognised barrier to victim-survivors leaving their violent partners. |
Factsheet 6: DVCS Safety plan checklist

If you are planning to leave an abusive relationship it is important to plan ahead as this can make leaving easier and safer. A person who uses violence, controlling behaviours and/or abuse may become more controlling, abusive and dangerous when they believe the person subjected to these behaviours is planning to leave, as this threatens their sense of power and control.

If you have made the decision to leave, we encourage you to make a safety plan. You can do this yourself and this checklist can assist, or you can contact our 24/7 crisis telephone line on (02) 6280 0900. You can call this number 24 hour a day, 365 days a year. All calls are confidential within the confines and limitations of the service where safety is not compromised.

Things to consider

- Decide how you will leave – by foot, car or will you call a friend?
- Decide where you will go – friend or family, hotel, neighbour or police.
- What will you take – consider packing an overnight bag and leave it in your car or give it to a friend.
- Pack your important documents – such as your birth certificate and passport or email copies to your family or a friend.
- Purchase a mobile phone and make sure your mobile phone is charged and has credit – if you do need to call the police, you don’t have to speak, saying nothing will put them into action.
- Consider varying your route to work or family and changing your regular activities such as going to the gym.
- Have you discussed what you are doing with a trusted friend, family member or work colleague and do you need to create a safe word – do not write down your safe word.
- Do you have access to money – consider giving some to your family or friend to mind. If possible, open a new bank account and select the statements be emailed to a secure email address.
- Decide where you will stay – friend or family, hotel or refuge and how long you are able to stay there.
- If you are staying at home, do you need to change the locks on windows and doors, or should you have deadbolts installed?
- Do you have capacity to consider sensor lights, window bars, additional locks, electronic alarm and a chain on your front door?
- Ensure you have working fire alarms installed and a fire extinguisher.
- Put wood dowels in windows to stop them being slid open.
- Place padlocks and chains on gates.
- Place sliding bolts on manholes so they can’t be accessed by the roof.
- Get an answering machine and voicemail and screen your calls. This also allows you to record abusive messages.
- Teach your children how to use the telephone and call police and a safe word.
- Talk to all people who care for your children about who has permission to collect the children.
- Do you need to make arrangements for your pet?
- Ensure the webcam on your computer is turned off, even better, use tape to cover the lens when you aren’t using it.
- Set up a secure email address that you can give to police, lawyers, community services etc. to use – but maintain the email address the person using violence is aware of.
- Change all your passwords and login details using strong passwords that are not words or your birthdate and try to have a different password for different accounts.
- Ensure your mobile phone is set to auto lock after a short period of time and a pin code is required to unlock it.
• Turn off the ‘location’ function on your phone.
• Turn your Bluetooth off and set your phone to ‘hidden’.
• Program emergency numbers into your phone, using code names if necessary.
• Ensure you have engaged all the privacy settings on social media and on each device.
• Don’t allow other people to tag you in photos or locations.
• Consider using a non-identifying profile and cover photo, such as a flower or landscape on your social media accounts.
• Consider using a different city as your location and not including your place of work or education.

Contact us

To access our crisis intervention services, call our 24/7 crisis telephone line on 02 6280 0900. If it isn’t urgent another contact option is to email crisis@dvcs.org.au; this email is only monitored during business hours. You are welcome to call us reverse charges. If you live outside the ACT, please call 1800RESPECT.

We do not make any sound recordings of our conversations. You do not need to give us your name, but if you do, we make notes that we spoke to you. If you are unsure, please let us know at the start of the call and we can tell you about our confidentiality policy.

Other resources

You can also print the safety plan pamphlet from the Domestic Violence Prevention Centre Gold Coast at: https://domesticviolence.com.au/wp-content/uploads/2020/08/6-Safety-Planning.pdf