

MARAM

Summary Guide



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A note on language

To reflect the terms currently used in MARAM, and where referring directly to MARAM resources, this summary guide generally refers to 'perpetrators'. The term 'perpetrator' is used at a legal and policy level in Victoria. The term is used in this guide in relation to policy statements.

When discussing violence across a range of identities and communities, the terms 'men who use family violence' and 'adult and/or person using family violence' (AUV or PUV) can be used. In direct practice with a person using violence, you should not use the term perpetrator. It is a label that de-emphasises the person's agency for change, and in practice it may make them feel judged and more hostile or resistant to engaging with you.

Aboriginal & Torres Strait Island people and communities may prefer to use the term 'people who use violence' rather than 'perpetrator'. Practitioners working with Aboriginal & Torres Strait Islanders should consult and consider language use with care and respect.

What is family violence?

Family and domestic violence is any violent, threatening, coercive or controlling behaviour that causes a person to fear for their own, or another person's, safety or wellbeing. It can occur in current or past family, domestic or intimate relationships, or 'family-like' relationships. It may consist of isolated incidents, or escalating patterns of abuse over time.

The Family Violence Protection Act 2008 (Vic) defines family violence as behaviour that is physically, sexually, emotionally, psychologically or economically abusive, or coercive and threatening. These behaviours may be directed towards adult or child victim survivors and include not only physical injury, but direct or indirect threats, sexual assault, emotional and psychological torment, economic control, damage to property, and/or social isolation. It also includes where children have heard, seen or otherwise experienced the effects of these behaviours.

The term "family violence" encompasses violence that occurs between family members, such as violence between siblings or across generations, in 'family-like' relationships such as a support worker may have with a person with a disability, as well as violence between intimate partners. Use of the term family violence also reflects Aboriginal and Torres Strait Islander communities' preference for the term because it more accurately reflects extended kinship ties and how the impact of violence affects all members of a family.

Family violence is predominantly, but not exclusively, perpetrated by men against women and children. Violence can occur in any kind of relationship including LGBTIQ+ relationships and against older people, and people with a disability. Family violence perpetrated against older people is referred to as elder abuse.

MARAM overview

MARAM stands for Multi-Agency Risk Assessment and Management Framework. The MARAM Framework was developed after a system-wide approach to risk assessment and management was recommended by the Royal Commission into Family Violence (2016). The precursor to MARAM was known as the Common Risk Assessment Framework or 'CRAF'.

MARAM seeks to increase the safety and wellbeing of victim survivors and keep perpetrators in view and hold them accountable for their actions by ensuring relevant services can effectively identify, assess and manage family violence risk. It aims to establish a system-wide, shared understanding of family violence, and common practices that support risk assessment and management. The intent of MARAM supports workers across the service system to better understand their responsibilities to undertake risk assessment and management, including information sharing and working collaboratively.

The Framework has been established in law under a new Part 11 of the *Family Violence Protection Act 2008*. A range of organisations across the service system have been prescribed under the MARAM Framework. This means that prescribed organisations **must** align their policies, procedures, practice guidance and tools to the MARAM Framework.

The MARAM Framework is supported by a range of operational practice guidance and risk identification, screening and assessment tools and resources. These can be found on the [MARAM practice guides and resources page](#), along with the organisational embedding guide to help organisations meet their obligations under MARAM.

Principles

To drive a whole-of-system understanding of Family Violence, and to drive a better coordinated response to Family Violence, all practitioners across the whole service system are asked to adhere to the following **ten state-wide principles**.

Whole-of-system principles*

1 Family violence involves a spectrum of risk and is unacceptable in any form.

2 Professionals should work collaboratively to provide coordinated and effective risk assessment and management.

3 Professionals should be aware 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.

5 Family violence may have serious impacts on children, and they should be recognised as victim survivors in their own right.

6 Services provided to child victim survivors should acknowledge their unique experiences.

7 Services and responses provided to people from Aboriginal communities should be culturally responsive and safe.

8 Services and responses provided to diverse communities and older people should be accessible, culturally responsive and safe.

9 Perpetrators should be encouraged to acknowledge and take responsibility to end their violent, controlling and coercive behaviour.

10 Family violence used by adolescents is a distinct form of family violence and requires a different response.

*abridged

MARAM responsibilities

The MARAM Framework sets out the responsibilities of different workforces in identifying, assessing and managing family violence risk. There are **ten** overall risk assessment and management **responsibilities** which are set at an organisational level. Each responsibility is supported by a related [Practice Guide](#).

Organisations are required to assign these responsibilities across their workforce. Different practitioners, depending on their role, will have different combinations of these ten responsibilities. For example, the responsibilities of an AoD worker are different to the responsibilities of a specialist family violence worker.



Responsibilities checklist

Practitioners' responsibilities under MARAM fall into **three levels of practice: Identification, Intermediate, and Comprehensive**. Each of the three practice levels correspond to a specified combination of the ten MARAM responsibilities for risk assessment and management.

Responsibilities 1 & 2, 5 & 6, and 9 & 10 apply to all relevant professionals and services in prescribed Framework organisations. Some professionals also have a risk assessment role at the intermediate (responsibilities 3 & 4) or comprehensive (responsibilities 7 & 8) level (specialist family violence professionals only). Note that MARAM responsibilities are cumulative - this means the practice skills and knowledge are designed to build upon each other. The three practice levels and prescribed responsibilities are outlined in the table below:

1. Identification

A practitioner who may come into contact with family violence victim survivors whilst providing universal services e.g. GPs, other Primary Care Services.

MARAM responsibilities:

1	2	3	4	5	6	7	8	9	10
✓	✓			✓	✓			✓	✓

2. Intermediate

A practitioner who in the line of their work may have contact with people experiencing or using family violence but where responding to family violence is not their core role or function e.g. Family Services, AoD Services, Mental Health Services.

MARAM responsibilities:

1	2	3	4	5	6	7	8	9	10
✓	✓	✓	✓	✓	✓			✓	✓

3. Comprehensive

A practitioner whose core role is to respond to people experiencing or using family violence e.g. Specialist Family Violence Services.

MARAM responsibilities:

1	2	3	4	5	6	7	8	9	10
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Evidence-based risk factors

Statements in bold (below) denote increased risk of the victim being killed or almost killed.



Risk factors for adult or child victims caused by perpetrator behaviours

- **Controlling behaviours**
- **Access to weapons**
- **Use of weapons in most recent event**
- **Has ever tried to strangle or choke the victim**
- **Has ever threatened to kill victim**
- **Has ever harmed or threatened to harm or kill pets or other animals**
- **Has ever threatened or tried to self-harm or commit suicide**
- **Stalking of victim**
- **Sexual assault of victim**
- **Obsession/jealous behaviour towards victim**
- **Unemployed/disengaged from education**
- **Drug and/or alcohol misuse/abuse**
- Has ever harmed or threatened to harm the victim or family members
- Previous or current breach of court orders/Intervention Order
- History of family violence
- History of violent behaviour (not family violence)
- Mental illness/depression
- Isolation
- Physical harm
- Emotional abuse
- Property damage



Risk factors relevant to an adult victim's circumstances

- Physical assault whilst pregnant/ following new birth
- Planning to leave or recent separation
- Escalation - increase in severity and/ or frequency of violence
- Self-assessed level of risk
- Financial abuse/difficulties
- Imminence



Risk factors specific to children caused by perpetrator behaviours

- Exposure to family violence
- Sexualised behaviours towards a child by the perpetrator
- Child intervention in violence
- Behaviour indicating non-return of child
- Undermining the child-parent relationship
- Professional and statutory intervention



Risk factors specific to children's circumstances

- History of professional involvement and/or statutory intervention
- Change in behaviour not explained by other causes
- Child as victim in other forms of harm

Observable signs of trauma

Signs of trauma in adult victims that may indicate family violence

Physical	Bruising Fractures Chronic pain (neck, back)	Fresh scars or minor cuts Complications during pregnancy Gastrointestinal disorders	Sexually transmitted diseases Strangulation Terminations of pregnancy
Psychological	Depression Anxiety Self-harming behaviour Eating disorders	Phobias Somatic disorders Sleep problems Impaired concentration	Harmful alcohol use Licit and illicit drug use Physical exhaustion Suicide attempts
Emotional	Fear Shame Anger	No support networks Feelings of worthlessness and hopelessness	Feeling disassociated and emotionally numb
Social/financial	Homelessness Unemployment	Financial debt No friends or family support	Isolation Parenting difficulties
Demeanour	Unconvincing explanations of any injuries Describe a partner as controlling or prone to anger	Be accompanied by their partner, who does most of the talking Anxiety in the presence of a partner	Recent separation or divorce Needing to be back home by a certain time and becoming stressed about this Reluctance to follow advice

General signs of trauma in a child or young person that may indicate family violence

Being very passive and compliant	Fractured bones, especially in an infant where a fracture is unlikely to have occurred accidentally	A strong desire to please or receive validation from certain adults
Showing wariness or distrust of adults	Poisoning	Excessive washing or bathing
Demonstrating fear of particular people and places	Internal injuries	Unclear boundaries and understanding of relationships between adults and children
Poor sleep patterns and emotional dysregulation	Wearing long-sleeved clothes on hot days in an attempt to hide bruising or other injury	Excessive sexualised behaviour/ advanced sexual knowledge
Becoming fearful when other children cry or shout	Being excessively friendly to strangers	Violence or sexualised behaviour to other children
Developmental regression (i.e., reverting to bed-wetting)	Being excessively clingy to certain adults	
Bruises, burns, sprains, dislocations, bites, cuts		

Signs and indicators of neglect of a child or young person

Being frequently hungry	Not having their medical needs attended to	Often being tired and/or falling asleep in class
Being poorly nourished	Being abandoned by their parents	Abusing alcohol or drugs
Having poor hygiene	Stealing food	Displaying aggressive behaviour
Wearing inappropriate clothing, for example, wearing summer clothes in winter	Staying at school outside school hours	Not getting on well with peers
Being unsupervised for long periods		

Signs of trauma for a child (unborn to young) that may indicate family violence

An unborn child	<p>Poor growth and neural development caused by rushes of maternal adrenalin and cortisol</p> <p>Injuries sustained via injury to mother or by the perpetrator targeting the unborn child directly (such as inflicting blows to mother's abdominal area)</p>		
A baby (under 18 months)	<p>Excessive crying</p> <p>Excessive passivity</p> <p>Underweight for age</p> <p>Frequent illness</p>	<p>Significant sleep and/or feeding difficulties</p> <p>Reactions to loud voices or noises</p> <p>Extreme wariness of new people</p>	<p>No verbal 'play' (such as imitating sounds)</p> <p>Anxiety, overly clingy to primary caregiver</p>
A toddler	<p>As for baby (under 18 months), and also:</p> <p>Excessive irritability</p>	<p>Excessive compliance</p> <p>Poor language development</p>	<p>Delayed mobility</p> <p>Blood in nappy, underwear</p>

Age-related signs of trauma that may indicate family violence

Many indicators may be expressions of trauma that may be observed through the presentation, behaviour or circumstances of a child or young person. Some indicators are related to trauma from specific forms of family violence, including **sexual abuse (indicated by #)** or **emotional abuse (indicated by *)**, or indicate signs of neglect.

A pre-schooler	<p>Extreme clinginess</p> <p>Significant sleep and/or eating difficulties</p> <p>Poor concentration in play</p> <p>Inability to empathise with other people</p>	<p>Frequent illness</p> <p>Poor language development and/or significant use of 'baby talk'</p> <p>Displaying maladaptive behaviour such as frequent rocking, sucking and biting#</p>	<p>Aggression towards others</p> <p>Adjustment problems (for example, significant difficulties moving from kindergarten to school)</p> <p>Anti-social play or lack of interest in engaging with others</p>
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A primary school-aged child	Rebelliousness, defiant behaviour Limited tolerance and poor impulse control Temper tantrums or irritability, being aggressive or demanding* Physical abuse or cruelty of others, including pets Avoidance of conflict Showing low self-esteem* Extremely compliant behaviour, being passive, tearful or withdrawn* Excessively oppositional or argumentative behaviour Lack of interest in social activities	Risk-taking behaviours that have severe or life-threatening consequences Delayed or poor language skills* Experiencing problems with schoolwork# Poor social competence (few or no friends, not getting on well with peers, difficulties relating to adults)*# Acting like a much younger child* Poor school performance Poor coping skills Sleep issues# Bed wetting# Excessive washing	Frequent illness Complaining of headaches or stomach pains# Self-harm Displaying maladaptive behaviour# Displaying sexual behaviour or knowledge unusual for the child's age# Telling someone sexual abuse has occurred# Complaining of pain going to the toilet Enacting sexual behaviour with other children Excessive masturbation
An adolescent	As for primary school aged children, and also: School refusal/avoidance (absenteeism/disengagement) Criminal or antisocial, including violence	Eating disorders Substance abuse Depression Suicidal ideation Risk-taking behaviours Anxiety	Pregnancy Controlling or manipulative behaviour Obsessive behaviour Homelessness or frequent changes in housing arrangements

Information sharing schemes

Information sharing has always been a part of Community Services and Health Services work. Most commonly, information is shared with the client's consent when making a referral, or information is shared (with or without consent) when responding to an emergency where there exists a serious risk of harm to the client or someone else.

The MARAM framework provides more legal opportunities to share information in order to support a practitioner's work, or the work of another practitioner, for the purpose of family violence risk assessment and management.

The MARAM reforms, therefore, can be seen as **system-wide change to support the movement of family violence risk-relevant information** to a higher degree than has been the case historically. Evidence suggests that the movement of this type of information is directly linked to the safety of victim/survivors of family violence, including the protection from homicide.

Information sharing is included in the process of making a structured professional judgement of risk, and Information Sharing (responsibility #6) is included in all practitioners' suite of MARAM responsibilities.

Sharing of family violence risk-relevant information is prescribed in specific legislation which prescribes agencies as an **Information Sharing Entity (ISE)**, and upon being prescribed as an ISE, practitioners within these agencies are able to utilise two schemes which allow for the sharing of information: firstly, the Family Violence Information Sharing Scheme (FVISS), and secondly the Child Information Sharing Scheme (CISS). To understand if your agency is prescribed as an Information Sharing Entity (ISE), you can check the public register found [here](#).

Practitioners are still able to share risk relevant information, including MARAM risk assessments, without using FVISS or CISS when they have client consent. It is best practice to speak with clients experiencing family violence about sharing their information to avoid them retelling their story and duplicating risk assessment across services.

There is online Information Sharing Training available [here](#).

FVISS (Family Violence Information Sharing Scheme)

The Family Violence Information Sharing Scheme enables information to be shared to assess or manage family violence risk in relation to children or adults. The FVISS enables the service system to manage victim survivor safety and hold perpetrators accountable for their actions and behaviours. Consent is not required to share information from anyone when a child is involved. Where no children are involved, consent from the adult victim survivor is required, only when it is appropriate, safe and reasonable to do so. Information sharing requests made under the FVISS must relate to one of the following purposes:

- for a family violence assessment purpose
- for a family violence protection purpose (to manage risk, including ongoing risk assessment and management).

Under the FVISS, prescribed organisations/ workforces can share perpetrator (or alleged perpetrator) information without consent.

More detailed information about the Family Violence Information Sharing Scheme is available [here](#).

Risk Assessment Entities

Risk Assessment Entities (RAEs) are a sub-set of ISEs that can request, disclose and receive information for a family violence assessment purpose under the FVISS to establish the presence and source of family violence risk. RAEs are therefore able to request information from other ISEs about alleged perpetrators, in addition to information about perpetrators, victim survivors and third parties for a family violence assessment purpose.

RAEs include all specialist family violence services, Victoria Police and Child Protection. RAEs can also be checked via the [ISE public register](#).

Once initial risk has been established, all ISEs are permitted to request, collect, use and disclose information for a family violence protection purpose, which includes the ongoing assessment and management of an established risk.

FVISS (Family Violence Information Sharing Scheme)

WHO CAN SHARE

Information Sharing Entities (ISEs) are authorised to share information. These ISEs are:

Prescribed by regulations

WHY THEY CAN SHARE

Relevant information about a person (adult or child) who is a victim survivor, perpetrator or third party can be shared for the purpose of:

Establishing and assessing risk

WHEN THEY CAN SHARE

ISEs can share information:

Voluntarily with other ISEs

In response to a request from another ISE

WHAT CANNOT BE SHARED

Excluded information (including but not limited to) if sharing the information might endanger a person's life or result in physical injury, prejudice legal proceedings or a police investigation, contravene a court order, or is subject to legal professional privilege

ISEs cannot share information that would contravene another law that has not been specifically overridden by the scheme

Adult victim survivor

An ISE reasonably believes that there is a risk that the person may be subjected to family violence

Child victim survivor

An ISE reasonably believes that there is a risk that the person (under the age of 18) may be subjected to family violence

Perpetrator

An ISE reasonably believes that there is a risk that the person may commit family violence

Alleged perpetrator

A person who is alleged to pose a risk of family violence

Note: Information about an alleged perpetrator can only be shared in the risk assessment phase

Third party

A person whose information is relevant to assessing or managing a risk of family violence

CONSENT REQUIRED from the adult victim survivor

- ▶ prior to sharing their information unless there is a serious threat or the information relates to assessing or managing a risk to a child victim survivor (no consent - see below)

NO CONSENT REQUIRED from any person

- ▶ if their information is relevant to assessing or managing risk of family violence to a child victim survivor

NO CONSENT REQUIRED from the perpetrator

- ▶ prior to sharing their information to assess or manage risk of committing family violence

NO CONSENT REQUIRED from the alleged perpetrator

- ▶ prior to sharing their information to establish or assess risk of committing family violence

CONSENT REQUIRED from the third party

- ▶ prior to sharing their information unless there is a serious threat or the information relates to assessing or managing a risk to a child victim survivor (no consent - see above)

All ISEs **must respond to information requests** unless an exemption applies

A **good faith defence** protects individuals who share information in good faith and with reasonable care

The **scheme will be reviewed** after 2 years, and then again after 5 years

Complaints about privacy breaches can be made to the Victorian Information Commissioner or the Health Complaints Commissioner

CISS (Child Information Sharing Scheme)

The Child Information Sharing Scheme enables prescribed organisations and services to share information with each other to promote the wellbeing or safety of children. For the more limited purpose of managing risk to a child's safety, the CISS permits sharing with an adult with parental responsibility or with whom the child lives. The CISS prioritises wellbeing and safety over privacy. This allows professionals to collaborate and share information, without consent, where they can prevent potential future harm or help a child thrive.

WHO

Who can share information?

If the scheme's threshold is met, prescribed information sharing entities can request, and disclose confidential information about any person with each other.

WHY

Threshold part 1: Promoting child wellbeing or safety

An Information Sharing Entity can **request** or **disclose** information about any person for the purpose of promoting the wellbeing or safety of a child or group of children.

WHAT

Threshold part 2: Sharing to assist another information sharing entity

The **disclosing** Information Sharing Entity must reasonably believe that sharing the information may assist the receiving Information Sharing Entity to carry out one or more of the following activities:

- i. making a decision, an assessment or a plan relating to a child or group of children
- ii. initiating or conducting an investigation relating to a child or group of children
- iii. providing a service relating to a child or group of children
- iv. managing any risk to a child or group of children.

Threshold part 3: Excluded information

The information being **disclosed** or **requested** is not known to be 'excluded information' under Part 6A of the *Child Wellbeing and Safety Act 2005* (and is not restricted from sharing by another law).

WHEN

When should information be shared?

If the threshold of the scheme is met, an Information Sharing Entity:

- can **share proactively** with other Information Sharing Entities
- can **request information** from another Information Sharing Entity
- must **respond to requests for information** from another Information Sharing Entity and provide relevant information.

For more detailed information on the Child Information Sharing Scheme, click [here](#).

The intersection of FVISS and CISS, and when to use which scheme:

To promote child wellbeing or safety use the **Child Information Sharing Scheme**



To assess and manage family violence risk to children and adults use the **Family Violence Information Sharing Scheme** and



to promote child wellbeing or safety use the **Child Information Sharing Scheme**

To assess and manage family violence risk to adults use the **Family Violence Information Sharing Scheme**



Child best interests and developmental frameworks

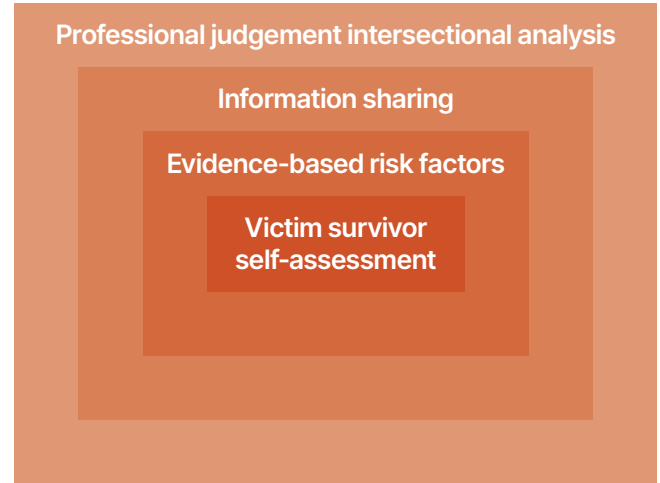
Multi-Agency Risk Assessment and Management Framework

Please note: the sharing of information via the FVISS and the CISS does not replace mandatory or voluntary responsibilities to make a report to Child Protection if a child is in need of protection.

Structured professional judgement

No matter what your role, you will be required to make a judgement as to the severity of risk that the presenting client is describing, and you are assessing. The evidence suggests that victim/survivors are good assessors of their own risk, but practitioners still need to come to their own judgement – noting that evidence suggests that risk is dynamic.

Making a structured professional judgement on risk entails bringing together not only the voice and experience of the person you are supporting, but also seeking other information, reviewing evidenced based risk factors and considering the intersection of other features of the victim survivor or perpetrator's life. Structured professional judgement can occur within a coordinated approach with other professionals engaged with risk assessment and management, or structured professional judgement may be undertaken by a sole worker.



Intersectional analysis

Intersectionality is the complex, cumulative way in which the effects of multiple forms of identity-based structural inequality and discrimination combine, overlap or intersect, in the experiences of individuals or communities. These aspects of identity can include gender, ethnicity and cultural background, language, socioeconomic status, disability, sexual orientation, gender identity, religion, age, geographic location or visa status.

Why is considering intersectionality important?

See below examples:



Aboriginal women are 32 times more likely than other women to be hospitalised and 10 times more likely to die from violent assault. The MARAM framework acknowledges that colonisation, dispossession, child removal and other discriminatory government policies have resulted in significant intergenerational trauma, structural disadvantage and racism with long-lasting and far-reaching consequences.



Women with a disability are more likely to experience multiple incidents of violence by a male perpetrator.



The impact of homophobia on the experience and response to intimate partner violence in LGBTQIA+ relationships is pronounced, in one study more than 4 in 10 people identified experiencing family violence in an intimate relationship. The same study found almost 4 in 10 people identified abuse within families of origin. [Source *Private Lives 3 survey*]

All workers are required to consider the intersection of multiple features of client's lives to support good structured professional judgement. A thorough discussion of intersectionality can be found in the online [MARAM Foundational Practice guide](#).

Risk levels or 'seriousness' for victim survivors

There are four recognised levels of risk, '**at risk**', '**elevated risk**' and '**serious risk**'. 'Serious risk' can also '**require immediate protection**', or not. This can change and escalate over time.

At risk

High-risk factors are not present. Some other recognised family violence risk factors are present. However, protective factors and risk management strategies, such as advocacy, information and victim survivor support and referral, are in place to lessen or remove (manage) the risk from the perpetrator. Victim survivor's self-assessed level of fear and risk is low and safety is high.

Elevated risk

A number of risk factors are present, including some high-risk factors. Risk is likely to continue if risk management is not initiated/increased. The likelihood of a serious outcome is not high. However, the impact of risk from the perpetrator is affecting the victim survivor's day-to-day functioning. Victim survivor's self-assessed level of fear and risk is elevated, and safety is medium.

Serious risk

A number of high-risk factors are present. Frequency or severity of risk factors may have changed/ escalated. Serious outcomes may have occurred from current violence and it is indicated further serious outcomes from the use of violence by the perpetrator is likely and may be imminent. Immediate risk management is required to lessen the level of risk or prevent a serious outcome from the identified threat posed by the perpetrator. Statutory and non-statutory service responses are required and coordinated and collaborative risk management and action planning may be required. Victim survivor's self-assessed level of fear and risk is high to extremely high and safety is low. Most serious risk cases can be managed by standard responses (including by providing crisis or emergency responses by statutory and non-statutory (e.g. specialist family violence) services. There are some cases where serious risk cases cannot be managed by standard responses and require formally convened crisis responses.

Serious risk and requires immediate protection

In addition to serious risk, as outlined above: Previous strategies for risk management have been unsuccessful. Escalation of severity of violence has occurred/is likely to occur. Formally structured coordination and collaboration of service and agency responses is required. Involvement from statutory and non-statutory crisis response services is required (including possible referral for a RAMP response) for risk assessment and management planning and intervention to lessen or remove serious risk that is likely to result in lethality or serious physical or sexual violence. Victim survivor self-assessed level of fear and risk is high to extremely high and safety is extremely low.

Every question contained in the Intermediate Assessment Tool is connected to the family violence risk factors outlined in the Foundation Knowledge Guide. Some risk factors are described as 'high risk factors' that strong evidence shows are crucial indicators that the victim survivor is at an increased risk of serious injury or death.

Remember

In considering the level or seriousness of risk...

A **lower level of risk** is determined if an assessment indicates:

- Risk factors are not present or are rarely present
- The high-risk factors are not present.

A **higher level of risk** is determined if an assessment indicates:

- Self-assessment of risk is high
- Risk factors are present, particularly high-risk factors
- Risk factors, particularly high-risk factors, have changed/escalated in severity, likelihood (has continued and past behaviour indicates it will occur in future) and timing (change in frequency or escalation), and the degree of change indicates a more serious level of risk.

Remember

You may determine the risk level based on a single assessment. Risk is also dynamic and can rapidly change, resulting in changes to the level of risk. Ongoing risk assessment and management is a part of all professionals' responsibilities. A key to understanding seriousness of risk is to understand how risk escalates or changes in severity or frequency over time.

Risk levels or 'seriousness' for people who use violence

There are three recognised levels of risk, '**at risk**', '**elevated risk**' and '**serious risk**'. This can change and escalate over time.

At risk

High-risk factors are not identified as present. Some other recognised family violence risk factors are present.

Person using violence

Likely circumstances for risk level:

- Police involvement may have occurred.
- The person using violence may be in a contemplative stage – they are considering the need to address their use of family violence.
- A Safety Plan is developed for the person using violence, and strategies are supported by them.
- A Risk Management Plan may have been developed and this is consistent with the risk management strategies developed with the victim survivor/s.
- Referral to a specialist perpetrator intervention service has occurred or is being considered.
- The person using violence may:
 - have stable accommodation
 - be connected with services to address other presenting needs or circumstance
 - be adhering to orders or interventions related to their use of violence
 - present with a pattern of behaviour that has been successfully intervened or managed to lessen or prevent risk.

Adult or child victim survivor

- Protective factors and risk management strategies, such as advocacy, information and victim survivor support and referral, are in place to lessen or remove (manage) the risk from the person using violence.
- Adult victim survivor's self-assessed level of fear and risk is low, and safety is high.
- Victim survivor/s are engaged with a specialist family violence service or other appropriate services supporting their safety, needs and recovery.

Elevated risk

A number of risk factors are present, including some high-risk factors.
Risk is likely to continue if risk management is not initiated/increased.

Person using violence

Likely circumstances for risk level:

- A Safety Plan may not yet be in place for the person using violence, or they are unable to enact it. Risk management strategies may:
 - not be in place
 - require review to strengthen the approach
 - have successfully reduced risk from a previously assessed level of 'serious risk'.
- Police have been involved on more than one occasion.
- The person using violence may:
 - be in a pre-contemplative stage – not believing there is a problem
 - have intermittent contact with services responding to their presenting needs, circumstances or behaviour that impact on risk
 - be likely to disengage from services
 - present with changes to dynamic risk factors and level of coercive control, or have likely changes in the near future
 - present to services falsely reporting to be the victim, making false cross-accusations of violence, or is known to seek collusion from professionals increasing risk of misidentification.

Adult or child victim survivor

- The likelihood of serious injury or death is not high. However, the impact of risk from the person using violence is affecting the victim survivor/s' day-to-day functioning.
- Adult victim survivor's self-assessed level of fear and risk is elevated, and safety is medium.
- Victim survivor/s are engaged with a specialist family violence service or other appropriate services supporting their safety, needs and recovery.

Serious risk

A number of high-risk factors are present. Frequency or severity of risk factors may have changed or escalated. Serious outcomes may have occurred from current violence and it is indicated further serious outcomes from the use of violence are likely, and there may be imminent threat to the life of the victim survivor, themselves or the community. Immediate risk management is required to lessen the level of risk or prevent a serious outcome from the identified threat presented by the person using violence. Statutory and non-statutory service responses are required and coordinated and collaborative risk management and action planning may be required.

Person using violence

Likely circumstances for risk level:

- The person using violence may:
 - have previously and/or repeatedly used family violence against current and/or previous victim survivors
 - have had police attendance at family violence incidents on several occasions
 - be actively counteracting the risk management or system interventions in place, including avoiding police, statutory authorities, or services, to remain 'unknown' or out of view of the system
 - present with changed or escalating frequency or severity of violence within a short period of time (1–4 weeks)
 - display a pattern of coercive controlling behaviours that has escalated or changed, with increased hostility, including extreme displays of entitlement, revenge and retribution, underlying their intention or choice for using violence
 - present with characteristics linked to serious risk

Adult or child victim survivor

- Adult victim survivor's self-assessed level of fear and risk is high to extremely high and safety is low.
- Victim survivor/s are seeking an immediate intervention or unable to seek intervention due to levels of fear and risk.

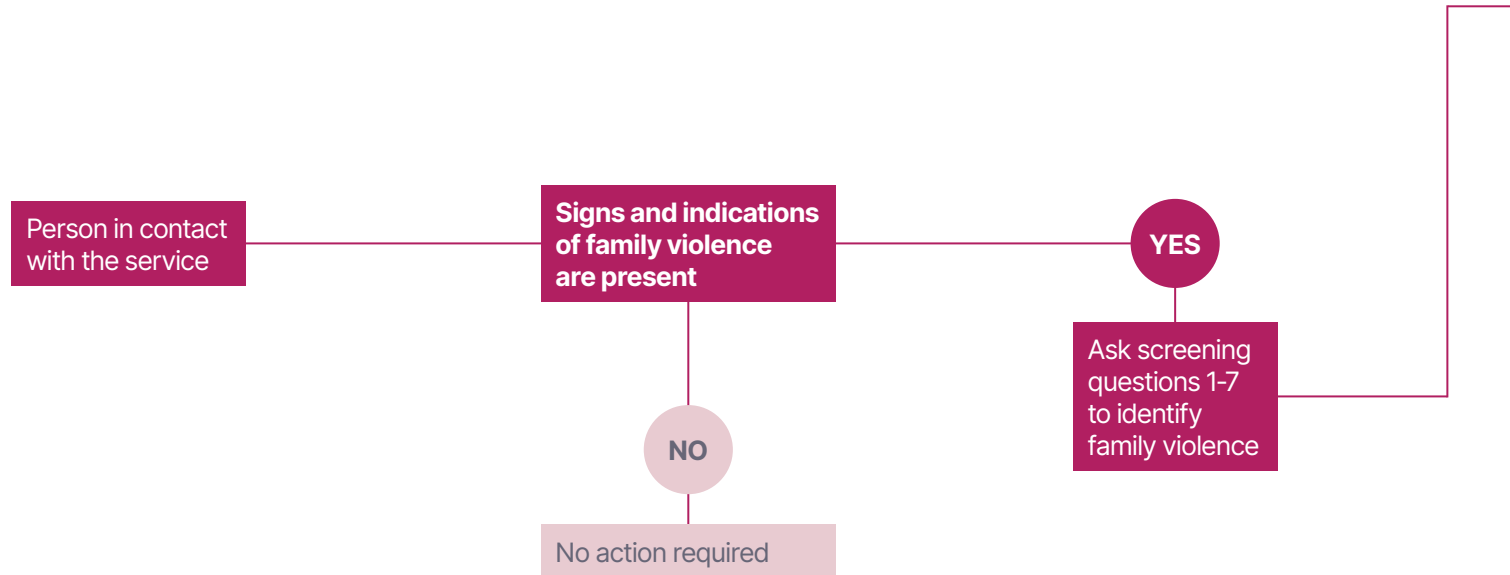
- have breached or is at risk of breaching court orders, intervention orders, community-based correction orders or family court orders. This includes recent, increasing or persistent breaches of orders
- have very intermittent attendance or engagement with your service or has disengaged, and/or has no contact with any service
- have presenting needs or circumstances linked to risk that have not been addressed, have changed/escalated recently, or are linked to deterioration of circumstances.

Most serious risk cases can be managed by standard responses including by providing crisis or emergency responses by statutory and non-statutory (e.g. specialist family violence) services. There are some cases where serious risk cases cannot be managed by standard, coordinated and collaborative responses and require formally convened crisis responses (such as RAMP).

Serious risk and requires immediate protection (for victim survivor) or intervention (for person using violence)

- Previous strategies for risk management have been unsuccessful.
- Escalation of severity of violence has occurred/is likely to occur.
- The person using violence does not respond to internal or external motivators.
- Concerns and observations about escalating behaviours become evident and require direct intervention.
- There are threats to suicide or self-harm present.
- The threats are recent, repeated and/or specific.
- There may be other risk factors present, including stalking, sexual assault, change in behaviours.
- Non-fatal strangulation has occurred.
- Likelihood of homicide escalated and/or imminent.
- Formally structured coordination and collaboration of service and agency responses is required.
- Involvement from statutory and non-statutory crisis response services is required (including possible referral for a RAMP response). This includes risk assessment and management planning and intervention to reduce or remove serious risk that is likely to result in lethality or serious physical or sexual violence.
- Adult victim survivor self-assessed level of fear and risk is high to extremely high and safety is extremely low.

Response options following screening and identification for victim survivors, and safety planning



Screening questions to identify family violence

1

Has anyone in your family done something that made you or your children feel unsafe or afraid?
(Are there multiple perpetrators?)

2

Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?

3

Have they threatened to hurt you in any way?

4

Have they physically hurt you in any way (e.g. hit, slapped, kicked or otherwise physically hurt you)?

5

Do you have any immediate concerns about the safety of your children or someone else in your family?

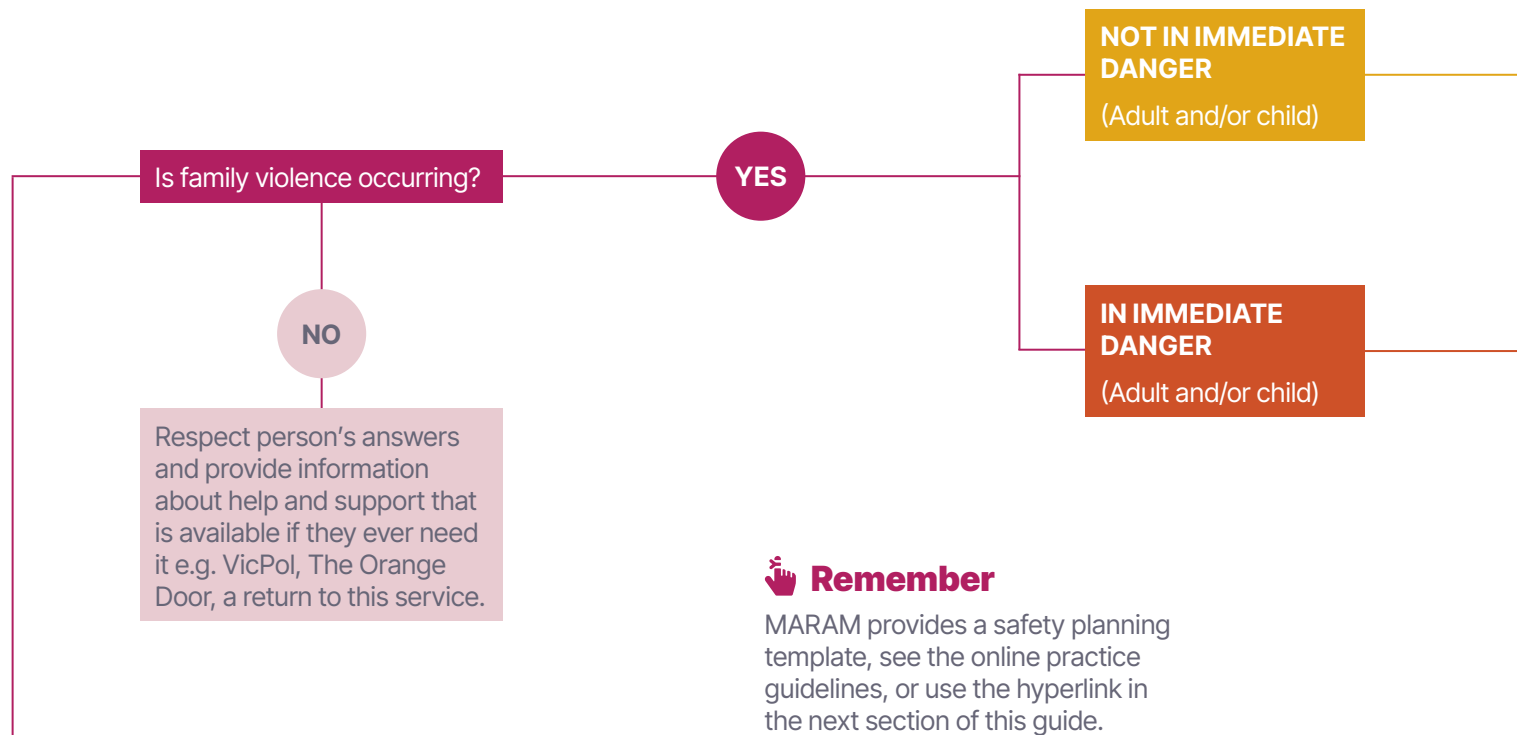
6

Do you feel safe to leave here today?

7

Would you engage with a trusted person or police if you felt unsafe or in danger?

Response options following screening and identification for victim survivors, and safety planning (continued)



If a person is not in immediate danger and is **not willing to receive further assistance**:

- Provide information about help and support that is available, including to make a report to Victoria Police particularly if children are affected.
- Consider child wellbeing and safety, and share

information with other internal or external services under the CISS, consider mandatory reporting obligations.

- Monitor closely.
- Let the person know that if their circumstances change they can seek assistance from this service, Victoria Police, or The Orange Door.

If a person is not in immediate danger and is **willing to receive further assistance**:

- Note the services and options available to the person experiencing family violence, including support to make a report to Victoria Police, referral to The Orange Door, or sharing of information with a current care team, or sharing information under the FVISS.

- Consider child wellbeing and safety, and share information with other internal or external services under the CISS, consider mandatory reporting obligations.
- Refer and collaborate with a specialist family violence service for comprehensive assessment (The Orange Door).
- Make a basic safety plan, including for children.

If in immediate danger and person is **not willing to receive further assistance**:

- Particularly if children are affected, consider proactively

sharing information under the CISS or the FVISS to current care team or The Orange Door, and call police (000), consider mandatory reporting obligations.

If in immediate danger and person is **willing to receive further assistance**:

- Call Police (000) if a crime has been committed.
- Seek support of a specialist family violence service

(The Orange Door [9am-5pm] or Safe Steps [24hrs]) and share information under the FVISS.

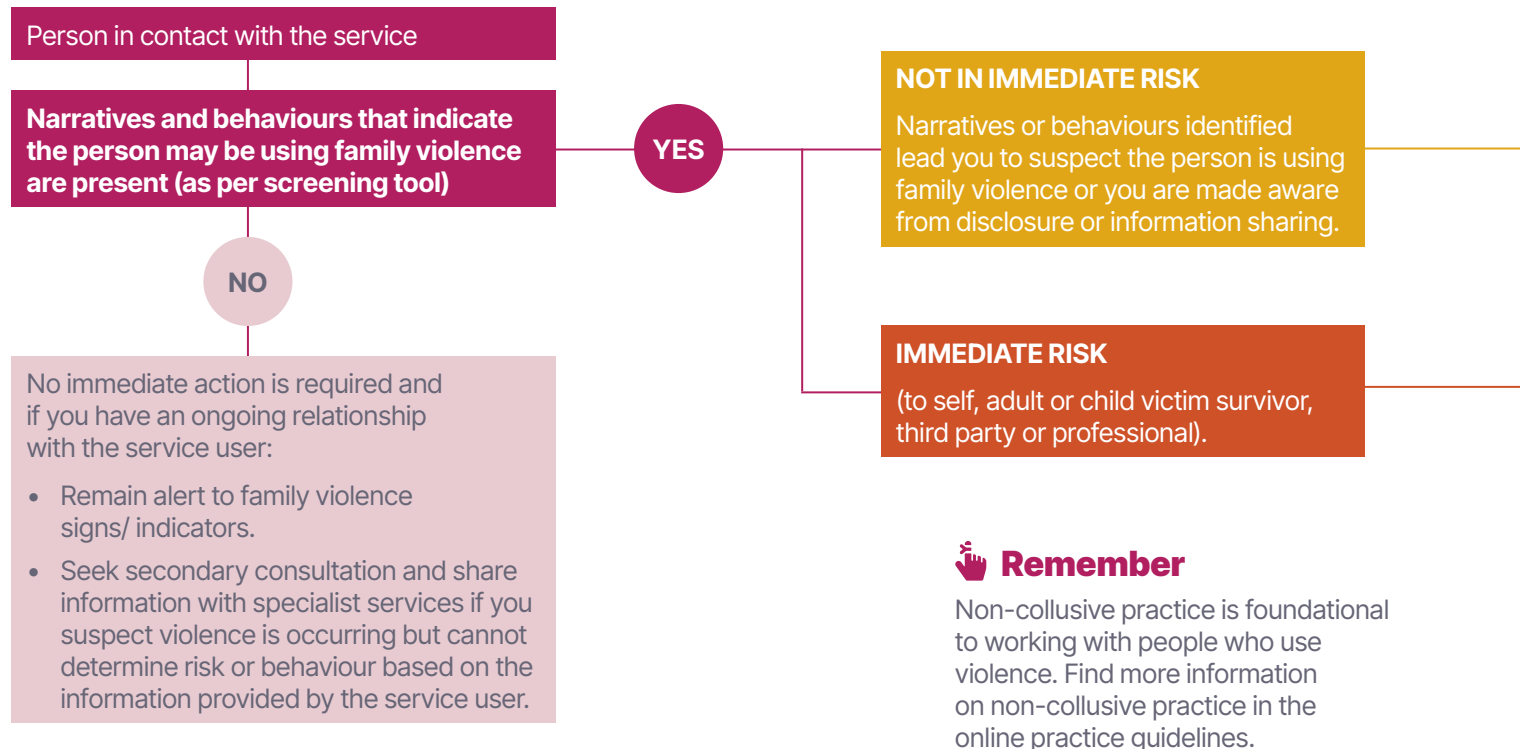
- Consider child wellbeing and safety, and share information with other internal or external services under the CISS, including consideration of mandatory reporting.

If appropriate to your role, complete further assessment (intermediate or comprehensive) to explore more fully the information disclosed by the person using violence to assist you in determining the level of risk and types

of behaviours, attitudes and narratives present.

Perpetrator-focused **Responsibility 3: Intermediate risk assessment** and **Responsibility 4: Intermediate risk management**

Response options following screening and identification for people who use violence



If the person does not pose an immediate risk, and it is a **one-off contact**:

- Acknowledge the difficulty in asking for help.
- Provide information about help and support that is available for them and (if safe to do so) any family members.

- Let the person know that if they want support in future, help is available.

Proactively share information about the person using violence to respond to risk for adult or child victim survivors, such as with a specialist family violence service or any other service known to be working with an adult or child victim survivor.

If the person does not pose an immediate risk, and you have **ongoing contact**:

- Complete steps as per one-off contact, and
- Continue to monitor any change or escalation of behaviour or any need related to risk (refer to Identification Tool for people who use violence), by:
 - asking about changes to circumstances,
 - asking about coping strategies.

- Provide information on the services and supports available to the service user.

Proactively share information about the person using violence to respond to risk for adult or child victim survivors, such as with a specialist family violence service (The Orange Door) or any other service known to be working with an adult or child victim survivor.

An immediate risk may include a targeted threat against any person.

- Contact Triple Zero (000) and ask for police if a crime has been committed or is likely to be committed,
- Contact your local tertiary mental health team/CAT team if acute signs of mental ill health are present.
- Contact Child Protection where mandatory reporting obligations are present.

- Consider child wellbeing and safety, and share information if needed.
- If safe to do so, ask the person using violence if they would like support from specialist services. If yes, provide referral.

Proactively share information about the person using violence or seek secondary consultation with specialist family violence service to support adult or child victim survivors, or perpetrator intervention specialist services to support the person using violence (or provide secondary consultation).

If appropriate to your role, complete further assessment (intermediate or comprehensive) to explore more fully the information disclosed by the person using violence to assist you in determining the level of risk and types

of behaviours, attitudes and narratives present. Perpetrator-focused **Responsibility 3: Intermediate risk assessment and Responsibility 4: Intermediate risk management**

Online tools and guidance by MARAM responsibility

MARAM responsibilities and practice guidance						Tools and resources
Practitioner responsibilities	Online victim survivor practice guides & tools	Online perpetrator practice guides & tools	Identification	Intermediate	Comprehensive	
Foundational knowledge	page 1	page 1	✓	✓	✓	
1. Engage	page 129	page 129	✓	✓	✓	
2. Identify	page 149	page 149	✓	✓	✓	Observable signs of trauma Guidance on using the Screening and Identification Tool for victim survivors Adult victim survivor Screening Tool Response options for adult victim survivors and basic safety plan People using violence Identification Tool Response options for adults using violence
3. Intermediate risk assessment	page 183	page 181		✓	✓	Adult victim survivor Brief Risk Assessment Tool Adult victim survivor Intermediate Risk Assessment Tool Child victim survivor Intermediate Risk Assessment Tool

MARAM responsibilities and practice guidance						Tools and resources
Practitioner responsibilities	Online victim survivor practice guides & tools	Online perpetrator practice guides & tools	Identification	Intermediate	Comprehensive	
3. Intermediate risk assessment (continued)	page 183	page 181		✓	✓	Adult & child victim survivor intermediate risk assessment and practice guidance Adult using violence Intermediate Assessment Tool Adult using violence intermediate assessment conversation model Adult using violence screening questions for cognitive disability and acquired brain injury Recognising suicide risk in the context of adults using violence
4. Intermediate risk management	page 281	page 269		✓	✓	Adult victim survivor Intermediate Safety Plan Older children/young people Intermediate Safety Plan Adult using violence Intermediate Risk Management Plan Adult using violence Intermediate Safety Plan Adult using violence intermediate safety planning conversation model

MARAM responsibilities and practice guidance						Tools and resources
Practitioner responsibilities	Online victim survivor practice guides & tools	Online perpetrator practice guides & tools	Identification	Intermediate	Comprehensive	
5. Consult and refer	page 309	page 333	✓	✓	✓	
6. Share information	page 321	page 351	✓	✓	✓	
7. Comprehensive risk assessment	page 333	n/a			✓	Adult victim survivor Comprehensive Risk Assessment Tool Genogram template and guidance Comprehensive risk assessment practice considerations for people who identify as Aboriginal or belong to a diverse community
8. Comprehensive risk management	page 395	n/a			✓	Adult victim survivor Comprehensive Safety Plan Ecomap diagram template to identify protective factors
9. Coordinated risk management	page 433	page 372	✓	✓	✓	
10. Ongoing risk collaboration	page 445	page 386	✓	✓	✓	

Training

Overview of MARAM and information sharing training available for all workforces

Referral sources

Emergency and crisis numbers

Ambulance/Police/Fire	000	Poisons Information Centre.....	131 126
Child Protection Crisis Line (after hours).....	13 12 78	Perinatal Anxiety and Depression Australia	1300 726 306
Lifeline	13 11 14	1800 Respect	1800 737 732
Men's Referral Service	1300 766 491	Safe Steps – Family Violence Support (24 hrs)	1800 015 188
Nurse on Call	1300 606 024	Suicide Call Back Service	1300 659 467

The Orange Door

Brimbank Melton	1800 271 046
Western Melbourne	1800 271 045
North Eastern Melbourne Area.....	1800 319 355
Hume Merri-bek	1800 271 151

Child protection

West Division Intake.....	1300 360 462
North Division Intake.....	1300 598 521

Interpreting services

Translating & Interpreting Service (TIS National)	131 450
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Centres Against Sexual Assault

Northern Centre Against Sexual Assault.....	(03) 9496 2240
Western Centre Against Sexual Assault	(03) 9216 0444
24-hour Crisis Line.....	1800 806 292

Aboriginal & Torres Strait Islander services

Djirra.....	1800 105 303
VACCA head office	(03) 9287 8800
VAHS	(03) 9419 3000
Elizabeth Morgan House	
Aboriginal Women's Service	(03) 9403 9400

Statewide FV services

Drummond Street Queerspace.....(03) 9663 6733
Intouch 1800 755 988

Service directories

WIFVC directory
NIFVS directory
Ask Izzy
No To Violence – Service directory



BARWON AREA

**Integrated Family
Violence Committee**

The WIFVC and the NIFVS acknowledge and thank the Barwon Area Integrated Family Violence Committee for their work designing this MARAM Framework Summary Guide and for allowing it to be tailored for the Western and Northern Metropolitan Regions.

wifvc.org.au

nifvs.org.au



Content in this Summary Guide has been sourced from resources and documentation available on www.vic.gov.au

Version 3.2 June 2024

WIFVC

Western Integrated Family Violence Committee

