MARAM
Practice Guides

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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

The Victorian Government proudly acknowledges Victorian Aboriginal people as the first peoples and Traditional Owners and custodians of the land and water on which we rely. We acknowledge and respect that Aboriginal communities are steeped in traditions and customs built on an incredibly disciplined social and cultural order. The social and cultural order has sustained up to 50,000 years of existence. We acknowledge the ongoing leadership role of the Aboriginal community in addressing, and preventing family violence and join with our First Peoples to eliminate family violence from all communities.

ISBN 978-1-925947-32-8 **(pdf/online/MSword)**

Available at https://www.vic.gov.au/maram-practice-guides-and-resources

Executive Summary

Family violence is an endemic issue, which can have terrible consequences for individuals, families and communities. The Victorian Government launched Australia's first Royal Commission into Family Violence in February 2015 to address the scale and impact of this crime in Victoria.

The Royal Commission into Family Violence (the Commission) held 25 days of public hearings; it commissioned research and held community conversations with more than 800 Victorians. It also received almost 1000 written submissions. The Commission provided a once-in-a-generation opportunity to examine our system from the ground up and put victim survivors at the centre of family violence reform.

The Commission delivered its report in March 2016, with 227 recommendations. The Commission outlined a vision for a Victoria that is free from family violence, where adults, young people and children are safe and where their wellbeing and needs are responded to, and where perpetrators are held to account for their actions and behaviours. Where family violence does occur, the Commission outlined how reform of the service system could provide consistent, collaborative approaches to risk identification, assessment and management.

The Commission noted the strong foundations of the service system and practice environment that had been built by the Family Violence Risk Assessment and Risk Management Framework, also known as the Common Risk Assessment Framework or CRAF. To address key gaps and issues, it recommended a review and redevelopment of the CRAF, and to embed it into the *Family Violence Protection Act 2008* (Vic) (the FVPA).

The Victorian Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM Framework) updates and replaces the CRAF and is informed by consultations with more than 1650 practitioners and subject matter experts, and evidence-base reviews. In addition to the Commission's findings and recommendations, the redevelopment was also informed by the Coronial Inquest into the death of Luke Geoffrey Batty and the 2016 Review of the CRAF.

More than 855 organisations and 37,500 professionals are currently prescribed to align their policies, procedures, practice guidance and tools to the MARAM Framework.[1] Further organisations will be prescribed from 2020.

Fundamental changes identified by the Commission are reflected in the aims for the MARAM Framework. These include:

- Increase the safety of people experiencing family violence
- Ensure the broad range of experiences and spectrum of risk are represented, including for Aboriginal and diverse communities, children, young people and older people, across identities, and family and relationship types
- Keep perpetrators in view and hold them accountable for their actions and behaviours
- Alignment of practice across a broad range of organisations who have responsibilities to identify, assess and manage family violence risk
- Ensure consistent use of the Framework across organisations and sectors.

The MARAM Framework outlines:

[1] As at July 2019. A full list of organisations currently prescribed is available at https://www.vic.gov.au/about-information-sharing-schemes-and-risk-management-framework.

- An approach to practice which is underpinned by the Framework Principles
- Four conceptual 'pillars' for organisations to align their policies, procedures, practice guidelines and tools
- Information to support a shared understanding of the experience of risk and its impact on individuals, families and communities
- Expectations of practice that are underpinned by a shared understanding of the range of roles across the service system, and consistent and collaborative practice
- An expansion of the range of organisations and sectors who will have a formal role in family violence risk assessment and risk management practice.

A summary of these elements is described in the *Foundation Knowledge Guide* (below) to provide background for individual professionals and services.

This document contains the **MARAM Practice Guides** which underpin the MARAM Framework. These resources are provided in three volumes and are designed for use by professionals and organisational leaders:

1. The *Foundation Knowledge Guide* which focuses on the legislative context, roles and interactions with the service system, risk factors, key concepts for practice and presentations of risk across different age groups and Aboriginal and diverse communities. **The *Foundation Knowledge Guide* is required reading for all professionals across leadership and governance, management and supervision to direct practice roles.** Professionals should be familiar with this introductory and supporting information prior to engaging with the MARAM *Responsibilities for Practice Guide*
2. The *Responsibilities for Practice Guide* reflects each of the ten responsibilities of practice set out in the MARAM Framework. This guide focuses on how to apply foundation knowledge and then build on this to provide practice guidance from safe engagement, identification of risk, through levels of risk assessment and management, secondary consultation and referral, information sharing, and multi-agency and coordinated practice. Professionals' responsibilities will vary based on the nature of their role within a service or organisation and will be informed by the contact they may have with victim survivors and perpetrators. **Professionals should work with their organisational leaders to understand their role and to identify which responsibilities they should be applying in practice. Professionals are required to be familiar with each of the responsibilities that are a part of their role**
3. The *Organisation Embedding Guide* supports organisational leaders to effectively support professionals and services to undertake their roles and responsibilities. This will link the work undertaken by professionals and services to the alignment of organisations' policies, procedures, practice guidance and tools under the MARAM Framework. **Professionals in leadership or management roles should be familiar with the *Organisation Embedding Guide*. In addition to responding to the requirements for alignment under the MARAM Framework, organisational leaders should assist professionals and services within their organisations to identify and use the practice guides appropriate to their roles.**

All MARAM tools and practice guides were developed through extensive consultation with a range of stakeholders including experts, departmental policy and practice areas, and professionals in specialist and universal services, including those specialising in working with Aboriginal communities, diverse communities, children, young people and older people. The guides will continue to be updated and evaluated to reflect the evolving evidence-base relating to experiences of family violence across the community and shifting practice directions that will contribute to this evidence base.

Foundation Knowledge Guide

Contents

Note:

Guidance and learning objectives for working with perpetrators is in development and will be available late 2019/early 2020. Finalised guidance will make clear that only key/selected professionals and services will be trained/required to provide a service response to perpetrators related to their use of violence.

The learning objective for this *Foundation Knowledge Guide* will build on the material in this guide and will also include information about use of violence by perpetrators across the community and adolescents who use family violence.

Foundation Knowledge Guide

1. Introduction

The purpose of this *Foundation Knowledge Guide* is to provide professionals and services with information that explains key elements of the MARAM Framework, as well as additional foundational knowledge to guide all professionals before using the *Responsibilities for Practice Guide*.

The MARAM Framework provides evidence-based information about the impact and experience of risk across a range of age groups, as well as in Aboriginal communities and diverse communities. This information builds on the findings and recommendations of the Commission and establishes the shared responsibility for consistent early identification, screening, risk assessment and management of family violence, across a wide range of workforces and services.

The MARAM Framework creates a shared responsibility between individual professionals, services and whole sectors. This allows the service to provide more options to keep victim survivors safe, and for a stronger, more collaborative approach that can keep perpetrators in view and accountable for their actions and behaviours.

The MARAM Practice Guides should be used by all professionals and services in prescribed Framework organisations, as well as any professionals or services seeking to ensure their approach to family violence risk assessment and management is consistent with the state-wide approach.

This *Foundation Knowledge Guide* covers:

- A principles-based approach to practice
- Description of the legislative authorising environment for the **MARAM Practice Guides**
- Overview of the service system, entry points for service users (victim survivors and perpetrators)
- Guidance on how organisational leaders, and individual professionals and services can identify the responsibilities that make up their role, and how sections of the *Responsibilities for Practice Guide* should be used in practice
- Information about family violence — including the definition under the Act, behaviours that constitute family violence, evidence-based risk factors and presentations of risk for victim survivors across age groups, and across communities
- Working with perpetrators of family violence, including the concepts of the predominant aggressor and misidentification
- Key concepts for practice, including Structured Professional Judgement, intersectional analysis and the legislation supporting information sharing.

Note:

This *Foundation Knowledge Guide* contains all information outlined in the MARAM Framework relating to 'core' knowledge.

This document does not include all **MARAM Practice Guides** as some are still in development and are being consulted on separately**.**

2. A Principles-Based Approach to Practice

The MARAM Framework and each of the *Foundation Knowledge* and *Responsibilities for Practice Guides* are underpinned by ten principles. The principles are aimed at providing professionals and services with a shared understanding of family violence, and facilitating consistent, effective and safe responses for people experiencing family violence. The principles are underpinned by the right of all people to live free from family violence. They should inform the ethical engagement of professionals and services in their engagement with all service users (victim survivors or perpetrators).

The ten principles are:

1. Family violence involves a spectrum of seriousness of risk and presentations, and is unacceptable in any form, across any community or culture
2. Professionals should work collaboratively to provide coordinated and effective risk assessment and management responses, including early intervention when family violence first occurs to avoid escalation into crisis and additional harm
3. Professionals should be aware, in their risk assessment and management practice, of the drivers of family violence, predominantly gender inequality, which also intersect with other forms of structural inequality and discrimination
4. The agency, dignity and intrinsic empowerment of victim survivors must be respected by partnering with them as active decision-making participants in risk assessment and management, including being supported to access and participate in justice processes that enable fair and just outcomes
5. Family violence may have serious impacts on the current and future physical, spiritual, psychological, developmental and emotional safety and wellbeing of children, who are directly or indirectly exposed to its effects, and should be recognised as victim survivors in their own right
6. Services provided to child victim survivors should acknowledge their unique experiences, vulnerabilities and needs, including the effects of trauma and cumulative harm arising from family violence
7. Services and responses provided to people from Aboriginal communities should be culturally responsive and safe, recognising Aboriginal understanding of family violence and rights to self-determination and self-management, and take account of their experiences of colonisation, systemic violence and discrimination and recognise the ongoing and present day impacts of historical events, policies and practices
8. Services and responses provided to diverse communities and older people should be accessible, culturally responsive and safe, client-centred, inclusive and non-discriminatory
9. Perpetrators should be encouraged to acknowledge and take responsibility to end their violent, controlling and coercive behaviour, and service responses to perpetrators should be collaborative and coordinated through a system-wide approach that collectively and systematically creates opportunities for perpetrator accountability
10. Family violence used by adolescents is a distinct form of family violence and requires a different response to family violence used by adults, because of their age and the possibility that they are also victim survivors of family violence.

3. Legislative, Policy and Practice Environments

The MARAM Framework is embedded in law and policy, establishing the system architecture and accountability mechanisms required for a system-wide approach to, and shared responsibility for, responding to family violence risk. These elements are set at the organisational level; and provide individual professionals and services within organisations the authorising environment and enablers for practice with victim survivors and perpetrators. These key elements are outlined below.

Key aspects of the MARAM Framework are:

- Part 11 of the *Family Violence Protection Act 2008* (FVPA) establishes the authorising environment for the MARAM Framework through creation of a legislative instrument and enabling prescription of organisations through regulation
- The Framework legislative instrument includes a description of four pillars and the requirements for alignment, the guiding principles, ten responsibilities for practice, and the evidence-based risk factors
- 'Framework organisations' and 'section 191 agencies' are prescribed under the Family Violence Protection (Information Sharing and Risk Management) Regulations 2018. Prescribed organisations are required to progressively align their policies, procedures, practice guidance and tools to the Framework legislative instrument
- The MARAM Framework complements and provides further information about the Framework legislative instrument.

The Family Violence Information Sharing Scheme is a key enabler to the MARAM Framework and *Responsibilities for Practice Guides*:

- Part 5A of the FVPA establishes the Family Violence Information Sharing Scheme as a key enabler to sharing information relevant to family violence risk assessment and management practice, particularly **Responsibilities 5 and 6**. Guidance on information sharing in practice is outlined in the Family Violence Information Sharing Scheme Guidelines.

The Child Information Sharing Scheme further assists in responding to safety and wellbeing for children:

- Part 6A of the *Child Wellbeing and Safety Act 2005* (Vic) establishes the Child Information Sharing Scheme, which further enables sharing of information related to a child's wellbeing or safety, including but not limited to the context of family violence. This may include information relating to a child's stabilisation and recovery from family violence, reflected in the protective factors outlined in **Responsibility 3.**

Other complementary information sharing and reporting obligations continue to apply:

- The information sharing schemes do not affect the reporting obligations created under other legislation, such as mandatory reporting under the *Children, Youth and Families Act 2005* (Vic)
- The information sharing schemes complement and build on existing permissions held by organisations and services to share information under other laws, such as the *Privacy and Data Protection Act 2014* (Vic), the *Health Records Act 2001* (Vic), and the *Children Youth and Families Act 2005* (Vic).

The MARAM Framework and **Practice Guides,** including this *Foundation Knowledge Guide* and the MARAM *Responsibilities for Practice Guide,* provide the policy and practice direction for leaders of Framework organisations, and individual professionals and services within them, to undertake family violence risk assessment and risk management practice in Victoria. Leaders

of Framework organisations will be required to make decisions at the organisational level to identify the relevant practice responsibilities for their professionals and services and facilitate their practical application.

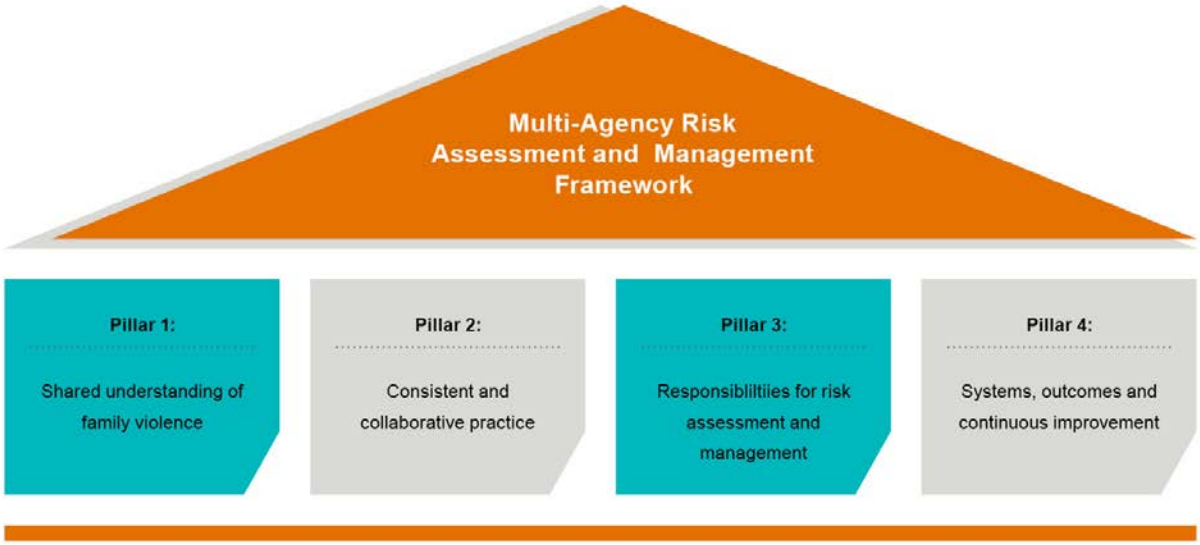
As a professional within your organisation, you need to have a clear understanding of your own role in relation to responding to family violence within the broader service system. This will help you to determine (or your organisations leadership and management to determine) which level of risk identification, assessment and management applies to your role and which chapters of the *Responsibilities for Practice Guide* will be relevant.

More detail on the legislative, policy and practice environment is described in the MARAM Framework at **Part B: System architecture and accountability.**

3.1. Overview of the MARAM Framework

The MARAM Framework is structured around four conceptual 'pillars' for leaders of organisations to align their policies, procedures, practice guidelines and tools. Each pillar has its own objective and requirement for alignment. The objectives of the pillars are outlined below.

Figure 1: MARAM Framework Pillars



Pillar 1: Shared understanding of family violence

It is important that all professionals, regardless of their role, have a shared understanding of family violence and perpetrator behaviour including its drivers, presentation, prevalence and impacts. This enables a more consistent approach to risk assessment and management across the service system and helps keep perpetrators in view and accountable and victim survivors safe. To that end, Pillar 1 aims to build a shared understanding about:

- What constitutes family violence, including common perpetrator actions and behaviours, and patterns of coercion and control
- The causes of family violence, particularly community attitudes about gender, and other forms of inequality and discrimination
- Established evidence-based risk factors, particularly those that relate to increased likelihood and severity of family violence.

Pillar 2: Consistent and collaborative practice

Pillar 2 builds on the shared understanding of family violence created in Pillar 1, by developing consistent and collaborative practice to family violence risk assessment and management across different professional roles and sectors. Structured Professional Judgement (outlined at **Section 9.1)** should be used in a manner appropriate to each professional's role in the system to assess the level or 'seriousness' of risk, informed by:

- The victim survivor's self-assessed level of risk
- Evidence-based risk factors (using the relevant assessment tool)
- Information sharing with other professionals as appropriate to help inform professional judgement and decision-making
- Using an intersectional analysis when applying professional judgement to determine the level of risk.

Pillar 3: Responsibilities for risk assessment and management

Pillar 3 builds on Pillars 1 and 2 and describes responsibilities for facilitating family violence risk assessment and management. It provides advice on how professionals and organisations define their responsibilities to support consistency of practice across the service system, and to clarify the expectations of different organisations, professionals and service users.

Pillar 4: Systems, outcomes and continuous improvement

Pillar 4 outlines how organisational leaders and governance bodies contribute to, and engage with, system-wide data collection, monitoring and evaluation of tools, processes and implementation of the Framework. This pillar also describes how aggregated data will support better understanding of service user outcomes and systemic practice issues, and in turn continuous practice improvement.

This information will also inform the requirement of the Minister responsible for the Framework to review its operation under the FVPA at least every five years to ensure it continues to reflect evidence-based best practice.

3.2. Terminology and definitions

Language relating to family violence and individual identities is always evolving and varies between communities and identities. It is important to use language that service users are comfortable with as this can help to build trust and maintain service engagement. This section provides guidance about some commonly used terminology. **Section 1.4** of the *Responsibilities for Practice Guide* (asking about identity) will also assist.

Whilst acknowledging that family violence is gendered, this document does not use gendered language to describe every form of family violence. This is to ensure that the full array of victim survivors who may experience family violence are captured, including those victim survivors that may have historically had difficulty being recognised.

In line with the Royal Commission into Family Violence and the Family Violence Information Sharing Scheme Guidelines, this guide refers to **victim survivor** and **perpetrator** in recognition that these are the terms most widely used in the community.

The term victim survivor refers to **adults, children and young people who experience family violence.** Under the FVPA, children are considered victims survivors if they experience family violence directed at them or they are exposed to the effects of family violence.

Recognised variations from this language include:

- Aboriginal people and communities may prefer to use the term 'people who use violence'

- Parts of the service system, such as Men's Behaviour Change programs, use the term 'men who use violence'
- For adolescents and young people, the term adolescent or young person 'who uses family violence' is used, rather than 'perpetrator'. This reflects that this is a form of family violence requiring distinct responses, given the age of the young person and their concurrent safety and developmental needs and circumstances, as well as common co-occurrence of past or current experience of family violence by the adolescent from other family members. The term may be applied across a broad age range from 10–18 years
- Family violence towards an older person is often described as 'elder abuse'. In this document, elder abuse refers to family violence experienced by older people within the family or family-like context, as it is defined in the FVPA. It does not extend to elder abuse occurring outside of the family context, such as in institutional or community settings.

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

Other terms may be used for different functions or points in time within the service system. These include terms used in the justice system, such as:

- Police-made applications for family violence intervention orders use the term 'affected family member' to describe the person who is to be protected by the order, and the term 'other party' is used to describe the person against whom the order is sought
- In applications for intervention orders that are not made by police, the term 'applicant' is used to describe the person seeking the order, and 'respondent' is used to describe the person against whom an order is sought
- The term 'accused' is used to describe a person being prosecuted for a family violence offence, and 'offender' describes a person who has been found guilty of an offence.

Professionals engaging in an assessment in line with the MARAM Framework should be familiar with these different terms.

Remember

'Diverse communities' and 'at-risk age groups' is broadly defined to include diverse cultural, linguistic and faith communities; people with a disability; people experiencing mental health issues; lesbian, gay, bisexual, transgender and gender diverse, intersex and queer/questioning (LGBTIQ) people; women in or exiting prison or forensic institutions; people who work in the sex industry; people living in regional, remote and rural communities; male victim survivors; older people (aged 65 years, or 45 years for Aboriginal people; children (0–4 years of age are most at risk) and young people (12–25 years of age).

A full list of definitions is provided at the end of this guide in the **Definitions** section.

4. Who has a Role in the Service System?

Family violence risk assessment and management is a shared responsibility.

> *Broadening responsibility for addressing family violence will require each sector or component part of the system to reinforce the work of others, collaborate with and trust others, to understand the experience of family violence in all its forms.*[2]

Professionals across a broad range of services, organisations, professions and sectors have a shared responsibility for identifying, assessing and managing family violence risk, even where

[2] Royal Commission into Family Violence, 2016, Summary and Recommendations, page 7.

it may not be core business. Together, they form the family violence service system, and are formally recognised and prescribed by regulation as 'Framework organisations'. The full list of Framework organisations is available online.

Professionals who have not traditionally had a role in assessing and managing family violence risk may feel that this is beyond the scope of their role. Professionals are not expected to become 'experts' in relation family violence – but everyone has a role. This will vary based on the nature of their organisation and the type of contact they have with people experiencing family violence. The MARAM Framework and the **Practice Guides** are designed to help workforces in the service system, spanning specialist family violence services, community services, health, justice and education, to work together in responding to family violence, supporting victim survivors to be safe and recover from violence, and keeping perpetrators in view and held to account.

Given the prevalence of family violence, it is likely that most professionals and services across the community will come into contact with people experiencing family violence. Even organisations not prescribed as 'Framework organisations' can be guided by the MARAM Framework to identify how their service users can be better supported to disclose, be safe and recover from family violence. While these organisations and professionals are not required under the FVPA to align their policies, procedures, practice guidance and tools to the MARAM Framework, they are encouraged to understand the MARAM Framework, its application to their service users and incorporate relevant foundation knowledge and responsibilities into their work. They may find the MARAM Framework and the **Practice Guides** can improve their response to family violence and assist with intervening earlier and connecting service users to the family violence service system.

5. MARAM Practice Responsibilities for Professionals

Pillar 3 of the MARAM Framework provides a structure of 10 responsibilities of practice for professionals and services working in organisations and sectors across the family violence service system. Organisational leaders will support professionals and services to identify which chapters within the *Responsibilities for Practice Guide* are relevant for their role and functions.

The *Responsibilities for Practice Guide* has been developed for working directly with victim survivors. Further guidance on working directly with perpetrators will be released in 2020.

Responsibilities 1–2, 5–6 and 9–10 **apply to all relevant professionals and services** within prescribed Framework organisations. **Some professionals will also have a role in risk assessment and management** at either the intermediate (Responsibilities 3–4) or comprehensive (Responsibilities 7–8) levels.

All organisational leaders in prescribed Framework organisations are required to have an understanding of the roles and responsibilities of professionals and services within their organisation. Identifying and mapping these roles within and across the organisation will support shared understanding of the roles and responsibilities of professionals and services across the service system. This will assist professionals and services to understand how they can work together to identify, assess and manage family violence risk, through information sharing, secondary consultation and referral.

Remember
Professionals across a range of services and sectors have a role in working with victim survivors and/or perpetrators of family violence. The *Responsibilities for Practice Guide* reflects what a professional should know to work with adult and child victim survivors.

Some key professionals will also have a role in working safely with perpetrators. Guidance on how to safely work with perpetrators will be developed in 2019 and available in 2020.

Table 1: Description of each practice responsibilities

Risk assessment and management responsibilities	Expectations of Framework organisations and section 191 agencies
Responsibility 1: Respectful, sensitive and safe engagement	Ensure staff understand the nature and dynamics of family violence, facilitate an appropriate, accessible, culturally responsive environment for safe disclosure of information by service users, and to respond to disclosures sensitively. Ensure staff recognise that any engagement of service users who may be a perpetrator must occur safely and not collude or respond to coercive behaviours.
Responsibility 2: Identification of family violence	Ensure staff use information gained through engagement with service users and other providers (and in some cases, through use of screening tools to aid identification/or routine screening of all clients) to identify indicators of family violence risk and potentially affected family members. Ensure staff understand when it might be safe to ask questions of clients who may be a perpetrator, to assist with identification.
Responsibility 3: Intermediate risk assessment	Ensure staff can competently and confidently conduct intermediate risk assessment of adult and child victim survivors using Structured Professional Judgement and appropriate tools, including the Brief and Intermediate Assessment tools. Where appropriate to the role and mandate of the organisation or service, and when safe to do so, ensure staff can competently and confidently contribute to behaviour assessment through engagement with a perpetrator, including through use of the Perpetrator Behaviour Assessment, and contribute to keeping them in view and accountable for their actions and behaviours.
Responsibility 4: Intermediate risk management	Ensure staff actively address immediate risk and safety concerns relating to adult and child victim survivors, and undertake intermediate risk management, including safety planning. Those working directly with perpetrators attempt intermediate risk management when safe to do so, including safety planning.
Responsibility 5: Seek consultation for comprehensive risk assessment, risk management and referrals	Ensure staff seek internal supervision and further consult with family violence specialists to collaborate on risk assessment and risk management for adult and child victim survivors and perpetrators, and make active referrals for comprehensive specialist responses, if appropriate.

Responsibility 6: Contribute to information sharing with other services (as authorised by legislation)	Ensure staff proactively share information relevant to the assessment and management of family violence risk and respond to requests to share information from other information sharing entities under the Family Violence Information Sharing Scheme, privacy law or other legislative authorisation.
Responsibility 7: Comprehensive assessment	Ensure staff in specialist family violence positions are trained to comprehensively assess the risks, needs and protective factors for adult and children victim survivors. Ensure staff who specialise in working with perpetrators are trained and equipped to undertake comprehensive risk and needs assessment to determine seriousness of risk of the perpetrator, tailored intervention and support options, and contribute to keeping them in view and accountable for their actions and behaviours. This includes an understanding of situating their own roles and responsibilities in the broader system to enable mutually reinforcing interventions over time.
Responsibility 8: Comprehensive risk management and safety planning	Ensure staff in specialist family violence positions are trained to undertake comprehensive risk management through development, monitoring and actioning of safety plans (including ongoing risk assessment), in partnership with the adult or child victim survivor and support agencies. Ensure staff who specialise in working with perpetrators are trained to undertake comprehensive risk management through development, monitoring and actioning of risk management plans (including information sharing); monitoring across the service system (including justice systems); and actions to hold perpetrators accountable for their actions. This can be through formal and informal system accountability mechanisms that support perpetrators' personal accountability, to accept responsibility for their actions, and work at the behaviour change process.
Responsibility 9: Contribute to coordinated risk management	Ensure staff contribute to coordinated risk management, as part of integrated, multi-disciplinary and multi-agency approaches, including information sharing, referrals, action planning, coordination of responses and collaborative action acquittal.
Responsibility 10: Collaborate for ongoing risk assessment and risk management	Ensure staff are equipped to play an ongoing role in collaboratively monitoring, assessing and managing risk over time to identify changes in assessed level of risk and ensure risk management and safety plans are responsive to changed circumstances, including escalation. Ensure safety plans are enacted.

The ten MARAM responsibilities as well as guidance on how organisational leaders can support their staff to identify the roles and responsibilities of professionals and services is summarised in **Figure 2,** below.

Relevant practice frameworks already in operation will also continue to apply.

The MARAM Framework and **Practice Guides** should be interpreted to complement and build on existing practice frameworks.

Note:

Refer to **Figure 2,** right column. The *Responding to Family Violence Capability Framework* (Capability Framework) provides information on how organisations might interpret the responsibilities for sectors and workforces.

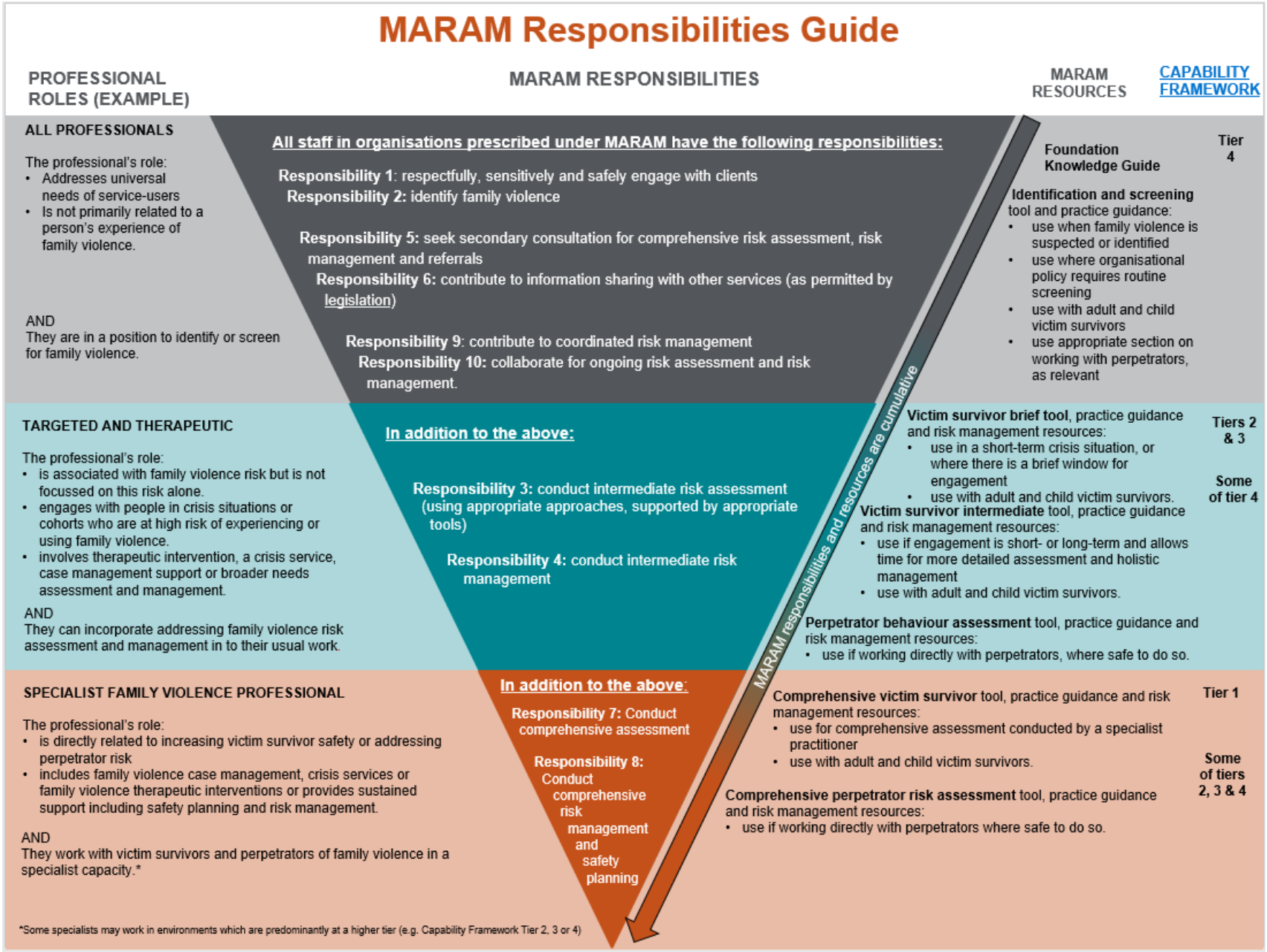
The Capability Framework articulates the foundational skill set required to respond to all of forms of family violence. It refers to four workforce tiers spanning specialist family violence services, core support services and professionals, mainstream/social support services and universal services. The Capability Framework outlines foundational knowledge and identifies five broad areas of capability to ensure effective responses to victim survivors and perpetrators of family violence. These include:

- Engaging effectively with those accessing services
- Identifying and assessing family violence risk
- Managing risk and prioritising safety
- Providing effective services
- Advocating for legislative, policy and practice reform

The Responding to Family Violence Capability Framework is a first iteration of these capabilities and is considered a *living document,* as the evidence gathering and research to gain a better understanding of family violence across diverse communities continues.

The relevant knowledge and skill indicators have been considered in the development of these **Practice Guides** for the MARAM Framework.

Figure 2: MARAM Responsibilities Decision Guide



6. How can Victim Survivors or Perpetrators Access or Interact with the Service System?

Victim survivors and perpetrators of family violence can access or interact with the family violence service system in a number of ways including:

Table 2: Entry points and services

Entry points	Description of service types[3]
Specialist family violence and sexual assault services	Including men's and women's specialist family violence services, such as crisis refuge services, and services that specialise in working with Aboriginal communities, diverse communities and older people experiencing family violence. Multi-Disciplinary Centres and sexual assault support services.
The Orange Door	Including specialist family violence services for female and child victims, child and family services, perpetrator/men's services.
Victims of Crime Helpline	Including specialist family violence for male victims.
Prescribed justice and statutory bodies	Including police, courts and correctional services, services for victims of crime, Child Protection, and legal services.*
Prescribed universal services	Including education*, social/public housing services, health services*, maternal and child health services, mental health services, drug and alcohol services, disability services*, financial counselling and community-based child and family services.
Targeted community services	Are those specialist family violence services with an expert knowledge of a particular diverse community and the responses required to address the unique needs and barriers faced by this group. Targeted services may also include community specific services, such as ethno-specific, LGBTIQ and disability services that focus on primary prevention or early intervention.

Having multiple entry points to the family violence service system means people can access the services they need and also be connected to appropriate support in relation to their experience of family violence. A broad range of sectors and organisations will serve as entry points for victim survivors and perpetrators through risk identification, assessment and risk management, as appropriate to their role and the responsibilities embedded within their internal policy arrangements. These sectors and organisations must also work with a range of other services (such as specialist family violence services) to support coordinated and collaborative responses to family violence risk, such as sharing information to support risk assessment and management through secondary consultation.

[3] Services denoted with an asterisk (*) are currently not prescribed as Framework organisations, but still have a role in identifying, assessing and managing risk.

7. About Family Violence

7.1. What is family violence?

Family violence is behaviour that controls or dominates a family member and causes them to fear for their own or another person's safety or wellbeing. It includes exposing a child to these behaviours, as well as their effects and impacts. Family violence presents across a spectrum of risk, ranging from subtle exploitation of power imbalances, through to escalating patterns of abuse over time.

As described throughout this *Foundation Knowledge Guide,* family violence is deeply gendered. While both men and women can be perpetrators or victim survivors of family violence, overwhelmingly, perpetrators are men, who largely perpetrate violence against women (who are their current or former partner) and children. However, family violence can occur in a range of ways across different relationship types and communities, including but not limited to the following:

- Children and young people as victim survivors in their own right who have unique experiences, vulnerabilities and needs
- Older peoples' experiences of family violence, often described as elder abuse, from intimate partners, adult children or carers, or extended family members
- Varying experiences of family violence for people from Aboriginal and diverse backgrounds and communities.

The FVPA provides a broad definition of family violence and 'family' or 'family-like' relationships, as outlined below. Family violence takes a variety of forms and occurs in a range of relationships, including and outside of intimate, domestic partners. The Preamble to the Act also notes a range of features of family violence and its significant effects on individuals, communities and families.

Family Violence Protection Act 2008 — Section 5 Meaning of family violence.

The FVPA defines family violence as behaviour by a person towards a family member or person that is:

- Physically or sexually abusive
- Emotionally or psychologically abusive
- Economically abusive
- Threatening
- Coercive
- In any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.

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

Examples of family violence that are referred to in the Act (section 5(2)) include:

- Assaulting or causing personal injury to a family member, or threatening to do so
- Sexually assaulting a family member or engaging in another form of sexually coercive behaviour, or threatening to engage in such behaviour
- Intentionally damaging a family member's property, or threatening to do so
- Unlawfully depriving a family member of their liberty or threatening to do so

- Causing or threatening to cause the death of, or injury to, an animal, whether or not the animal belongs to the family member to whom the behaviour is directed, so as to control, dominate or coerce the family member.

Recognised forms of family violence under the FVPA are continuously evolving as the evidence base on presentations of risk across communities is strengthened. This guide seeks to provide information on presentations of risk for individuals and families across the community and will be updated as the evidence base for practice evolves (see **Section 10**).

Family violence can occur in relationships between spouses, domestic or other current or former intimate partner relationships, in other relationships such as parent/carer-child, child-parent/carer, relationships of older people, siblings and other relatives, including between adult-adult, extended family members and in-laws, kinship networks and in family-like or carer relationships. The FVPA uses a broad definition of 'family' and 'family-like' relationships, covering:

- A person who is, or has been, the relevant person's spouse or domestic partner
- A person who is, or has had, an intimate personal relationship with the relevant person
- A person who is, or has been, a relative of the relevant person
- A child who normally or regularly resides with the relevant person or has previously resided with the relevant person on a normal or regular basis
- A child of a person who has, or has had, an intimate personal relationship with the relevant person
- Any other person whom the relevant person regards or regarded as being like a family member (for example, a carer).

Determining whether a person is a family member must consider relationships in their entirety and some guidance on how to determine this, if it is unclear, is outlined at section 8 of the FVPA.

Family violence that is a criminal offence

Family violence includes a continuum of behaviours, some of which are criminal offences. Action can be taken against perpetrators for some acts of family violence that are criminal offences in their own right, such as stalking, physical assault, sexual assault, threats, pet abuse, property damage and theft. Some risk factors that are recognised as family violence (both criminal and non-criminal behaviours, outlined below) may be the subject of a family violence intervention order. A breach of an intervention order could also result in criminal charges.

7.2. Prevalence and drivers of family violence

Family violence is a choice by a perpetrator to use behaviours for the purposes of power and control. Perpetrators of family violence use coercive tactics and violent, controlling behaviour to gain power over one or more victim survivors. **Responsibility for the use of violence rests solely with the perpetrator, and victim survivors are not to be blamed, held responsible or placed at fault.**

Some factors reinforcing violence against women and their children include current or past adversity experienced by perpetrators. However, this does not excuse violent behaviour. The use of violence is a choice and it is important that men who use violence are held accountable for their behaviour through informal and formal social and legal sanctions.

Family violence is a **deeply gendered** issue rooted in structural inequalities and an imbalance of power between women and men. The causes of family violence are complex and include

gender inequality and community attitudes towards women. Gender-based violence is violence that is specifically directed against women or that affects women disproportionately.

In Victoria, family violence is the most pervasive form of violence perpetrated against women. While both men and women can be perpetrators or victim survivors of family violence, overwhelmingly, perpetrators are men, who largely perpetrate violence against women (who are their current or former partner) and children. The majority of men who experience family violence are victim survivors of other male family members' use of violence.

The 2017 National Homicide Monitoring Program report found women are over-represented as victims of intimate partner homicide. On average, one woman each week is killed by a current or former male intimate partner, who in the overwhelming majority (92.6%) of cases was a primary perpetrator. By comparison, one man each month is killed by a current or former intimate partner, and similarly the majority of men in these cases were the primary perpetrator (60.7%).

Women are also more likely to experience sexual violence from a current or former intimate partner. Due to co-occurring structural inequalities, some women experience significantly higher levels of violence generally, including family violence. Significantly, as outlined in the MARAM Framework, Aboriginal women are 32 times more likely than other women to be hospitalised and 10 times more likely to die from violent assault. Women and girls with disabilities are twice as likely to experience violence as those without disabilities.

Children are victim survivors of family violence whether they are direct targets of the violence or not. They may be subject to direct physical, sexual, psychological or emotional violence, or to threatening, coercive and controlling behaviours by a perpetrator. Where another family member is experiencing direct violence, the child is also considered a victim survivor, even where they do not witness that violence directly. For example, the effects of a perpetrator's violence towards an adult victim survivor may also affect the child. Where family violence is occurring in a family, there may be multiple perpetrators and/or victim survivors. In 2017–18, Victoria Police attended 76,124 family incidents and children were present at 31.0% of these incidents.[4]

Aboriginal communities define family violence broadly to include a range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses. Family violence against Aboriginal people may occur in families and intimate relationships, as well as violence from people outside of the Aboriginal community who are in intimate relationships with Aboriginal people, and violence in extended families, kinship networks and community violence, or bi-lateral violence, within the Aboriginal community (often between Aboriginal families). It extends to one-on-one fighting, abuse of Aboriginal community workers as well as self-harm, injury and suicide. Family violence against Aboriginal people also needs to be understood in the context of structural inequality, barriers and past and present discrimination experienced by Aboriginal people, further outlined in **Section 10** of this guide.

People from other communities, such as LGBTIQ communities, may define family broadly and include family of origin and family of choice, which can extend to close community members. The presentations of risk in each of these family relationships may be different.

Further information about presentations of risk across communities is outlined at Section 10 of this *Foundation Knowledge Guide*, for victim survivors across age groups, Aboriginal communities, diverse communities and older people.

[4] Crime Statistics Agency, Family Violence Data Portal – Victoria Police, *Family incidents and related offences*, accessed July 2019 at https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police.

8. Evidence-based Risk Factors and the MARAM Risk Assessment Tools

There are three categories of risk factors under the MARAM Framework, comprising those that are:

- Specific to an adult victim survivor's circumstances
- Caused by perpetrator's behaviour towards an adult or child victim survivor
- Additional risk factors caused by perpetrator's behaviour specific to children, which recognises that children experience some unique risk factors, and that their risk must be assessed independently of adult victim survivors.

There is also a separate category reflecting children's circumstances that may *indicate* (not determine in isolation) that family violence is present or escalating, and should prompt assessment of children.

The risk factors reflect the current and emerging evidence-base relating to family violence risk. International evidence-based reviews[5] and consultation with academics and expert practitioners have informed the development of a range of evidence-based risk factors that signal that family violence may be occurring. Factors that are emerging as evidence-informed family violence risk factors are indicated with a hash (#). Serious risk factors — those which may indicate an increased risk of the victim being killed or almost killed — are highlighted with **bold**/orange shading.

The risk factors underpin the MARAM identification, screening and assessment under **Responsibilities 2, 3 and 7.** Identification and screening enable a professional to understand if risk is present and to identify if an immediate response is required.

Family violence risk assessment is used to understand the presentation of risk (what risk factors or 'behaviours' are being used by a perpetrator) and to determine level of risk. This is informed by analysing the presence and 'seriousness' of evidence-based risk factors via a risk assessment tool. The evidence-based risk factors have been shown to be associated with family violence occurring or are strongly linked to the likelihood of a victim being killed or seriously injured.

In addition, the *Responsibilities for Practice Guide* describe how the risk factors might be experienced across Aboriginal communities, diverse communities and for older people, children and young people. The risk assessment tools provide specific questions tailored to these communities to assist with determining if the risk factors are present. For example, for people with disabilities, the comprehensive assessment tool asks whether anyone in the person's family has used their disability against them (a manifestation of the 'controlling behaviours' risk factor for people with disabilities).

As professionals use the MARAM assessment tools and practice guides, which account for a broader range of experiences across the spectrum of seriousness and presentations of risk, new evidence will emerge. This will inform continuous improvement and practice change through future updates to the MARAM Framework and **Practice Guides**.

There are evidence-based risk factors which may indicate an increased risk of the victim being killed or almost killed. These serious risk factors are highlighted with **bold/**orange shading in **Table 3**.

[5] Evidence-based risk factors developed in international jurisdictions, and in Australia, are largely derived from reviews of coronial inquests into family violence homicides.

Table 3: Evidence-based risk factors

Risk factors relevant to an adult victim's circumstances	Explanation
Physical assault while pregnant/following new birth	Family violence often commences or intensifies during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death. Family violence during pregnancy is regarded as a significant indicator of future harm to the woman and child victim. This factor is associated with control and escalation of violence already occurring.
Self-assessed level of risk #	Victim are often good predictors of their own level of safety and risk, including as a predictor of re-assault. Professionals should be aware that some victims may communicate a feeling of safety, or minimise their level of risk, due to the perpetrator's emotional abuse tactics creating uncertainty, denial or fear, and may still be at risk.
Planning to leave or recent separation	For victims who are experiencing family violence, the high-risk periods include when a victim starts planning to leave, immediately prior to taking action, and during the initial stages of or immediately after separation. Victims who stay with the perpetrator because they are afraid to leave often accurately anticipate that leaving would increase the risk of lethal assault. Victims (adult or child) are particularly at risk during the first two months of separation.
Escalation — increase in severity and/or frequency of violence	Violence occurring more often or becoming worse is associated with increased risk of lethal outcomes for victims.
Imminence #	Certain situations can increase the risk of family violence escalating in a very short timeframe. The risk may relate to court matters, particularly family court proceedings, release from prison, relocation, or other matters outside the control of the victim which may imminently impact their level of risk.
Financial abuse/difficulties	Financial abuse (across socioeconomic groups), financial stress and gambling addiction, particularly of the perpetrator, are risk factors for family violence. Financial abuse is a relevant determinant of a victim survivor staying or leaving a relationship.
Risk factors for adult or child victim survivors caused by perpetrator behaviours	**Explanation**
Controlling behaviours	Use of controlling behaviours is strongly linked to homicide. Perpetrators who feel entitled to get their way, irrespective of the views and needs of, or impact on, others are more likely to use various forms of violence against their victim, including sexual violence. Perpetrators may express ownership over family

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

Stalking of victim	Stalkers are more likely to be violent if they have had an intimate relationship with the victim, including during, following separation and including when the victim has commenced a new relationship. Stalking when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking behaviour and obsessive thinking are highly related behaviours. Technology-facilitated abuse, including on social media, surveillance technologies and apps is a type of stalking.
Sexual assault of victim	Perpetrators who sexually assault their victim (adult or child) are also more likely to use other forms of violence against them.
Previous or current breach of court orders/intervention orders	Breaching an intervention order, or any other order with family violence protection conditions, indicates the accused is not willing to abide by the orders of a court. It also indicates a disregard for the law and authority. Such behaviour is a serious indicator of increased risk of future violence.
History of family violence #	Perpetrators with a history of family violence are more likely to continue to use violence against family members and in new relationships.
History of violent behaviour (not family violence)	Perpetrators with a history of violence are more likely to use violence against family members. This can occur even if the violence has not previously been directed towards family members. The nature of the violence may include credible threats or use of weapons and attempted or actual assaults. Perpetrators who are violent men generally engage in more frequent and more severe family violence than perpetrators who do not have a violent past. A history of criminal justice system involvement (e.g. amount of time and number of occasions in and out of prison) is linked with family violence risk.
Obsession/jealous behaviour toward victim	A perpetrator's obsessive and/or excessive behaviour when experiencing jealousy is often related to controlling behaviours founded in rigid beliefs about gender roles and ownership of victims and has been linked to violent attacks.
Unemployed / Disengaged from education	A perpetrator's unemployment is associated with an increased risk of lethal assault, and a sudden change in employment status — such as being terminated and/or retrenched — may be associated with increased risk. Disengagement from education has similar associated risks to unemployment.
Drug and/or alcohol misuse/abuse	Perpetrators with a serious problem with illicit drugs, alcohol, prescription drugs or inhalants can lead to impairment in social functioning and creates an increased risk of family violence. This includes temporary drug-induced psychosis.
Mental illness / Depression	Murder–suicide outcomes in family violence have been associated with perpetrators who have mental illness, particularly depression. Mental illness may be linked with escalation, frequency and severity of violence.

Isolation	A victim is more vulnerable if isolated from family, friends, their community (including cultural) and the wider community and other social networks. Isolation also increases the likelihood of violence and is not simply geographic. Other examples of isolation include systemic factors that limit social interaction or facilitate the perpetrator not allowing the victim to have social interaction.
Physical harm #	Physical harm is an act of family violence and is an indicator of increased risk of continued or escalation in severity of violence. The severity and frequency of physical harm against the victim, and the nature of the physical harm tactics, informs an understanding of the severity of risk the victim may be facing. Physical harm resulting in head trauma is linked to increased risk of lethality and hospitalisations, and of acquired brain injury.
Emotional abuse #	Perpetrators' use of emotional abuse can have significant impacts on the victim's physical and mental health. Emotional abuse is used as a method to control the victim and keep them from seeking assistance.
Property damage #	Property damage is a method of controlling the victim, through fear and intimidation. It can also contribute to financial abuse, when property damage results in a need to finance repairs.
Risk factors specific to children caused by perpetrator behaviours	**Explanation** (these are in addition to 'Risk factors for adult or child victims caused by perpetrator behaviours', above)
Exposure to family violence #	Children are impacted, both directly and indirectly, by family violence, including the effects of family violence on the physical environment or the control of other adult or child family members.[6] Risk of harm may be higher if the perpetrator is targeting certain children, particularly non-biological children in the family. Children's exposure to violence may also be direct, include the perpetrator's use of control and coercion over the child, or physical violence. The effects on children experiencing family violence include impacts on development, social and emotional wellbeing, and possible cumulative harm.
Sexualised behaviours towards a child by the perpetrator #	There is a strong link between family violence and sexual abuse. Perpetrators who demonstrate sexualised behaviours towards a child are also more likely to use other forms of violence against them, such as:[7] • Talking to a child in a sexually explicit way • Sending sexual messages or emails to a child • Exposing a child to sexual acts (including showing pornography to a child) • Having a child pose or perform in a sexual manner (including child sexual exploitation).

[6] This can occur where family violence by a perpetrator causes the emotional or physical absence of other adult or child family members who would normally care for that child.

[7] These examples of sexualised behaviour toward children are crimes.

	Child sexual abuse also includes circumstances where a child may be manipulated into believing they have brought the abuse on themselves, or that the abuse is an expression of love, through a process of grooming.
Child intervention in violence #	Children are more likely to be harmed by the perpetrator if they engage in protective behaviours for other family members or become physically or verbally involved in the violence. Additionally, where children use aggressive language and behaviour, this may indicate they are being exposed to or experiencing family violence.
Behaviour indicating non return of child #	Perpetrator behaviours including threatening or failing to return a child can be used to harm the child and the affected parent.[8] This risk factor includes failure to adhere to, or the undermining of agreed childcare arrangements (or threatening to do so), threatened or actual removal of children overseas, returning children late, or not responding to contact from the affected parent when children are in the perpetrator's care. This risk arises from or is linked to entitlement-based attitudes and a perpetrator's sense of ownership over children. The behaviour is used as a way to control the adult victim, but also poses a serious risk to the child's psychological, developmental and emotional wellbeing.
Undermining the child-parent relationship #	Perpetrators often engage in behaviours that cause damage to the relationship between the adult victim and their child/children. These can include tactics to undermine capacity and confidence in parenting and undermining the child-parent relationship, including manipulation of the child's perception of the adult victim. This can have long-term impacts on the psychological, developmental and emotional wellbeing of the children and it indicates the perpetrator's willingness to involve children in their abuse.
Professional and statutory intervention #	Involvement of Child Protection, counsellors, or other professionals indicates that the violence has escalated to a level where intervention is required and indicates a serious risk to a child's psychological, developmental and emotional wellbeing.

There is evidence that the following child circumstance factors may indicate the presence or escalation of family violence risk, and they should be considered as a prompt to undertake assessment or during assessment of risk for children.

Risk factors specific to children's circumstances	**Explanation**
History of professional involvement and/or statutory intervention #	A history of involvement of Child Protection, youth justice, mental health professionals, or other relevant professionals may indicate the presence of family violence risk, including that family violence

[8] This refers to behaviours where this is used as a tactic of a perpetrator for power and control, not actions of a parent/carer to keep their child/ren safe from a perpetrator.

	has escalated to the level where the child requires intervention or other service support.[9]
Change in behaviour not explained by other causes #	A change in the behaviour of a child that can't be explained by other causes, may indicate presence of family violence or an escalation of risk of harm from family violence for the child or other family members. Children may not always verbally communicate their concerns, but may change their behaviours to respond to and manage their own risk, which may include responses such as becoming hyper vigilant, aggressive, withdrawn or overly compliant.
Child is a victim of other forms of harm #	Children's exposure to family violence may occur within an environment of polyvictimisation. Child victims of family violence are also particularly vulnerable to further harm from opportunistic perpetrators outside the family such as harassment, grooming, and physical or sexual assault. Conversely, children who have experienced these other forms of harm are more susceptible to recurrent victimisation over their lifetimes, including family violence, and are more likely to suffer significant cumulative effects. Therefore, if a child is a victim of other forms of harm, this may indicate an elevated family violence risk.

9. Key Concepts for Practice

Information contained throughout the remainder of this *Foundation Knowledge Guide* will vary in language from the general 'professionals' to the specific 'you'. This information applies to all professionals and you should consider the information as addressing you when either term is used.

9.1. Risk assessment is through the practice model of Structured Professional Judgement

The practice model of Structured Professional Judgement enables professionals to assess information to determine the level or seriousness of risk. Professionals are asked to bring their experience, skills and knowledge to the risk assessment process to make an assessment.

Risk assessment relies on you or another professional ascertaining:

- a victim survivor's self-assessment of their level of risk, fear and safety
- identifying the evidence-based risk factors that are present.

You can gather information to inform this approach from a variety of sources, including:

- interviewing or 'assessing' the victim survivor directly, and/or
- requesting or sharing, as authorised under applicable legislative information sharing schemes, with other organisations about the risk factors present or other family violence risk relevant information about a victim or perpetrator's circumstances.

[9] This is where family violence is established as present through risk assessment. In some instances engagement with, for example Child Protection, has been instigated as a controlling behaviour by one party over another.

You should consider this information and apply your professional judgement to each of the elements. This is the act of you analysing and interpreting information to determine the level of risk.

Risk assessment is a point-in-time assessment of the level of risk. Risk is dynamic and can change over time, which means that risk should be regularly reviewed, and any changes should inform future assessment.

Figure 3: Model of Structured Professional Judgement

Your assessment of the level or seriousness of risk, as well as appropriate risk management approaches must be informed by an intersectional analysis lens (See **Section 9.4** and **Section 9.5**). You can also take into account relevant information about a victim survivor or perpetrator's circumstances.

Best-practice approaches to risk assessment with a victim survivor enables them to share their story with you by you believing them about:

- their experience of violence
- the relationship
- how this has impacted any children in the family (that is, understanding risk experienced by children as victim survivors in their own right, which may also be informed by direct assessment of children)
- attitudes, beliefs and behaviours of the perpetrator.

Evidence shows that adult victim survivors are often good predictors of their own level of safety and risk and that this is the most accurate assessment of their level of risk. By taking a person or victim-centred approach to risk assessment and management, listening to and believing the victim survivor you can recognise the victim survivor as experts in their own safety, with intimate knowledge of their lived experience of violence.[10]

Section 9.3 and **Section 9.4** provide further detail on a victim-centred approach and applying an intersectional lens to family violence risk assessment and risk management.

Structured Professional Judgement: what's new?

The practice model of Structured Professional Judgement in the CRAF included **victim survivor self-assessment, evidence-based risk factors and professional judgement.** The

[10] ANROWS, National Risk Assessment Principles, page 22.

MARAM Framework builds on this model and incorporates the new elements of **information sharing** and **intersectional analysis**.

9.2. Bringing together practice approaches

Understanding the profound impact violence has had on a victim survivor can be addressed through a person-centred approach. This gives a person space to describe the violence they have experienced, allowing you to sensitively identify presenting and cumulative risk and trauma. As well as understanding the individual's experience with family violence, it is also important to identify other factors in the victim survivor's life that may create barriers or increased risk.

A person-centred approach combines intersectional analysis (see **Section 9.5**) and trauma-informed practice (see **Section 9.6**) allowing you to:

- validate a victim survivors experience of violence and its ongoing impacts
- be aware of their experience of barriers and discrimination that may be co-occurring, which may also cause or exacerbate existing trauma.

You will then be able to tailor your responses to empower victim survivors to make informed choices and access services and supports they need.

Each of these practices is described below.

9.3. The importance of a person-centred approach

Your approach to engaging with victim survivors, of all ages, should be informed by the:

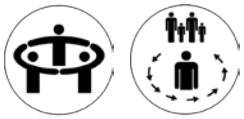
- person's experience of family violence
- impact of the violence on their daily functioning
- presence of any serious threat/risk
- person's description of their relationship with the perpetrator
- person's relationship with other family members (who might also be victim survivors), as well as other significant family relationships.

It is important to remember that victim survivors will have a variety of views regarding their own risk, safety and support needs. They may also feel ashamed or afraid to disclose their experiences. Their views may change over the course of your assessment and engagement with them. You should ensure your support and assessment aligns with the victim survivor's own assessment of their risk, safety and support needs where possible, as well as the risk and safety concerns you identify together with them.

There will be times when, as a professional, you may need to take action that does not align with a victim survivor's views and wishes regarding support and interventions. In some cases, different family members may assess their risk to be at different levels. An adult victim survivor may minimise risk where she is afraid that the perpetrator may use further violence following an intervention, or that a child may be removed from the home. Similarly, a child or young person may also hold views and wishes that cannot be respected for legal or safety reasons. In all cases it is important to be transparent, where safe, appropriate and reasonable, with both adult and child victim survivors about the decisions you make and actions you take in relation to family violence risk and safety.

Part of a person-centred approach is ensuring that adequate, transparent information is provided. For children and young people, this should be appropriate to their age and developmental stage. For all victim survivors, approaches should be responsive to a person's abilities and capacity to communicate so that they can make **informed choices and provide input into the risk assessment and management process.** This is especially important when your professional or service response goes against the views and wishes of the victim survivor. Prior to undertaking an assessment, services should provide information relating to information sharing, discussed in **Responsibility 6.**

9.4. What is intersectionality?



Intersectionality, or intersectional analysis, is a theoretical approach recognising the interconnected nature of social categorisations, identity and experience.[11] Many people's experience is shaped by multiple identities, circumstances or situations. Applying an intersectional lens means considering a person's whole, multi-layered identity and life experience, and reflecting on one's own bias to be able to respond safely and appropriately in practice. For example, if an Aboriginal person also identifies that they have a disability, professionals should respond in their risk assessment and management practice to address any associated barriers and provide a respectful, safe and tailored approach (see also **Responsibility 1**). Professionals can use supervision with managers and engagement with colleagues to reflect on and respond to bias. In this context, using intersectional analysis can inform your understanding of how forms or systems of oppression or domination can overlap and create structural inequality, barriers or discrimination for individuals or communities that can exacerbate the impacts of their experience of family violence risk.[12]

In this guide, intersectional analysis reflects an individual's age, gender identity, sexual orientation, ethnicity, cultural background, language, religion, visa status, class, socioeconomic status, ability (including physical, neurological, cognitive, sensory, intellectual or psychosocial impairment and/or disability) or geographic location. Gender and the drivers of family violence are critical to informing your understanding of intersectional analysis in the family violence practice context.

Structural inequality and discrimination create and amplify barriers and risk which continue to exacerbate systemic marginalisation, power imbalance and social inequality. An organisation's policies, practices and procedures can either address these inequalities, or contribute to them further by privileging the dominant group and reinforcing the exclusion of people outside of it.

Structural inequality, barriers and discrimination can be experienced by individuals and communities as oppression and domination resulting from the impacts of patriarchy, colonisation and dispossession, racism, ableism, ageism, homophobia and transphobia.

9.5. Family violence and applying an intersectional lens in practice

Experiences of structural inequality, barriers or discrimination can also alter the way an individual or community experiences family violence, and in many instances contribute to increased risk and amplify barriers to disclosure and service access.

This can influence how the victim survivor:

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[11] Adapted from Kimberle Crenshaw, 1989, Demarginalizing the Intersection of Race and Sex, Issue 1, Article 8, Volume 1989. In its original discourse, intersectional analysis was focussed on race and sex.

[12] Everybody Matters Inclusion and Equity Statement, 2019, State of Victoria.

- talks about and understand their experience of family violence or recognise that what they have experienced is a form of family violence
- understands their options or decisions on what services to access based on actual or perceived barriers. This may be due to past discrimination or inadequate service responses from the service system, including from institutional or statutory services
- describes and/or are differently impacted by their experience of family violence, and violence generally.

Professionals should reflect on their own bias and practice to demonstrate an understanding of how this may be experienced by Aboriginal people or people from diverse communities or at-risk age groups and, where improvements can be made, tailor their practice approach accordingly to:

- allow access to resources or services, such as support and services to respond to family violence risk
- increase the social and economic power they hold
- not expose them to higher levels of family violence. That is, the perceived negative worth of some groups also increases the probability of violence being used against them.

To address potential barriers, person-centred practice uses an intersectional lens and adopts culturally sensitive and safe practices when undertaking risk assessment and management. Professionals can also collaborate with organisations that specialise in supporting communities, to provide responsive and appropriate services (see also **Responsibilities 5 & 6**).

All family violence involves a perpetrator using coercive and controlling behaviours against one or more victim survivors. Family violence presentations and risk factors can manifest in particular ways when used against Aboriginal people, those from diverse communities and children, young people and older people. To support this, **Section 9** of this *Foundation Knowledge Guide* and across each relevant chapter of the *Responsibilities for Practice Guide* provides guidance on using intersectional analysis in practice.

Victim survivors who are Aboriginal or belong to a diverse community or at-risk age group such as children, young people and older people, may be reluctant to report or engage with professionals or services about their experience of violence. Aboriginal people may be reluctant to engage because services are not or haven't been accessible or responsive to their needs. In particular, women in communities affected by multiple barriers, structural inequalities or discrimination, or those whose experiences of violence have historically been dismissed, minimised or ignored, can experience real and perceived barriers to engagement. These experiences can also lead to trauma, affecting an individual's presentation, needs and ability to engage with services in different ways.

It is the responsibility of professionals and services to reduce and remove structural inequalities and barriers to engagement, not the responsibility of the service user. This practice guide stresses the negative impacts and experiences of barriers and discrimination to emphasise this responsibility and give guidance on tailoring responses to overcome these barriers. Professionals should also recognise the collective strengths and the social, cultural and historic contexts of Aboriginal people and people from diverse communities.

9.6. Trauma and violence-informed practice

Trauma is defined as the experience and effects of overwhelming stress which results in a reduced ability to cope or integrate ideas or emotions that are the result of

that experience.[13] Trauma arises from activation of instinctive survival response to threat.[14] Trauma can occur through everyday events outside of a person's control (loss of housing or employment), natural disasters (such as floods or bushfires), systemic violence (including institutions, war) and interpersonal violence, neglect and abuse during childhood or adulthood (such as from an intimate partner, caregiver or known person/family member).

Having a trauma-informed lens is essential when engaging in family violence risk assessment and management. Key practice considerations include the following:

- Everyone experiences some level of trauma from family violence
- Trauma affects each person differently.

Trauma and violence informed practice considers 'the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life'.[15] This includes taking an intersectional view to highlight current and historical experiences of violence so that problems are not seen as exclusively originating within the person but these aspects of their life experience are viewed as adaptations and predictable consequences of trauma and violence.[16]

Trauma and violence informed services may not be directed at treating trauma but work to ensure that the service experience will not cause further trauma, harm or distress. They can do this by ensuring they provide safe environments for disclosure and understand the effects of trauma. This must include being able to recognise 'symptoms' and problems as coping mechanisms that may have initially been protective.[17] Coping mechanisms may be resourceful and creative attempts to 'survive adversity and overwhelming circumstances'.[18] At all times, behaviour should be viewed as an adaptive response to challenging life experiences. In this context, all interactions should be respectful, empathic, non-judgmental and convey optimism.[19]

In the context of family violence, trauma can result from physical, emotional, spiritual and sexual abuse, neglect and witnessing of violence or its impacts. It can result from a one-off event, a series of or enduring events, or from intergenerational trauma resulting from the impacts of violence or abuse in a family or community. Trauma is the result of events outside of a person's control which are: unexpected; the person was unprepared; and they were unable to do anything to stop the event from happening.

It is not the event that determines if trauma will occur, rather the individual's experience of it and the meaning they make of it. This can also be shaped by an individual's developmental age and stage, their cultural or personal beliefs and/or the support available to them.[20] The

[13] Definition and section informed by Klinic Community Health, 2013, Trauma-informed, The Trauma Toolkit, Second Edition and Kezelman, C and Stavropoulos, 2018, Talking about trauma: Guide to conversations and screening for health and other service providers, Blue Knot Foundation, page 10.

[14] Adapted from Kezelman, C and Stavropoulos, 2012, The Last Frontier – Practice Guidelines for the Treatment of Complex Trauma and Trauma-Informed Care and Service Delivery, Adults Surviving Child Abuse, page 53.

[15] Varcoe, C M, Wathen, C N, Ford-Gilboe, M, Smye, V and Browne, 2016, VEGA Briefing note on trauma- and violence-informed care, VEGA Project and PreVail Research Network, Ottawa, page 1.

[16] Ibid.

[17] Kezelman, C and Stavropoulos, 2012, The Last Frontier – Practice Guidelines for the Treatment of Complex Trauma and Trauma-Informed Care and Service Delivery, Adults Surviving Child Abuse, Milsons Point.

[18] Substance Abuse and Mental Health Services Administration (SAMHSA), 2014, Concept of trauma and guidance for a trauma-informed approach, U.S. Department of Health and Human Services, Rockville, page 9.

[1919] Kezelman, C and Stavropoulos, 2018, Talking about trauma: Guide to conversations and screening for health and other service providers. Blue Knot Foundation, Milsons Point., page 79.

[20] SAMHSA, 2014, Concept of trauma and guidance for a trauma-informed approach, U.S. Department of Health and Human Services, Rockville.

impact of these events is to display power differentials which positions the individual as powerless.[21]

The impact can be felt immediately or occur later in life. The way trauma manifests for a person depends on a range of factors, such as the relationship with the perpetrator and whether they are believed and supported (family/friends or professionals). Trauma can impact an individual's relationships with parents or carers, siblings or other family members, friends, social networks and engagement in education, employment and community and can affect housing security.

Trauma can interrupt and change a child or young person's development, including brain development, and is (more) likely to have long-term effects on a person. The impact of trauma in adulthood can manifest in a range of ways and is likely to be compounded if the person experienced childhood trauma (cumulative effect). The impact of trauma on elderly people can be wide-ranging and will depend on their previous trauma experiences and current supports.

Trauma can have significant impacts on an individual's identity and can create feelings of shame and/or powerlessness, which may result in negative coping behaviours or avoidance. While different people react to trauma in varying ways, for some it can have lasting adverse effects on their functioning and mental, physical, social, emotional or spiritual wellbeing. Cumulative effects can manifest in many ways over a person's lifetime.

While the effects of trauma can subside once a person is safe (e.g. having left a violent partner), a person can also be 'triggered' by seemingly everyday events. Triggers can be responses to thought, sense activation, experience or interpersonal dynamics that trigger a person's stress responses. This can be experienced as a re-living of the original situation and the person can respond from that space. Trauma and violence survivors can be misunderstood as 'overreacting', when in their experience they are reacting to the trauma of the past. Their response can be both emotional and most likely also physiological ('flight-fight-freeze').

In the case of children and young people who have experienced trauma, the likelihood that they will present with a physiological impact as a result of their trauma is increased given the rate of development of the neurobiological system during the developmental period. A child or young person's neurobiology can become patterned to respond as if threat is imminent even when it is not.

Professionals should be aware of the signs and impacts of trauma when assessing and managing family violence risk, described in **Responsibility 1**.

9.7. Reflective practice and unconscious bias

All decisions and judgements we make are filtered through knowledge and perceptions developed through socialisation, education and learned associations between various personal attributes, identities and social categories. Biases are learned ideas, opinions or stereotypes formed throughout an individual's personal and professional life through our understanding of culture, family, attitudes, values and beliefs.

All people have these biases and professionals should recognise their own in their approach to Structured Professional Judgement. You may be conscious or unconscious of the biases you hold. Bias can occur when this experience and understanding leads to assumptions about individual people or communities based on their circumstances, personal attributes, behaviour and background including their age, gender identity, sexual orientation, ability or disability, faith, language and cultural background.

[21] Ibid.

Applying an intersectional lens also means professionals need to be self-aware and think about how their own characteristics have shaped and informed their identity, as well as the biases they may hold. Professionals should be mindful of their place in the service system's creation of structural privilege and power and how conscious or unconscious bias might affect their responses to service users.

This bias might relate to understandings and misconceptions about the prevalence and forms of family violence. For example, research has shown that there continues to be a decline in the number of Australians who understand that men are more likely than women to perpetrate domestic violence.[22]

In the context of family violence risk assessment and risk management practice, bias might cause professionals to make judgements and assumptions about a person's particular experiences of family violence, their level of risk, or create or fail to address existing barriers in their engagement with clients or their clients' engagement with other services. Examples might include the following:

- Making assumptions about the effects of a person's disability, such as assuming that a person with a disability affecting their communication has a cognitive or intellectual disability or presuming a person with disability does not have 'capacity'
- Stereotyping people from LGBTIQ communities, including by mischaracterising their experiences based on heteronormative assumptions, or not recognising forms of family violence in LGBTIQ communities and relationships due to the dominant recognition of heterosexual intimate partner violence
- Making assumptions about the experience and acceptability of family violence for people from culturally, linguistically and faith diverse communities.

You should engage in reflective practice by considering how your own cultural norms and practices might manifest as conscious and unconscious biases affecting your decisions, engagement with clients and approaches to Structured Professional Judgement. The nature of unconscious bias is that you may be unaware of its effects. This reflective practice should be supplemented through discussion of these issues in supervision, with colleagues with greater expertise in these areas, and/or through collaboration with services with experience and expertise in working with the community or group in question.

Cultural responsiveness

Cultural responsiveness requires you to be alert to your own or other professionals' potential cultural stereotyping. Cultures are continually evolving, and each person lives culture in their own way. Always invite people to help you understand what is culturally significant to them, individually and in their relationships with other family members. This includes parenting practices if children or young people are present. Secondary consultation or partnership with a bi-cultural worker can be invaluable to help you build this understanding. Strive to be curious and open to how culture might interact with other factors that impact on adults, children and young people.

9.8. Risk management

Risk management should focus on the safety of victim survivors and actions to hold perpetrators in view and accountable for their actions and behaviours. Risk management also

[22] Summary of findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS) (2017) 2.

includes actions to assist individuals to move forward and recover from the violence they have experienced. All prescribed organisations have some role in risk management matched to their responsibilities under the MARAM Framework. Risk management responses should be person or victim-centred in their development, to ensure they are holistic and respond to a victim survivors' needs and can promote stabilisation and recovery. All risk management is based on risk assessment and should respond to the level of risk being experienced, as well as to the forms of violence used.

Risk management relies on an assessment of the level of risk to inform how to manage risk and intervene, as appropriate, to lessen or prevent the risk entirely. Actions that comprise risk management often include information sharing, secondary consultation and/or referral, coordinated and collaborative practice, risk management planning of perpetrator responses and interventions, safety planning with a victim survivor and ongoing case management.

Safety planning is just one part of risk management. It typically involves a plan developed by a practitioner in partnership with the victim survivor to help manage their own safety in the short to medium term, building on what the victim survivor is already doing and what works for their circumstances. Safety planning will include building on strategies the victim survivor is already using that successfully enable them to resist control, manage the impacts of the perpetrator's behaviour, and other actions aimed at keeping themselves safe. It includes strengthening key 'protective factors' that promote safety, stabilisation and recovery such as intervention orders, housing stability and safety, health responses, support networks, financial resources and responding to wellbeing and needs. Safety planning for:

- all children and young people is considered within an adult victim survivors safety plan, with consideration to each child's risk and needs
- older children can also be undertaken with their input, where safe, appropriate and reasonable. This primarily focusses on supporting them to identify who and where they feel safe, who they can talk to and what actions they can take (such as calling police).

Practice guidance on risk management at different levels of practice (identification, intermediate and comprehensive), including safety planning, information sharing, secondary consultation and referral, coordinated and collaborative practice are described further in the *Responsibilities for Practice Guide*. This guidance also covers how to risk manage for both adults and children.

The risk management actions a professional or service should take to lessen or prevent the risk behaviours of a perpetrator will vary according to the roles and responsibilities. In addition to the above this may include:

- providing consistent information and messages that violence will not be tolerated or accepted
- not colluding with a perpetrator's deflections or victim blaming narratives
- assisting victim survivors to report family violence that is a criminal offence to police
- contributing to the monitoring of a perpetrator's use of violence.

Responsibilities for Practice Guide, **Responsibilities 4 and 8** provide further guidance about risk management in practice.

10. Presentations of Family Violence Across the Community

This section outlines particular dynamics and experiences of family violence for individuals and communities. It starts with recognition of the experience of women and women as mothers (including other carers), and children and young people, as this reflects the highest prevalence and impact of family violence. The section then provides guidance on the experience and impact of risk against Aboriginal people and communities, people from diverse communities and older people. This information is structured to describe particular experiences of risk, service access barriers and practice considerations for responding to these barriers. However, professionals should consider these separate descriptions of people who identify with each community using an intersectional analysis lens that recognises individuals will have multiple, overlapping identities affecting their experience of violence and access to services (see **Sections 9.4 and 9.5**).

Professionals should continue to reflect on and develop their own knowledge about identities, barriers and experiences of family violence across the community. However, some professionals may lack confidence or feel ill-equipped to respond. To address this and complement their own knowledge development, professionals can engage in secondary consultation and referral with organisations that specialise in working with particular community groups (See **Table 2,** and **Responsibilities 5 and 6**).

Remember

Aboriginal people are recognised as our Nation's First Peoples. Aboriginal people are described throughout this document separately from 'diverse' communities. However, both Aboriginal people and people from diverse communities each experience structural inequality, barriers and discrimination, and these are described in adjacent sections.

This section can inform understanding of the specific practice considerations relating to the MARAM Framework risk factors for people from these communities outlined in **Responsibility 7**.

When thinking about different aspects of a person's identity that might affect their experiences of family violence, access to and appropriateness of services, it is important to consider the whole person. For example, while it is important to consider particular experiences and barriers for people with disabilities **you also need to recognise this is only one aspect of their identity and other identities and experiences may affect their presentation and access to services including sexual orientation, gender identity and cultural background.**

10.1. Family violence against women

Note:

The prevalence of family violence against women and children, and against women as mothers and carers, is well established and recognised across the service system. Acknowledging this, the following section on risk to children uses gendered language to describe experiences for mothers, including damage to the mother/child bond caused by perpetrator behaviours. However, it should be noted that this guidance also applies to all forms of families and parenting.

Language in this section of 'mother/carer' refers to a parent/carer who is not using violence (not a perpetrator).

Family violence and sexual assault are the most common and pervasive forms of violence against women. Family violence is the greatest contributor to ill health and premature death in women under the age of 45 years.

Key statistics:[23]

- On average, one woman a week is murdered in Australia by her current or former partner[24]
- Aboriginal women are 32 times more likely than other woman to be hospitalised and ten times more likely to die from violence assault[25]
- Women and girls with disabilities are estimated to be twice as likely to experience violence as those without disabilities[26]

Common experiences for women include:

- constant monitoring and regulation of her everyday activities such as phone calls, social interactions and dress
- her every move measured against an unpredictable, ever-changing and unknowable 'rule book'[27]
- constant put downs by her partner about anything and everything she does
- having no control or say over the household finances
- criticism of her parenting skills
- disrespectful behaviour towards her in front of their children and others
- threats and actual physical violence against her, their children and pets
- being blamed for the violence
- surveillance using smartphones and other technology.[28]

Impacts

The impacts of family violence can include physical injuries, disability, miscarriage, sexually transmitted diseases and homicide. At times a perpetrator's violence can result in indirect health or mental health-related symptoms or impacts, such as headaches, irritable bowel syndrome and self-harming behaviour. Women who experience family violence might also experience depression, fear, anxiety, low self-esteem, social isolation, financial debt, loss of freedom, and feelings of degradation and loss of dignity.

Pre-existing disabilities and mental illnesses may be exacerbated by experiences of family violence. Women who experience family violence are also likely to have trauma responses or be diagnosed with Post-Traumatic Stress Disorder (PTSD). Symptoms include nightmares, flashbacks, emotional detachment, insomnia, avoidance of reminders ('triggers') and extreme distress when exposed to these, irritability, hyper-vigilance (watching for anger or signs of violence), memory loss, excessive startle response, clinical depression and anxiety, and loss of

[23] Information in this section is summarised from the MARAM Framework.

[24] Australian Institute of Criminology, 2017, Homicide in Australia: 2012–2013 to 2013–2014: National Homicide Monitoring Program.

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

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

[27] See for example, Stark, E, 2007, Coercive control: How men entrap women in personal life, Oxford University Press, Oxford.

[28] DVRCV & WLSV, 2013, Serious Invasions of Privacy in the Digital Era, submission to the Australian Law Reform Commission Review.

appetite. Women with family violence experiences are up to six times more likely to use substances; this 'self-medication' can be understood as a way of coping with and managing the impact of trauma.

While every woman's experience of family violence is unique, for many women experiencing family violence, over time the abuse increases in frequency, rather than being a one-off incident. Family violence often starts with an intimate partner's apparent love transforming into controlling and intimidating behaviour. Over time, the woman is often increasingly isolated from friends and family by her partner. Physical or sexual violence may not occur until the relationship is well established, or it may not occur at all. The abusive, violent, threatening and controlling behaviours create an environment of fear and constant anxiety in a place where women and children should feel safe and secure.

10.2. Violence against parents or carers (usually women)[29]

How perpetration of family violence impacts on women (and other caregivers, kin or guardians) as parents[30]

Perpetrators often use various harmful tactics to deliberately undermine, manipulate and damage the mother-child relationship. This may be based on social norms and gender stereotypes about women as primary carers who are responsible for children's health, wellbeing and development This will be affected further if the perpetrator has control over financial resources required for parenting. Professionals need to be aware of these tactics to avoid making judgements about women's parenting. The way a woman may resist the violence can also be misinterpreted by professionals and others as 'poor parenting'. Tactics perpetrators use to damage the mother-child relationship can include:

- Threatening to use the family law and child protection system to attack and undermine the mother-child bond
- Creating an environment of instability and harsh discipline in the home
- Conditioning children to misinterpret their use of coercive and controlling tactics and its impact on the family in a way that leads children to blame their mother, minimise the abuse and distance themselves from her. This is sometimes referred to as 'maternal alienation'
- Actively belittling women in front of their children, through emotional abuse, name-calling, intimidation and humiliation (such as expressing sexual jealousy)
- Isolating women from their friends and family and preventing them from accessing services to support their parenting.

These perpetrator tactics have significant emotional, social, health and financial impacts on women and their mothering, causing women to lose confidence in their parenting; and affecting their ability to be as engaged with their children as they want to be. The experience of family violence is exhausting, distressing and isolating. As a result, women may be less attuned to their child/ren's needs due to the impact of family violence. The perpetrator's tactics of coercion and control may impact a woman's ability to parent in a number of ways.

Several studies have found that women experiencing family violence have a reduced sense of control over their parenting. This is often made worse because of their partner's control of financial and material resources, leaving women with few resources to look after their children, such as paying for nutritious food or school excursions.

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[29] Adapted from Central and Eastern Sydney Primary Health Network, 2019, *The impact of domestic violence on mother child relationships*.

[30] Ibid.

In this environment, the woman may find it difficult to be an available, energetic, patient parent, to focus attention on her child/ren's needs, and to keep track of all the various tasks that parenting requires. Also, if a woman's parenting is being heavily criticised by her partner, she may lose confidence and develop an indecisive parenting style. She may also overcompensate for the perpetrator's abusive or controlling behaviour towards children by not creating or maintaining healthy boundaries for them. The constant stress and pressure experienced by women who are struggling to care for and protect their children whilst being targets of violence may manifest as depression, anxiety or substance abuse, which can further affect their parenting and relationships with their children.

Children experiencing family violence may also display behavioural issues and have complex emotional needs which present further parenting challenges, and sometimes result in further criticism of her parenting by the perpetrator, professionals or others. Identifying and responding to situations where these behaviours present as adolescent family violence is described in the *Responsibilities for Practice Guide*.

Practice considerations for responding to women experiencing family violence include, but are not limited to the following:

Increased risk of harm

- The perpetrator's violence often escalates when the woman is planning to leave or actually leaves, with an increased risk of assault, stalking and murder for both women and their children
- Many family violence homicides occur during the separation period.

Decreased availability to children

- The perpetrator is jealous of her time/attention given to her children
- The perpetrator interrupts breast-feeding, meal-time, story-time, sleeping routines
- The perpetrator actively draws her attention to him when her attention is being given to the children
- The perpetrator expects her to do all the care of children and household tasks without assistance from him.

Financial pressures

- The perpetrator withholds money and other resources
- Loans and other debts or credit contracts may be taken out in her name
- She may have to leave her job if she needs to be relocated for safety
- Impacts on children because of lack of material resources to support them.

Conflicting concerns and priorities

- Not wanting to disrupt her children's lives, education, and links to family and community
- Believing it's in her children's best interests to be close to their father
- Believing she is protecting her children from the violence by 'hiding' it from them
- Continuing to care for her partner and hoping he will change (Many women don't want to leave the relationship. They just want the violence to stop)
- For some Aboriginal women, the fear of risking their connections to extended kinship and family networks and to land or country
- For some women with disabilities, reliance on, or the fear of losing a family member from whom they receive disability support
- For some immigrant and refugee women, the fear of losing their visa status/residency entitlements

- Wanting to avoid the stigma associated with being a single parent.

Social isolation and its effects

- The perpetrator prevents her from leaving the house, engaging socially or with family, or accessing support to parent
- Feelings of shame and guilt about the violence and its impacts on her children, or believing it is her fault
- Fear of being isolated or ostracised by her community or culture
- Fear of being judged by others, particularly about her parenting
- Difficulty making decisions because she has been cut off from friends and family, is exhausted, and/or lacks confidence in her own judgement.

Barriers to accessing the system include:

- The perpetrator attends all appointments with her or does not allow her to access services
- Women experiencing family violence may not know there are support services that can help them
- Women may not know about the kinds of support available to them; they may feel that services won't be able to help with their situation
- Women may be concerned that services or professionals will judge their parenting negatively
- Women may not have access to money and may not know where financial support is available
- A lack of safe, accessible and affordable housing means women may have limited options, or may not be aware of their available options.

10.3. Family violence against children and young people

Children are to be recognised as victim survivors of family violence in their own right, whether they are directly targeted by a perpetrator, or being exposed to or witnessing violence or its impacts on other family members. Exposure to family violence is known to be a significant risk factor that impedes the development, safety and wellbeing (including education) of children and young people.

Children and young people do not have to be physically present during violence to be negatively affected by it, or to be considered victim survivors. Exposure to violence can include:

- Hearing violence
- Being aware of violence or its impacts
- Being used or blamed as a trigger for family violence
- Seeing or experiencing the consequences of family violence, including impacts on availability of the primary caregiver and on the parent-child relationship.

Essentially, where a child is part of a family in which family violence is occurring, they must be considered a victim survivor of that violence in their own right, even if they are physically removed from the situation (such as staying with friends or another family member e.g. grandparent).

It is important to note that children have historically not been understood as victim survivors in their own right, and their specific wellbeing and safety needs have not been adequately identified or addressed. For example, a disciplinary approach may be taken by professionals to children or young people displaying challenging behaviours, without considering that this behaviour may be the result of exposure to family violence or other abuse. Infants are

especially vulnerable due to their reliance on adult caregivers, yet they are least likely to receive a service response. This has had an impact on the level of evidence and data on outcomes for children being well understood and therefore limitations on specific practice responses being developed.

Siblings are likely to be differentially affected by the experience of family violence. Therefore, it is important to understand the different developmental impacts of family violence across the life span. For example, a toddler may not be able to speak about their experience of family violence, but may, for example, display cognitive or behavioural changes or issues. Guidance on observable signs of trauma that may indicate family violence are outlined further in **Responsibility 2**. They are also likely to have different risks and needs to an older child or young person, given their stage of cognitive, social and emotional development.

In the MARAM Framework, 'unborn children' refers to those in-utero during pregnancy, 'children' are considered to be those under the age of 18, and 'young people' specifically refers to older children, typically adolescents and pre-adolescents 10 years of age and older. Because children and young people are dependent on adults, and as they are still developing physically, cognitively, emotionally and socially, they are especially vulnerable to the long-term impacts of family violence.

While this section specifically refers to people below the age of 18, the characteristics, impacts and barriers discussed in this section may apply to other age groups. For example, the term 'young person' is commonly used to refer to people aged up to 21, or sometimes 25, noting that many young people over 18 years of age remain in the care of their parents and are not living independently, and that brain development continues at least up until age 25.

There is now a strong evidence base that shows:

- The effects of physical and emotional violence and abuse experienced by women during pregnancy can impact the unborn child and their brain development at a very early stage
- Negative experiences in the first three years of life have long-lasting effects on brain development, especially where a child's primary attachments (i.e. their relationships with their primary caregivers, usually parents) are undermined or compromised
- Because early childhood attachment, safety and wellbeing provide the foundation for physical, social and emotional development, learning, behaviour and health through school years and into adult life, trauma during this period can have significant lifelong effects; for example, later in life, they are more likely to abuse substances, be involved in crime, lack skills in maintaining respectful relationships with others including partners, and have poor parenting practices
- Multiple negative and traumatic experiences can have a compounding effect where the impact of each trauma is multiplied, which is sometimes referred to as 'cumulative harm'
- Young people who experience family violence (or other forms of abuse) have a higher risk of either experiencing further violence in their future relationships, or perpetrating violence themselves.

The impact of perpetrator behaviour and family violence on children's familial relationships

The attachment of children and young people to caregivers is key to their development, safety and wellbeing, and can be significantly impaired by family violence.

The relationship between a caregiver who is a victim survivor and their child is often affected by the perpetrator's pattern of coercive and controlling behaviour. For example:

- Children might feel unable to trust that their mother will protect them, particularly as perpetrators often undermine her parenting or manipulate the children's perception of their mother. This may be compounded if the impact of the violence on children has not yet been acknowledged
- Women may believe they are protecting their children from violence by 'hiding' it from them. Conversely, older children and young people may also try to hide these impacts from their mother seeking to protect her from further distress
- Professionals may interpret children's behaviour as 'difficult' or 'defiant' without realising that children and young people are experiencing significant psychological, emotional and behavioural consequences of family violence, including anger, fear, trauma, sadness, shame, guilt, confusion, helplessness and despair. Additionally, older children and young people may withhold information from professionals because of a sense of shame or guilt
- Children and young people may also feel a sense of loyalty towards the perpetrator, especially when the perpetrator is their father, which can create significant stress and tension for them. Sometimes perpetrators can appear caring and loving to their children, whilst manipulating the children's attitudes towards their mother, or may be alternately loving and abusive to the children.

As children and young people's emotional maturity is still emerging, they may be less equipped to understand and cope with the complexity of a situation where one parent is using violence against another (or against the child themselves); this poor modelling can impact on their understanding of healthy and unhealthy relationships. This can contribute to an inter-generational cycle of violence, with children and young people who have experienced abuse or violence at higher risk of experiencing victimisation (women) and perpetration (men) in their own intimate relationships.[31]

Trauma-informed approaches to children experiencing family violence

Where young people have experienced family violence, abuse and/or neglect, it is important to use a trauma-informed approach that is appropriate to their age and developmental stage. This means considering how past experiences may affect their behaviour and wellbeing, and what kind of support is required to assist them effectively. Indicators of trauma for children and young people are outlined in **Responsibility 2, Attachment 1**.

Young people who use violence in the home or with an intimate partner must be provided with responses that prioritise the safety of victim survivors and ensure the young person takes responsibility for their harmful behaviours, while providing developmentally appropriate wellbeing supports to that young person. Young people using violence may also be victim survivors at the same time.

Family violence is a key cause of stress in children and young people and can significantly disrupt healthy brain and personality development. Recent evidence indicates that ongoing exposure to traumatic events as a child, such as witnessing or being the victim of family violence, results in chronic over-activity of the body's stress response and changes to the brain's architecture. This can lead to behaviours such as hypervigilance and hyperactivity and impacts on children throughout their lives. In serious cases, this can lead to deficits in learning, behaviour, and physical and mental health and wellbeing.

[31] Australian Institute of Family Studies, 2015, Children's exposure to domestic and family violence: Key issues and responses, CFCA Paper No. 36. See 'Intergenerational transmission of violence'

Barriers to access:

- Children and young people are often not seen to be victim survivors in their own right, instead being considered primarily or solely through their relationship to an adult victim survivor, leading to inappropriate or inadequate responses
- Children and young people are often not directly engaged by services, due to professionals lacking confidence, or holding a view that children's safety and wellbeing is not directly their responsibility (e.g. the responsibility of the parents, or another service such as Child Protection)
- Responses to children and young people may not be developed to respond to their specific and potentially ongoing therapeutic needs, which arise in the aftermath of family violence
- Children and young people may continue to experience significant impacts of family violence after the violence has ended, because they often must continue to navigate a relationship with the perpetrating parent in shared custody arrangements
- Often the parents' contact with their children — or the child's expressed wishes to see their father, for example — are prioritised by families and courts over the safety of the child, even where there are intervention orders in place. This decision may be based on an assumption that continued contact with their father is beneficial for the child[32]
- Those under the age of 18 years face particular difficulties in accessing services in their own right and are more or less reliant upon an adult parent or guardian's decision-making
- Children and young people may legally have their will and preference overruled by adult consent, even where their response to the family violence differs
- Children and young people have limited means for addressing their exposure to violence or expressing that they are experiencing violence. This is compounded as they may not fully recognise perpetrator behaviours as being 'family violence', especially if this behaviour has been normalised for them
- Perpetrators may actively prevent children or young people from accessing services (or prevent their mother from taking them) or threaten or coerce them into not disclosing to professionals.

Practice considerations for responding to children and young people experiencing family violence include but are not limited to the following:

- Children and young people must be considered as victim survivors in their own right, with their own experiences of family violence, including specific threats, risks, protective factors, and risk management approaches. All interventions must be considered for their impacts on *each and every* victim survivor, including children and young people
- Responses to children and young people should take into account their age and developmental stage, as risk is likely to present quite differently depending on the age and maturity of the child
- Where it is safe, appropriate and reasonable, a child or young person should be directly engaged with to ascertain their assessment of their risk, their identification of risk factors, and their consideration of risk management strategies
- Where it is not safe, appropriate and reasonable to engage directly with a child or young person, services should seek to collaborate with the parent who is not using violence or other professionals who interact with that child (e.g., schools) to ensure accurate and detailed information about the child or young person's experience is collected and assessed

[32] The *Family Law Act 1975* focuses on the rights of children and the responsibilities that each parent has towards their children, rather than on parental rights. The Act aims to ensure that children can enjoy a meaningful relationship with each of their parents, and are protected from harm.

- The child or young person's relationships with other family members must be a core consideration of their risk assessment and management plan. This should include prioritising their safety in the context of any relationship with the perpetrator, and promoting and supporting positive relationships with other family members, particularly the parent who is a victim survivor.

The wellbeing and safety needs of all children should be considered as a core element of any response to family violence, and services should collaborate with each other as appropriate to address these needs.

10.4. Family violence against Aboriginal people and communities

Aboriginal definitions of the nature and forms of family violence are broader than those used in the mainstream (See **Section 7.2,** above).

Family violence contributes to overall levels of violence reported by Aboriginal people and the trauma experienced within families and across family and community networks. Family violence is perpetrated against Aboriginal women by both non-Aboriginal men and Aboriginal people at significantly higher levels than that experienced by non-Aboriginal women. Aboriginal women are 32 times more likely than other women to be hospitalised and 10 times more likely to die from violent assault.[33] Aboriginal men can also experience family violence. Higher prevalence of family violence against Aboriginal people, particularly Aboriginal woman, is due to a number of factors, many of which relate to the generational impact of colonisation, invasion and dispossession on Aboriginal culture and communities.

There are many barriers to seeking help for Aboriginal people experiencing family violence. This can include past and recent experiences of racism, judgement or lack of cultural competency from services. Professionals should consider and apply the principles outlined in this guide and **Responsibility 1** to assist with overcoming these barriers.

When working with Aboriginal people and communities, it is also important to recognise the impact of current and historical child removal policies including family separation, and disconnection from culture and country, including the ongoing impact of institutionalised abuse and neglect suffered by many removed children that continues to impact on Aboriginal people, families and communities.

The meaning of this in the context of risk and impact to the person experiencing family violence will need to be considered for risk assessment and risk management.

Practice considerations for responding to violence being used against Aboriginal people include the following:

- Professionals should use a strengths-based approach that values the strengths of Aboriginal individuals and the collective strengths of Aboriginal knowledge, systems and expertise — and refer to and apply the principles from *Dhelk Dja: Safe Our Way — Strong People, Strong Peoples, Strong Families*, the Aboriginal-led Victorian agreement for addressing family violence
- Professionals should be aware that either the person using family violence or the person experiencing family violence may not be Aboriginal. The majority of family violence against Aboriginal adults and children is perpetrated by non-Aboriginal family members
- Family violence against Aboriginal people can include perpetrators denying or disconnecting victim survivors from cultural identity and connection to family, community

[33] Australian Institute of Health and Welfare, domestic and sexual violence in Australia, 2018, p ix.

and culture, including denial of traditional owner rights. Isolation from community and culture are significant concerns and are highly impactful for Aboriginal people

- Aboriginal people may be reluctant to seek help that involves leaving their families and communities, given previous policies of dispossession and removal, including the Stolen Generations, and current high rates of child removal
- Aboriginal children are overrepresented in Child Protection matters, particularly in the context of family violence. Professionals should support parents/carers seeking assistance and acknowledge and respond to fears about Child Protection and the possibility of child/ren being removed from their care
- Aboriginal people may be concerned that seeking help will create conflict in the community. For example, given the high rates of Aboriginal deaths in custody, some community members may negatively view a victim survivor's engagement with the police and justice system. When assessing risk to Aboriginal people, you should keep in mind the context of violence and potential repercussions from other Aboriginal family members if action is taken
- Professionals should support both Aboriginal adults and children's cultural safety when undertaking family violence risk assessment and management. This means recognising inherent rights to family, community, cultural practices and identity, including when working with Aboriginal children with non-Aboriginal parents and family members. **Responsibility 1** provides further guidance on cultural safety
- Many Aboriginal people may prefer to use Aboriginal services. It is important to provide choice and service options for Aboriginal people experiencing family violence. If a family member is Aboriginal, whether they are a victim survivor or another family member, professionals can offer to connect with Aboriginal community-controlled organisations for family violence support (See also **Responsibilities 4 and 5**).

10.5. Family violence against older people (elder abuse)

Elder abuse is a form of family violence. In the Victorian family violence context this is defined as any act occurring within any family or family-like (including unpaid carer) relationship where there is an implication of trust, which results in harm to an older person.[34]

Some forms of abuse are criminal acts, for example, physical and sexual abuse. An adult child that misappropriates their parent's finances may have committed a crime such as theft if they have not sought permission to take the funds and have no intention of returning them.

Elder abuse may be the continued experience of family violence from intimate partners which may have commenced more recently or escalated, or may have occurred over a number of years. For older people experiencing intimate partner violence, the perpetrator profile is the same as if it were experienced by a younger person.

Some forms of elder abuse can have a different perpetrator profile. Older people can also experience forms of elder abuse from other family members, such as intergenerational abuse (for example, from a child or children to parents). In this context, the perpetrator profile can differ with more men experiencing abuse than in other contexts. However, women remain over-represented as victim survivors of elder abuse generally. Further, women are more likely to be perpetrators in situations of intergenerational abuse than in other contexts.

[34] Elder abuse that is not within the definition of family violence may also include social abuse or neglect, or abuse that is experienced in service or institutional settings, such as professional misconduct by paid carers. These forms may relate to behavior that is centred around ignorance or negligence, such as carer stress.

In addition to gender, the drivers of elder abuse can also include ageism. When not perpetrated by an intimate partner or carer of the person experiencing family violence, elder abuse is most commonly perpetrated by adult children. It commonly manifests as financial abuse from adult children or other family members arising from ageist attitudes of entitlement to a parent or relative's assets.[35]

Older people are recognised as an at-risk age group as they may also be in a period of transition from independence to dependence and can experience additional vulnerabilities and discrimination. This includes:

- Declining mental or physical health
- Becoming marginalised and devalued due to ageism
- Social and community connections diminishing over time, leading to isolation which increases susceptibility to mistreatment and abuse
- Loss of economic power and access to information, services and resources
- Poor or limited housing options.

Some older people are dependent on the person using family violence, for example, because they are their primary carer. However, dependence is not a defining characteristic of family violence. The older person might not be dependent and might even be supporting the person using family violence. For example, adult children with a history of or current family violence may return home and perpetrate violence against their parents. They may be receiving support from their parents in relation to misuse of alcohol and drugs, gambling and/or criminal activity. Older people may feel obligated to support their children in these situations.

Older people sometimes want to protect their family relationships and will put the needs of other family members before their own. They may be more likely to seek alternatives to legal pathways when reaching out for assistance as they simply want the perpetrator's behaviour to stop and to avoid any further consequences for the perpetrator in the hope of preserving the relationship or reducing further abuse.

How older people are considered within family and community relationships can be deeply bound to culture and faith, so understanding of violence against older people must be informed by recognition and an understanding of their family structure, cultural or faith background. If you do not feel adequately informed about their cultural or faith background, it is important to work collaboratively with a service that has expertise in this area (see also **Responsibilities 5 and 6**).

Violence against older Aboriginal people must be informed by an understanding of the context of Aboriginal family violence, and in particular, the many layered experiences, roles and relationships of Aboriginal families and communities. You can work collaboratively with other services with expertise in this area to improve your understanding and response if needed.

Specific practice considerations relating to all MARAM Framework risk factors for older people are outlined in **Responsibility 7**.

Practice considerations for responding to older people experiencing family violence (elder abuse) include, but are not limited to the following:

- Cognitive issues and impairments may affect some older people's capability to engage with services including self-assessed levels of risk

[35] Bagshaw D et al, 2013, Financial Abuse of Older People by Family Members: Views and Experiences of Older Australians and their Family Members, Australian Social Work 66 (1): 123-133 and Association for Conflict Resolution, 2015, Elder Mediation and the Financial Abuse of Older People by a Family Member, Conflict Resolution Quarterly.

- Key principles and obligations under the *Medical Treatment Planning and Decisions Act 2006* (Vic) and *Guardianship and Administration Act 1986* (Vic) should guide response to older people with a disability or whose cognitive capacity is affected. Key principles include:
  - That a person should be presumed to have capacity unless there is evidence to suggest otherwise
  - Capacity can fluctuate — a person may have decision-making capacity for some decisions and not others and this may be temporary or permanent
  - A person has decision-making capacity if appropriate supports and adjustments can overcome any capacity issues
  - Professionals should not make assumptions based on the person's appearance or the perceived merits of decisions they make.[36]
- Ensure appropriate supports and adjustments are provided for older people with disabilities or whose cognition is affected to address any issues with capacity.[37] This may include communication supports (e.g. speech pathologists), formal or informal advocacy, and different communication strategies (written, Easy English, and verbal reiteration)
- Be careful not to assume someone is incompetent or has dementia based on how they present when they may be experiencing trauma, such as grief
- Be aware of ageism from services and your own potential for unconscious bias and ageism. This can include not recognising their experience as family violence or undermining the person's agency, such as by not engaging with them directly but instead engaging and potentially colluding with adult children who might be perpetrators
- There are few specialist services working with older people experiencing family violence and universal services might not be aware of relevant services and how to connect clients to them. Professionals can connect and collaborate with different services in relation to issues arising from family violence, such as financial services and support relating to financial abuse.

10.6. Family violence against people from culturally, linguistically and faith diverse communities

There are some commonly experienced risk factors for people from culturally and linguistically diverse and faith communities. This can include:

- Threats relating to immigration, visa status and sponsorship as forms of isolation, controlling behaviours and dependence on the perpetrator. A person's culture and immigration status might also affect their experiences of family violence and willingness to disclose the violence
- Experience of strong support from familial networks in relation to family violence or, alternatively, social isolation from community and culture for choosing to address it
- Service access barriers relating to a lack of services understanding the complexities of family violence for particular communities and faiths
- Victim survivors sympathising with perpetrators because of difficulties they're facing, such as experiences of racism.

People from culturally, linguistically and faith diverse communities can experience systemic barriers to seeking support including those relating to the following:

[36] *Medical Treatment Planning and Decisions Act 2016* (Vic), s 2–4.

[37] Service providers have obligations to provide reasonable adjustments for people with disabilities under the *Equal Opportunity Act 2010* (Vic).

- Speaking no or limited English or having limited access to interpreters (which may be more pronounced in rural and regional areas)
- Limited access to information about family violence and support services, particularly in their preferred language
- Limited information about Australian laws and services
- Reservations about engaging with authorities or services due to past experiences or current fears and misconceptions. You can address these fears by providing support to understand why questions are being asked about their personal life and about their children's safety, stability and development. You should spend time explaining how the system works in ways that are relevant to the person
- Lack of cultural awareness and safety from service providers.

Practice considerations for responding to people experiencing family violence from diverse cultural, linguistic or faith backgrounds, including people from migrant or refugee backgrounds include, but are not limited to:

- Considering the cultural context for the person or family and how this may or may not impact their experience of family violence. For example, the person may:
  - Face cultural stigma, taboos and social and community pressures
  - Be isolated from social or family networks as a result of family violence, particularly where they are newly arrived migrants, and may be dependent on partners or family members for financial support and transport
  - Have cultural or faith-based beliefs that discourage separation or divorce
  - Believe parenting norms and hold practices are influenced by many factors, including culture and faith-based beliefs.
- Considering the effects of recent experiences of racism and discrimination in Australia (this extends to their children and other family members)
- Considering experiences of significant trauma prior to migrating to Australia, particularly where they are from refugee or asylum seeker backgrounds
- Being aware of how visa or immigration status can impact on access to services. For example, they may be living in Australia on a temporary or provisional visa and fear the implications of visas being cancelled if family violence is disclosed. This fear can also extend to access to their children, where their children are Australian citizens, or where the perpetrator makes threats to take the children overseas. They may also fear facing punishment or being killed if they return to their country of origin. Perpetrators may exploit these fears
- Being aware of fears about engaging the legal system or police. This might be due to lack of trust based on experience in their country of origin (if applicable), or because they have experienced or heard about others in their community experiencing racism from Australian police or legal systems. Some may also have particular fears and misconceptions about engaging with legal systems in Australia relating to residency and citizenship status.

10.7. Family violence against lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) communities

The majority of experiences of family violence among LGBTIQ communities mirror those within heterosexual and cisgendered relationships. The impact of biphobia, homophobia, transphobia, heterosexism and heteronormativity on the experience and response to intimate

partner violence in LGBTIQ relationships is pronounced.[38] Heteronormativity is the internalisation of heterosexism at the individual, cultural and institutional level, as well as expectations about gender and sexuality, and their presentation in LGBTIQ relationships.

These forms of discrimination can also be used by LGBTIQ people to exercise power and control in their relationships. Additionally, some LGBTIQ people may not recognise their experience as family violence. This is because it is primarily recognised across the community as experienced by cisgendered women and children from cisgendered men and their experiences fall outside of this traditionally recognised power dynamic.

A 2018 Our Watch literature review found that:[39]

- Rates of intimate partner violence (IPV) against LGBTIQ people are as high as the rates experienced by cisgendered women in intimate heterosexual relationships. However, rates of IPV may be higher for bisexual, transgender and gender diverse people
- Lesbians are more likely than gay men to report having been in an abusive relationship
- It is unknown how rates of IPV and/or family violence against people with intersex variations compare due to a lack of research.

Violence from other family members may also be higher. Some examples are:

- Young people subject to homo/bi/transphobia being kicked out of the home after coming out about their sexuality or gender identity
- Gender diverse LGBTIQ people who rely on others for care and support because of age or disability having their means of gender affirmation denied, such as through the withholding of hormones by their children
- Older, dependent transgender people being denied access to hormone treatment by their children.

Practice considerations for responding to LGBTIQ people experiencing family violence include, but are not limited to the following:

- Recognising how the dominant understanding of family violence as only involving heterosexual cisgendered male perpetrators and their cisgendered female partners contributes to low levels of identification and reporting, and is a key factor in the 'invisibility' of family violence against LGBTIQ people
- Fear of isolation or losing community support or connections by reporting family violence, particularly as LGBTIQ people may have less support from their family of origin
- Social pressure not to identify violence or abuse within LGBTIQ relationships for fear it may fuel homo/bi/transphobia — particularly following the high levels of homo/bi/transphobia against LGBTI people during the 2017 Marriage Equality debate
- Current and historical discriminatory laws against people on the basis of sex, sexuality and gender identity (among other attributes), such as where it conflicts with religious beliefs, contributing to fears of discrimination from services
- Distrust of the service system due to previous experiences of historical institutional or interpersonal abuse, discrimination or uneducated responses, which may be particularly pronounced for older LGBTIQ people. This can lead to:
  - Avoiding services or only seeking them out during times of crisis
  - Not reporting violence to police

[38] Australian Institute of Family Studies, 2015, I*ntimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities*, CFCA Practitioner Resource, pages 3–4.

[39]OurWatch, 2017, *Primary prevention of family violence against people from LGBTI communities: an analysis of existing research*, page 49.

  - Preferring to access LGBTIQ services rather than mainstream services
  - Seeking support through the community rather than the service system
  - Fear of revealing sexual orientation, intersex status, sex or gender identity to a service, leading to inappropriate responses.
- Poor levels of understanding by mainstream service providers of key issues including common patterns of violence against LGBTIQ people, and how to respond/refer. Examples of **myths** include:
  - That the more masculine partner is the more violent
  - That women can't be violent
  - That biological parents have a more significant connection with children. This can lead to risk being underestimated, violence minimised and/or the victim not being believed or responded to.
- The lack of LGBTIQ-specific or inclusive/informed family violence services, particularly for young people and people in rural and regional areas. W/Respect integrated LGBTIQ family violence service, operating since July 2017, is the only specialist LGBTIQ FV service in Victoria
- The lack of crisis services for male, transgender and non-binary victim survivors (particularly crisis accommodation), and programs for female and non-binary perpetrators
- A limited understanding of homo/bi/transphobia from family of origin as being recognised as family violence.

10.8. Family violence against people with disabilities

There are more than one million people with a disability living in Victoria.[40] This includes a wide range of disabilities that can affect how people access and participate in services, family and community in different ways. Disabilities can be cognitive, physical, sensory, acquired brain injury or neurological, or related to mental illness. Further information about the relationship between family violence and acquired brain injury is at **Section 10.9.** Detail about family violence and mental illness is at **Section 10.10.**

Family violence is also the leading cause of death, disability and ill-health in women aged 18–44.[41] People of all genders with disabilities are also at higher risk of experiencing family violence. The intersection of gender and disability increases the risk of violence against women and girls with disabilities.[42] International and Australian evidence shows that women with a disability experience violence more intensely and frequently than other women.[43] The Victorian Royal Commission into Family Violence also acknowledged women with disabilities experience all forms of violence at higher rates than women without disabilities.

People with disabilities are also impacted by current and historical practices of institutionalisation, which should be considered in the context of any trauma impacts from this and barriers to future services engagement.

Responding to marginalisation and discrimination can be supported through professionals being guided by a social model of disability, which recognises that disability is not just a

[40] State of Victoria, Absolutely Everyone — State disability plan 2017–2020, page 9.

[41] ANROWS, 2016, A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women, Compass 7, page 3.

[42] Women with disabilities Victoria, 2014, Position Statement: Violence Against women with disabilities.

[43] Hobart: Women with Disabilities Australia, 2013, Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia, Background Paper, page 27.

person's condition but the result of disabling social structures, attitudes and environments.[44] Professionals should have a general awareness of different types of disability and ask individuals with a disability about any support requirements or adjustments they need.[45]

People with disabilities may face a number of barriers affecting their ability to seek support including:

- lack of economic resources and/or sufficient income
- lack of support options (or lack of awareness regarding support options)
- lack of access to refuges and other suitable long-term housing alternatives
- lack of access to interpreters, communication devices, assistance to communicate and information in an appropriate format
- bias of professionals in their recognition or engagement with people with disabilities.

Specific barriers to receiving appropriate and effective services include those relating to services lacking knowledge and confidence in working with people with disabilities, and professionals believing they are ill-equipped to respond. Professionals can address this by working in a proactive and collaborative way, including through secondary consultation and referral with organisations specialising in working with people with disabilities (see also **Responsibilities 5 and 6**).

People with disabilities experience barriers that arise from the particular dynamics and forms of family violence, which amongst other things can affect a willingness to disclose family violence, these can include:

- people with disabilities may be reluctant to report the violence because the perpetrator may be controlling or isolating them through their assistance with essential activities, such as personal care, communication, mobility, parenting, or transport
- perpetrators might use particular tactics towards victim survivors with a disability to exploit and exacerbate general fears relating to experiences of discrimination in the community. This might include threatening victim survivors with being sent to institutions or support services as a way of undermining both the victim survivor and their relationships with children
- some people with disabilities may normalise the experience of being controlled and abused, especially if this has been accepted by service providers. For example, where a carer is asked or encouraged to 'speak for' the person with the disability
- People with disabilities can experience social isolation stemming from the marginalised position of people with disability in society
- Professionals should be aware of issues relating to failure to address family violence perpetrated in a community residential or other care settings (e.g., where a resident uses violence against another, or a long-standing carer in a 'family-like' relationship uses violence against a person with disability).
- People with disabilities can be the subject of negative stereotypes or discrimination, which can mean people are not believed when they report violence and tailoring your approach to reassure the person against these assumptions and stereotypes. These stereotypes can impact:
  - Perceptions of their capability as parents
  - Perceptions of the likelihood of the person lying or misunderstanding situations as violent

[44] Women with disabilities Victoria, 2014, Position Statement: Violence Against women with disabilities.

[45] Service providers have obligations to provide reasonable adjustments for people with disabilities under the *Equal Opportunity Act 2010* (Vic).

- Perceptions of their capacity to provide evidence, including competent testimony in court
- Removal of children from parents with disabilities, which occurs at a much higher rate than for parents without disabilities.[46]

For example:

- Women with disabilities are often undermined about their parenting skills and abilities as a common tactic used by perpetrators, which can be reinforced through conscious or unconscious bias by professionals
- Women with children with disabilities can experience additional barriers to service or risk management responses where there is lack of 'responsibility' taken by services in providing coordinated responses
- Children with disabilities may not have their experience of risk from a perpetrator's behaviour adequately identified or assessed, including behaviours that are targeted directly to them or indirectly by witnessing or being exposed to its impacts, particularly on their caregivers
- Women with disabilities have commonly experienced discrimination, structural inequality (including in the form of physical and communication barriers, and bias when seeking to access services
- Women with disabilities may experience lifetimes of discrimination and, additionally, violence, preventing them from opportunities to experience safety and make choices.

Practice considerations for responding to and attempting to overcome these barriers for people with disabilities experiencing family violence include, but are not limited to:

- Using a respectful, strengths-based approach, by believing the person and taking their experiences seriously. While this is important for all victim survivors, it can be particularly important for people with disabilities in the context of these barriers, fears, assumptions and stereotypes.
- Recognising how experiences of marginalisation and discrimination might affect the person's engagement and addressing any physical or communication access barriers. This includes providing access to communication supports and adjustments if needed, such as Auslan interpreters for people who are deaf or hard of hearing, communication aids and accessible formats
- Ensuring responses are guided by principles and obligations under the *Medical Treatment Planning and Decisions Act 2006* (Vic) and *Guardianship and Administration Act 1986* (Vic) when working with people with a disability or whose cognitive capacity is affected.
- Understanding that some people with disabilities may have a Guardian or administrator. The Guardian must act as an advocate for the person, act in their best interests, take into account their views and wishes and make decisions that are the least restrictive of the person's freedom of decision and action.[47]

[46] Barbara Carter, 2015, Rebuilding the Village: Supporting Families Where a Parent Has a Disability, Report No 2, Office of the Public Advocate, page 4.

[47] You can find more information at the Office of the Public Advocate's phone advice line and website about the role of Guardians and working with people under guardianship. Considering the role of supported decision-making to guide people with cognitive disabilities to exercise their rights and make decisions, including through risk management and safety planning.

10.9. Acquired brain injury as a result of family violence

Acquired brain injury (ABI) can result from external force applied to the head (including with weapons, striking the head, shaking or being pushed into an object or to the ground) and from stroke, lack of oxygen (including from choking or strangulation) and poisoning. ABI can result in a range of physical, cognitive and behavioural disabilities that can impact adults, children and young people in a variety of ways, including their capacity to engage in safety planning and risk management.

Recent Victorian research found that the association between family violence and ABI in Victoria is significant. It is likely to be more significant even than this research suggests, as this data is unlikely to reflect all cases of ABI. Most victim survivors will not seek medical attention or attend a hospital when they have sustained a brain injury and even if they do, their brain injury may not be detected. This includes childhood head injuries that may never have been attended to, resulting in long-term impacts.

Children are more vulnerable to brain injury from physical assault because of their smaller size and rapidly developing brains. Inflicted brain injury (which includes 'shaken baby syndrome') is the leading cause of death and disability in children who have been abused. Infants are at the greatest risk.

It is important to remember that victim survivors may be concerned about the stigma of disclosing ABI concerns, particularly if they fear that this may potentially lead to questions regarding their personal agency or autonomy, decision-making and parenting capacity. It is also important to be sensitive to the concerns that victim survivors may have if they had not previously understood the impacts of violence on the brain, for themselves and their children. Victim survivors may also find the possibility of being diagnosed with an ABI confronting, especially if they have not previously identified as a person with disabilities.

Perpetrators may also have ABIs, as a result of experiences of violence, including family violence. This can substantially impact on how they may respond to interventions or risk management strategies, so it is important to consider this possibility during risk assessment.

10.10. Family violence against people with mental health issues and mental illness

People with mental health issues and mental illness experience particular barriers and forms of family violence. Family violence can exacerbate existing mental illness, cause mental health issues and mental illness and impact negatively on recovery.

The main mental health impacts of family violence are anxiety, depression and suicidal ideation. Eating disorders, problematic alcohol and drug use as a coping mechanism, post-natal depression, self-harm, post-traumatic stress or Post Traumatic Stress Disorder and suicide are also associated with family violence. High rates of mental health issues and mental illness following family violence demonstrate the need for support that takes these mental health impacts into account.

Many victim survivors, especially women, experience family violence following a mental illness diagnosis. Many women with mental illness experience multiple forms of violence which lead to greater mental health impacts. The more recent and the longer the violence has occurred, the greater the mental health impacts. The same has been found for childhood (sexual) abuse and its short to long-term impact.

Prevalence rates of any form of abuse for people who access psychiatric services are high — between 30%–60% of people have a history of family violence and 50%–60% have experienced

childhood sexual or physical abuse.[48] Some studies have found that up to 92% of female psychiatric inpatients have histories of childhood abuse, family violence or both.[49] People, especially women, experiencing psychosis, schizophrenia, bi-polar disorder and Borderline Personality Disorder have experienced high levels of abuse.[50]

Many people with a diagnosed mental illness have experienced both childhood abuse and family violence as an adult. Women who have also experienced childhood trauma are more likely to experience depression for a longer time, pointing to the cumulative effect of multiple traumas.

Women who have experienced severe abuse are more likely to receive one or more diagnosed mental illnesses in their lifetime. Levels and severity of depression tend to decline over time as women feel safer.

Women accessing family violence support services, especially crisis services, experience high levels of mental health issues, including anxiety (three times as high as the general population) and depression (twice that of the general population).

In Victoria, one-third of people who suicided had a history of family violence. Family violence had been present for half of the women (identified as likely victim survivors) and one third of men who suicided (identified as likely perpetrators). Further, as noted in **Section 6.3,** threats or attempts to self-harm or commit suicide are a risk factor for murder-suicide.[51] This factor is an extreme extension of controlling behaviours.

Practice considerations for responding to people experiencing family violence who have mental health issues or mental illness include, but are not limited to:

- Experiences of significant stigma and discrimination can have a worse effect than the mental illness itself
- People with mental health issues and mental illness, particularly women, and their family members are at greater risk of being isolated from support networks and lack of adequate support by organisations, including mental health and family violence services
- People with mental health issues and mental illness, particularly women, are more likely to disclose family violence to a healthcare professional than the police, and they are unlikely to do so unless they are asked. At the same time, many people with mental illness or mental health issues, particularly women, report problematic responses by professionals following disclosure. Inadequate support can increase distress and leave people with mental illness or mental health issues in unsafe situations
- People with mental health issues may be at higher risk of sexual assault, and may not be believed if they report abuse
- Barriers to accessing support from the service system include:
  - People with a mental illness may not be believed by professionals, especially if they experience psychosis or psychotic illnesses, or professionals might judge them as untrustworthy in their account or narrative of their experience

[48] Read J, Harper D, Tucker I & Kennedy A, 2018. Do adult mental health services identify child abuse and neglect? A systematic review. International Journal of Mental Health Nursing, vol 27, pages 7-19.

[49] Australian Institute of Criminology, 2004, Women's experience of male violence, findings from the Australian component of the International Violence Against women survey.

[50] Khalihef H, Moran P, Borschmann R, Dean K, Hart C, Hogg J, Orborn D, Johnson S, Howard LM, 2014. Domestic and sexual violence against patients with severe mental illness. Psychological Medicine, no 45, pages 875-886.

[51] National Domestic and Family Violence Bench Book, 2018, Dynamics of domestic and family violence: Factors affecting risk, page 5.

- Perpetrators may use a mental health diagnosis to 'gaslight' a victim survivor, meaning that they may not easily recognise the violence they have experienced, or may struggle to feel entitled to accessing services
- Service providers who are not mental health services lack confidence and consider themselves poorly equipped to work with a person with a mental health issue or mental illness
- Organisations having a narrow understanding of their role. For example, mental health services have historically not embraced their role working with victims of family violence
- A lack of understanding of the links between trauma and mental illness by the service system. The dominance of the bio-medical model means that trauma and mental illness are frequently separated, and distress is pathologised as mental illness, rather than a normal reaction to trauma
- Service providers may not understand how trauma manifests, for example, through anxiety or depression, and may be influenced by stigmatised views of mental illness
- Service providers may misunderstand a victim survivor's distress and pathologise a normal reaction to violence as mental illness
- People with multiple presenting needs, such as a mental illness and alcohol or drug issues, are more likely to experience barriers to service responses unless professionals are well linked and understand the interrelated nature of their presenting needs.

11. Working with Perpetrators of Family Violence

Many professionals already have a role in working with perpetrators of family violence. This may be through their existing service engagement. That is, they may be accessing the service for a primary purpose of receiving assistance with housing, drug or alcohol misuse or abuse, mental health issues or illness, or a range of other health and wellbeing needs. This may also be due to a professional's role within a statutory service, such as relating to Child Protection matters.

Remember

Guidance on working safely with perpetrators appropriate to a professional's role and responsibilities is being developed for release in 2019. **Professionals in key identified workforces will be trained to engage with a perpetrator about their behaviour in accordance with their role and responsibilities, identified by their organisation, under the MARAM Framework.**

In any service engagement environment, it is important to be aware of the possibility that a service user may be using violence. The identification of perpetrators can be complex. Distinction should be made between adult perpetrators and adolescents who use violence, and adolescents should receive a response that considers their age, developmental stage, therapeutic needs, and overall circumstances, including that they may also be victim survivors.

Practitioners across the service system will come into contact with people who they believe may be perpetrating family violence because of:

- The person's words or actions or behaviour towards family members in the context of service delivery
- Disclosures from family members
- Reports through another source of information.

In any setting, a professional's objective is primarily to identify behaviours that may present as risk to victim survivors and the contribute to safety and risk management.

Important considerations when working with a service user who may be perpetrating violence on their family member/s is to be able to:

- Recognise the presence of observable signs and indicators of family violence. For example, violence supporting attitudes or narratives
- Practice in a way that provides consistent information and messages to indicate violence will not be tolerated or accepted. This should be a principle guiding practice rather than influencing direct conversation with perpetrators about violence being unacceptable, which may come across as oppositional coercion and escalate risk for a victim survivor
- Practice in a way that engages the perpetrator in a manner that does not escalate risk to a victim (which requires specific training) or support collusion, including by using appropriate language and skills to provide information about supports available for the perpetrator and not disclosing information from the victim survivor or another source to them
- Monitoring a perpetrator's use of violence
- Understanding when you should seek secondary consultation or share information with a service that specialises in risk assessment and management, including services that work with perpetrators of violence
- Reporting criminal offences or collaborating on risk management approaches before reporting
- Reporting concerns about any children to Child Protection or other relevant authorities
- Identify if the service user is seeking you to align with their justification, minimisation or denial of responsibility for their violent behaviour or narrative to present themselves as a victim, or victim blaming. It is very important not to respond to these excuses and narratives. These are examples of collusion.

11.1. Identifying and responding to collusion

The term 'collusion' refers to ways that an individual, agency or system might reinforce, excuse, minimise or deny a perpetrator's violence towards family members and/or the extent or impact of that violence. It occurs when the narrative that a perpetrator uses to avoid responsibility for their use of violence is reinforced. This can be through compliant collusion (agreement) or through oppositional collusion (taking them to task or arguing with them).

Collusion takes many forms. It can be expressed in a nod of agreement, a sympathetic smile or a laugh at a sexist joke. It is there when all or partial blame is laid on a victim, and when a perpetrator's excuses are accepted without question.

Collusion is often inadvertent; it arises from the long-standing subjugation of women and legitimisation of various forms of violence against women and children. It can be conscious or unconscious and includes any action that has the effect of reinforcing the perpetrator's violence-supportive narratives as well as their narratives about systems and services. Collusion brings legitimacy to the narratives whilst providing opportunities for perpetrators not to think critically about their behaviour and its impact on others.

The problem with collusion depends on the form that collusion takes. It can:

- Strengthen the violence-supporting narratives and justifications that a perpetrator uses to give himself a 'green light' to use violence
- Strengthen and/or reinforce the ways that a perpetrator minimises or refuses responsibility for his behaviour, thereby making it less likely that he will stop his use of violence
- Allow a perpetrator to call on the authority of a professional (such as a counsellor) to shore up his own position. For example, saying to a victim "My counsellor agrees with me that you need to …"

- Reinforce a perpetrator's position to take an oppositional or argumentative stance that gets in the way of them taking responsibility for their behaviour
- Allow a perpetrator to use the service system against family members. For example, by conveying to her the message that the service system is taking his side and therefore that her resistance is futile.

You should actively avoid collusion with a perpetrator through the following:

- If you are not specifically trained or responsible for working with perpetrators, do not engage directly about family violence with them as it may **increase the risk of harm to victim survivors**
- It is critical you do not interview or ask questions of a victim survivor in the presence of a potential perpetrator or adolescent who may be using family violence. Doing so may **increase the risk to victim survivors, including children**
- Consider sharing information or seeking secondary consultation with a specialist family violence service that can:
  - Support the person you suspect is experiencing family violence
  - Offer expertise in assessing perpetrator risk
  - Safely communicate with a perpetrator and engage them with appropriate interventions and services.

If you believe a service user may be using violence and/or seeking your collusion with them about their use of violence, apply the principles of reflective practice and consult with colleagues internal to your organisation or seek consultation with a specialist family violence service.

Some professionals have a unique opportunity based on their engagement with perpetrators through other service provision, to hold information and take responsibility to support risk assessment and management of perpetrators of violence. These professionals and services can support perpetrator accountability in a range of ways.

The MARAM Framework and **Practice Guides** should be interpreted to complement and build on existing practice frameworks.

Note:

Guidance on working safely with perpetrators of violence at the intermediate and comprehensive level of responsibility is under development and will be provided in 2020 — professionals and services who have not been trained to work with perpetrators should not do so in relation to their use of violence. However, they can support keeping a victim survivor safe by sharing relevant information or consulting with specialist services.

Perpetrators also have a personal role in their accountability which includes making a personal commitment to their family's safety and:

- Acknowledging that they are using violence
- Recognising their patterns of violence, rather than focussing on a few 'signature' examples
- Developing an internal motivation to change and understanding what it is exactly they are supposed to change
- Demonstrating a capacity to change (for example, professionals can respond to needs-based issues such as homelessness and criminogenic needs that can otherwise act as significant barriers and limits to capacity for a perpetrator to change their behaviour)
- Demonstrating shifts in deep-seated attitudes, starting to think differently, and applying these new attitudes in behaviour towards family members

- Discarding influences that might work against these revised attitudes
- Making amends for some of the damage caused
- Demonstrating maintenance of any change in attitudes and behaviour achieved.[52]

11.2. Adolescents who use family violence

Most incidents of violence are committed by male adolescents against mothers, which may progress to using violence against women as adults.[53] Violence in the home from an adolescent toward a sibling is a specific form of violence. There is evidence that sexually abusive behaviours by adolescents is more often directed towards younger siblings. The most common type of sibling sexual abuse is between a brother and a sister, with the brother as the abusing sibling, and brother toward brother sexual abuse is the second most common form. Children who display problematic sexual behaviours towards their siblings may be acting out trauma as a result of having been sexually abused themselves.[54]

Responses to children and young people should consider their age and developmental status, attachment and relational history, their strengths and protective factors, their care situation and their overall context, including if they have experienced or are currently experiencing family violence. Responses to sexually abusive behaviours requires a specific and targeted response which should include sexually abusive behaviours treatment services.

Responses to adolescents who are using violence should avoid labelling them as 'violent', which can lead to internalising within their identity and does not readily enable recognition of their behaviour within a trauma response, or relational trauma lens supporting behaviour change.

When assessing a victim survivor's level of risk, guidance outlined here relating to working with perpetrators may also be applicable to considering the ***impacts of violence*** by an adolescent on a victim survivor. However, adolescent family violence should not be responded to in the same manner as when responding to an adult perpetrator. Violence by an adolescent against a parent/carer may be the result of an impact of trauma, for example the inability to process emotions, self soothe and deal with conflict. Nevertheless, an important learning for an adolescent recovering from the impact of trauma is to be accountable for the use of violence and to learn skills and abilities to move away from the use of violence. Having a trauma-informed approach can be held at the same time as working with an adolescent to be accountable. This is important for the adolescent's own development and to ensure others who are in close relationships with the adolescent are safe. This work is done with respect, and in a sensitive non-blaming manner.

Professionals working with adolescents need to be mindful of collusion. This is particularly relevant if a professional is working with an adolescent without the presence or input of a parent/carer. Adolescents, like adults who use family violence, may minimise their use of violence and its impacts, justify and deny their use of violence and blame others, particularly parents/carers for 'causing' them to use violence. Practitioners need to be able to challenge these constraints to taking responsibility and making change.

Collusion occurs when a practitioner sides with the adolescent against other family members or gives a message (even inadvertently) that the use of violence is understandable.

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[52] Adapted from Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework, 2nd ed, 2015, Western Australia Government.

[53] Jo Howard, 2011, Australian Domestic & Family Violence Clearinghouse, Adolescent violence in the home – The missing link in family violence prevention and response, page 1.

[54] Australian Institute of Family Studies, 2012, Sibling Sexual abuse, ACSSA Research Summary No. 3, .

Collusion can occur where a practitioner over identifies with an adolescent. The adolescent may paint a picture of being the victim and provide convincing reasons for why they are unfairly being blamed for the violence. Professionals need to carefully assess the family dynamics and patterns so as not to over identify or collude with the adolescent.

Collusion can also occur with a parent/carer where the parent/carer has been abusive or violent to the adolescent. A parent/carer may describe an adolescent's behaviour that does not account for family history, experience and dynamics. Careful assessment to fully understand the family patterns and dynamics is important so as not to collude with any family members using abuse or violence.

Working with adolescent family violence needs to be a 'both/and' approach; this means the adolescent may be living in a family context where parenting is abusive, they may have experienced family violence, or they may be dealing with complex and distressing life events and issues. The practitioner needs to address these contexts as well as hold the line that violence is not acceptable. In this context professionals need to work with the adolescent to take responsibility for their use of violence, and to also work with other issues of concern.

Further guidance on working with adolescents is outlined as appropriate across each relevant chapter of the *Responsibilities for Practice Guide*.

11.3. Perpetrator/predominant aggressor and misidentification[55]

Family violence involves one person exerting power and control over another and using behaviours recognised as family violence risk factors. Family violence practice includes the identification of the person experiencing family violence (the victim survivor), the person using violence (the perpetrator), and the ongoing risk of victimisation and perpetration of violence. The use by one person of a pattern of coercive and controlling behaviours over time is a key aspect of identifying the perpetrator. For example, that person would be identified as the 'predominant aggressor' or perpetrator in the relationship.

This informs the approach to how a professional may assess or manage risk for each individual. Where there is uncertainty about the identity of a person as either a victim survivor or perpetrator, assistance should be sought from a professional with specialist skills in family violence services. Guidance on identifying the predominant aggressor (perpetrator) is outlined in **Responsibility 7**.

Key practice considerations for identifying a predominant aggressor include:

- The respective injuries of the parties
- Whether either party has defensive injuries, or there is evidence of self-defence
- The likelihood or capacity of each party to inflict further injury
- Self-assessment of fear and safety of each party, or if not able to be ascertained, which party appears more fearful
- Patterns of coercion, intimidation and/or violence by either party[56]
- Prior perpetration/histories of violence (from a range of services, including specialist family violence services, health services etc)
- Accounts from other household members or witnesses, if present
- The size, weight and strength of the parties.

[55] This guidance uses the term predominant aggressor, rather than primary aggressor to avoid mutualising of family violence perpetration with use of force and other self-protective behaviours which can lead to misidentification of the 'real' perpetrator.

[56] Victoria Police, 2019, Code of Practice for the Investigation of Family Violence, Edition 3, Volume 4, page 23.

Where a decision is being made about the identification of a predominant aggressor or perpetrator, the reasoning should be recorded in service user data systems so that other services can use this information.

Perpetrators may be misidentified as victim survivors for a range of reasons. Perpetrators use the criminal justice system to control the victim survivor by contacting the police and making false accusations. They may also believe that they have a right to control the victim survivor by whatever means they choose, and they may express their dissatisfaction in losing control by misrepresenting themselves as a victim survivor.

Some perpetrators of family violence report being victim survivors. A perpetrator can overtly present themselves as the victim of the violence to manipulate services, including police, to misidentify the real victim as a perpetrator. Presenting in this way is also consistent with 'victim stance' thinking that many perpetrators adopt to justify and excuse their behaviour. Perpetrators may also aim to convince service providers that they are the victim survivor or use a range of behaviours to avoid or deflect their responsibility for using family violence.

Some victim survivors may be misidentified as a perpetrator for their use of self-defence or violent resistance during an incident or series of incidents of family violence, or for actions taken to defend another family member(s). Victim survivors are also misidentified as a perpetrator based on misinterpretation of their presentation or behaviour. This can be due to direct misrepresentation by the perpetrator, or due to bias on behalf of professionals and services such as gender norms and stereotyped expectations of women's behaviour. Women's behaviour is often misinterpreted in relation to: their response to the impact of violence on them (such as trauma responses); having mental health issues; the influence of alcohol or other drugs; and perceived or actual aggression toward police or at initiation of police contact.

Misidentification may also occur when a perpetrator:

- Falsely accuses a victim survivor of using violence or misrepresents their self-defence as evidence of violence
- Cites substance abuse by the victim survivor as evidence to support their claim they are a perpetrator
- Undermines a victim survivor's presentation or behaviour as resulting from mental illness or misrepresenting a victim survivor's disability as drunkenness or being drug affected. In effect, minimising the victim survivor's opportunity to have their voice heard. This could be an example of a deliberate misrepresentation of a victim survivor which exacerbates or leverages discriminatory attitudes commonly held in the community about people with, for example, disability or mental illness. For example, the victim survivor may be in shock or distraught as a result of the violence, may be calm or assertive, or may fear reprisals from showing their reaction from the violence.

Misidentification can also occur where a victim survivor is experiencing barriers to communication with the police or a service provider (due to trauma responses, injury or from pre-existing communication barriers).

12. What's next?

Organisations should provide information to professionals and services on the responsibilities which are applicable for their role. Professionals can use the appropriate chapters in the *Responsibilities for Practice Guide* to support their risk identification, assessment and management practice.

Definitions

Aboriginal definition of family violence	The Victorian Indigenous Family Violence Task Force defined family violence in the context of Aboriginal communities as 'an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.' The definition also acknowledges the spiritual and cultural perpetration of violence by non-Aboriginal people against Aboriginal partners which manifests as exclusion or isolation from Aboriginal culture and/or community.[57]
Adolescent who uses family violence	A young person who chooses to use coercive and controlling techniques and violence against family members, including intimate partners. Adolescents who use family violence often coexist as victims of family violence and therapeutic responses should be explored.
At-risk age group	An age group that has been identified, through evidence, as being at a higher risk of experiencing or being exposed to family violence, due to their developmental stage, dependency on others or their experiencing a period of transition between dependence and independence, or vice versa. All children and young people are vulnerable to experience of, or exposure to family violence, and some children and young people may be more vulnerable. Infants are an at-risk age group as they are more likely to be present when family violence is occurring, as compared with all other age groups and are totally dependent on adult care to meet their needs. Risk and vulnerability diminish with increasing age of children. Adolescence, however, is also considered an at-risk age group as young people transition from dependence to independence, and if experiencing family violence in their family of origin, they are also at increased risk of experiencing violence in their intimate relationships. Older people are also recognised as an at-risk age group as at some stage they may experience ageism, and/or a period of transition from independence to dependence, and become more marginalised or devalued. In addition, their social and community connections can diminish over time and these factors can result in increased vulnerability to mistreatment and abuse.

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

Child	Has the meaning set out in section 4 of the FVPA, being a person who is under the age of 18 years (which includes infants and adolescents).
Cisgendered	People whose gender identity is in-line with the social expectations of their sex assigned at birth; i.e. those who are not transgender
CYFA	*Children, Youth and Families Act 2005* (Vic)
Commonwealth Privacy Act	*Privacy Act 1988* (Cth)
Culturally safe responses	To practice in a culturally safe way means to carry out practice in collaboration with the service user, with care and insight for their culture, while being mindful of one's own. A culturally safe environment is one where people feel safe and where there is no challenge or need for the denial of their identity.
Diverse communities	Diverse communities include the following groups: diverse cultural, linguistic and faith communities; people with a disability; people experiencing mental health issues; lesbian, gay, bisexual, transgender and gender diverse, intersex and queer/questioning (LGBTIQ) people; women in or exiting prison or forensic institutions; people who work in the sex industry; people living in regional, remote and rural communities; male victims; older people and young people (12–25 years of age).
Elder	An older person, as defined below. In Aboriginal communities, Aboriginal Elders hold valued positions and are recognised for their strong leadership, wisdom, expertise and the contributions they make to the Aboriginal community.
Elder abuse	Is any harm or mistreatment of an older person that is committed by someone with whom the older person has a relationship of trust. In the context of family violence, this may be elder abuse by any person who is a family member (such as their partner or adult children) or carer. Elder abuse may take any of the forms defined under 'family violence'.
Family violence	Has the meaning set out in section 5 of the FVPA which is summarised here as any behaviour that occurs in family, domestic or intimate relationships that is physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening or coercive; or is in any other way controlling that causes a person to live in fear for their safety or wellbeing or that of another person. In relation to children, family violence is also defined as behaviour by any person that causes a child to hear or witness or otherwise be exposed to the effects of the above behaviour. This definition includes violence within a broader family context, such as extended families, kinship networks and communities.

Family violence assessment purpose	Has the meaning set out in s 144A of the FVPA, being the purpose of establishing or assessing the risk of a person committing family violence or a person being subjected to family violence.
Family violence protection purpose	As defined in the FVPA to mean the purpose of managing a risk of a person committing family violence (including the ongoing assessment of the risk of the person committing family violence) or a person being subjected to family violence (including the ongoing assessment of the risk of the person being subjected to family violence).
FOI Act	*Freedom of Information Act 1982*.
Framework	The Family Violence Risk Assessment and Risk Management Framework approved by the relevant Minister under section 189 of the FVPA.
Framework organisation	An organisation prescribed by regulation to be a Framework organisation for the purposes of Part 11 of the FVPA and required to align their policies, procedures, practice guidance and tools to it. References in this document to Framework organisations include section 191 agencies.
FVPA	*Family Violence Protection Act 2008*.
Guidelines	The *Family Violence Information Sharing Guidelines* issued by a Minister under section 144P of the FVPA.
Imminence of risk	Likelihood of risk of harm or death escalating immediately or within a short timeframe.
Intersectionality	Refers to the structural inequality and discrimination experienced by different individuals and communities, and the impact of these creating barriers to service access and further marginalisation. Intersectionality is the complex, cumulative way in which the effects of multiple forms of identity-based structural inequality and discrimination (such as racism, sexism, ableism and classism) combine, overlap or intersect, in the experiences of individuals or communities.[58] These aspects of identity can include gender, ethnicity and cultural background, language, socio-economic status, disability, sexual orientation, gender identity, religion, age, geographic location or visa status.
ISE	Information sharing entity as defined in the FVPA to be a person or body prescribed, or a class of person or body prescribed, to be an information sharing entity.
LGBTIQ	Lesbian, gay, bisexual, transgender and gender diverse, intersex and queer/questioning.
MARAM Framework	The Family Violence Multi-Agency Risk Assessment and Management Framework
Misidentification	Where a victim of family violence is named or categorised as a perpetrator (or respondent in criminal proceedings) for their use

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

	of self-defence or violent resistance, or as a form of defence of another family member, or where they are identified based on a misinterpretation of their presentation due to the impact of violence, mental health issues, influence of alcohol or other drugs, aggression toward policy or initiation of police contact.
Older people	Any person who is aged 60 or older, any Aboriginal Victorian aged 45 or older.
Perpetrator	Has the same meaning as the words "a person of concern" in s 144B of the FVPA. The FVPA provides an individual is a person of concern if an information sharing entity reasonably believes that there is a risk that they may commit family violence. This will have been identified by undertaking a Framework-based family violence risk assessment.
Perpetrator accountability	The process by which the perpetrator themselves acknowledges and takes responsibility for their choices to use family violence and work to change their behaviour. It sits with all practitioners, organisations and systems through their collective, consistent response to promote perpetrators' capacity to take responsibility for their actions and impacts, through formal or informal services response mechanisms.
Predominant aggressor	The term predominant aggressor seeks to assist in identifying the actual perpetrator in the relationship, by distinguishing their history and pattern of coercion, power and controlling behaviour, from a victim who may have utilised self-defence or violent resistance in an incident or series of incidents. The predominant aggressor is the perpetrator who is using violence and control to exercise general, coercive control over their partner or family member, and for whom, once they have been violent, particularly use of physical or sexual violence, all of their other actions take on the threat of violence.
Protection entity	A prescribed information sharing entity that is authorised to request information for a family violence protection purpose.
Queer	Queer is an umbrella term used by some people to describe non-conforming gender identities and sexual orientations. Queer includes people who are questioning their gender identity and sexual orientation.
Reasonable belief threshold	A reasonable belief requires the existence of facts that are sufficient to induce the belief in a reasonable person. Belief requires something more than suspicion.[59]
Regulations	The Family Violence Protection (Information Sharing and Risk Management) Regulations 2018
Risk assessment	The process of applying the model of Structured Professional Judgement to determine the level of family violence risk.

[59] See George v Rockett, 1990, 170 CLR 104.

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

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