MARAM PRACTICE GUIDES

RESPONSIBILITY 2: IDENTIFICATION OF FAMILY VIOLENCE RISK

Working with adult people using family violence

VICTORIA State Government

RESPONSIBILITY 2

WORKING WITH PEOPLE WHO USE FAMILY VIOLENCE

NOTE:

The advice in this Practice Guide is for all professionals. It will help you identify and reduce family violence risk while working with service users to address their other needs.

Do not engage a person directly about their use of family violence unless you have been trained to do so.

The learning objective for **Responsibility 2** builds on the material in the Foundation Knowledge Guide and in **Responsibility 1**.

2 WORKING WITH PEOPLE WHO USE FAMILY VIOLENCE

2.1 OVERVIEW

. . . .

This chapter helps you identify narratives and behaviours that may indicate a person is using family violence.

. . . .

You should use this guide when you suspect a person is using family violence, but this is not yet confirmed.

This guide also helps you determine what else you need to do, such as further assessment or information sharing.

Section 2.2 outlines the observable signs and narratives that may indicate the use of family violence. **Section 2.3** guides you on using the Identification Tool to document these indictors.

Sections 2.11 and 2.12 explain how to respond when you suspect family violence is occurring.

Key capabilities:

All professionals should have knowledge of **Responsibility 2** which includes:

... awareness of the evidence-based family violence risk factors and explanations, outlined in the *Foundation Knowledge Guide*

... understanding how to identify indicators a person is likely to be using family violence by observation of common narratives and behaviours, including denial, minimisation, justification and externalisation of responsibility for violence

... understanding when it is safe to ask about presenting needs and circumstances, with awareness that they may be linked to likelihood, change or escalation of family violence risk behaviours

... using information gathered through engagement with service users and other providers via information sharing, to identify observable narratives and behaviours indicative of family violence perpetration and potentially identify people using, or suspected to be using, family violence. **Responsibilities 5 and 6** discuss information sharing laws and practice in more detail.

2.1.1 Who should use the Identification Tool?

Appendix 2 contains the **Identification Tool** as a stand-alone template. **Section 2.3** below provides instructions for use of the Identification Tool.

All professionals have a role to identify signs of family violence. You should use the **Identification Tool** when a service user's narratives and behaviours indicate they may be using family violence.

The tool includes narratives and behaviours you might observe in the context of family violence across all relationship types, including towards Aboriginal communities, diverse communities and for older people.

Narratives such as denial, minimisation and blame are common, but variations in language and behaviour can vary across different identities and communities.

You can use the Identification Tool at any point of professional or service engagement. In service settings where a person has multiple contacts, you and other professionals may identify narratives or behaviours indicating family violence over time.

Narratives and behaviours that indicate family violence risk will inform your professional judgement about how to respond.

2.1.2 Structured Professional Judgement during the identification stage

Reflect on the model of Structured Professional Judgement outlined in **Section 10.1** of the *Foundation Knowledge Guide*.

Observing a person's narratives and behaviours is the first step towards identifying whether evidence-based risk factors are present. This can be further informed by risk assessment (**Responsibilities 3 and 7**) and information sharing (**Responsibilities 5 and 6**).

Figure 1: Model of Structured Professional Judgement
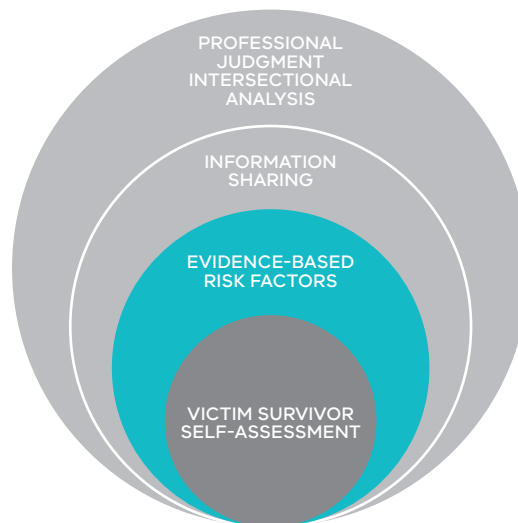
In the course of your work, you may encounter service users who present with beliefs, attitudes or behaviours that indicate they may be using family violence. In some cases, they may also (intentionally or unintentionally) disclose acts of family violence.

Applying a **victim-centred lens** when listening to a person's narratives or observing their behaviours, will assist you to think about the victim survivor's experience of these attitudes and behaviours.

This will support you to keep victim survivors' experiences of risks at the centre when you apply Structured Professional Judgement.

2.2 IDENTIFICATION OF FAMILY VIOLENCE NARRATIVES AND BEHAVIOURS

In any service delivery environment, you should always be aware of the possibility that a service user may be using family violence.

Some service users' narratives and behaviours will be a direct disclosure of their use of family violence.

However, it is more common for their narratives and behaviours to only **indicate** the presence of risk factors.

In some circumstances, you will need to seek and share information to confirm, or determine, your identification of risk.

REMEMBER

Adolescents who use violence need a different response than adults.

When you observe narratives and behaviours indicating family violence from adolescents and young people, you can still record these in the Identification Tool.

However, your response must consider their age, developmental stage, whether they are also a victim survivor of violence, and their therapeutic needs.

You should also consider the specific protective factors that will support their development, stabilisation and recovery (such as family reunification where it is safe to do so), as well as overall circumstances.

Refer to MARAM Practice Guides for working with adolescents using violence for more information. (These are still in development and are due to be released in 2021.)

Family violence is prevalent in all parts of our community and is often undisclosed and undetected.

Most organisations, services and sectors do not engage with people to directly change their use of family violence.

However, they do work with them in other capacities to meet their presenting needs.

Given the prevalence of family violence in the community, it is likely that you work with people who may be using family violence every day.

You may suspect a person is using family violence due to:

... the person's account or description of experiences, themselves and their relationships (their narrative) or behaviours towards family members or professionals – these may **indicate** use of family violence

... disclosures from family members or indirect disclosures of family violence behaviours from the person using violence themselves

... information shared by professionals, services or other sources.

The person's use of violence may be known, suspected or not yet identified by you or another professional or service.

The person may also be engaged with services that are directly or indirectly related, or unrelated, to their use of family violence, such as therapeutic services.

Table 1: Service awareness and roles in addressing a person's use of family violence

Awareness that person is using family violence	Service role in relation to family violence response	Example
Known to the service	Directly related	A professional is aware the person is using family violence, based on information shared, such as:
		... their service engagement is due to court-ordered therapeutic need in relation to their use of violence. In this situation, the person knows the professional is aware they have used family violence
		... direct disclosure of family violence behaviours from the person (whether they are aware their behaviours are identified as family violence or not)
		or
	Indirectly related	... disclosure from a victim survivor or information shared by a professional in another service, but the person using violence does not know the service is aware of this.
Suspected	Indirectly related	A professional suspects a person may be using family violence based on indirect disclosure. Narratives about beliefs or attitudes, or behaviours may indicate use of violence. In this situation, the person is not likely to be aware they are suspected of using violence.
Not identified	Either directly or indirectly related	A professional does not suspect a person is using violence, no information has been shared to notify them and no disclosure has been made. The person knows the professional is not aware they are using violence.

The identification process outlined in this Practice Guide will support your decisions about whether further risk assessment and risk management are needed (refer to **Responsibilities 3 or 7**).

REMEMBER

You should frame your engagement with the service user around your role and expertise.

By letting them know you can help them with the service that is your core role, you will have the chance to gain insight into patterns of behaviours. These include patterns within their interpersonal relationships and the narratives they use to describe family members, their circumstances, their experiences and themselves.

The more natural and conversational your engagement is with a service user, the more likely the service user will share information with you, some of which is likely to be risk relevant.

If service users start to feel interrogated, they tend to give 'yes'/'no' answers, shut down or tell you what they think you want to hear.

In some circumstances, this may lead to disengagement from the service and/or an increase in risk to the victim survivor.

Services and organisations should take steps to integrate identification of family violence risk into standard assessment practices.

At this early stage, you are not only identifying family violence risk, but also providing people who use violence with a positive service engagement to motivate them to continue seeking help and further engage with the service system (refer to **Responsibility 3**).

2.2.1 What are family violence risk factors?

Section 9 in the *Foundation Knowledge Guide* outlines the family violence risk factors with a short description.

Family violence risk factors are evidence-based factors that are used to identify:

... whether a person is experiencing or using family violence

... the level or seriousness of risk

... the likelihood of violence re-occurring.

Responsibilities 3 and 7 describe how to assess for risk factors, including determining the level or seriousness of risk.

2.3 HOW TO USE THE IDENTIFICATION TOOL

A stand-alone **Identification Tool** is provided in **Appendix 2**.

You can use the Identification Tool to record your observations of narratives and behaviours that may indicate a person is using family violence.

This tool may not be able to definitively determine the presence of family violence, without direct disclosure of risk behaviours.

However, it supports you to record information that you can analyse alongside other information. This includes information shared from other services, any disclosures (by the person using violence or victim survivor, if applicable), and any observations of direct use of family violence behaviours.

You are prompted to consider information sharing, and to apply Structured Professional Judgement to identify whether family violence risk is present.

You do this in the context of understanding the person's individual behaviours, presenting needs and circumstances.

The Identification Tool includes the following sections.

Intake information

Information about the service user (person suspected of using family violence) and, separately, information about the potential adult or child victim survivor (if known).

Section 1

Outlines the types of information you can record about your observations of the person's narrative and behaviours that indicate beliefs or attitudes commonly linked to the use of family violence. Observations may also be from a direct disclosure of using family violence behaviours.

Identifying narratives or behaviours linked to use of family violence

Observation	How to recognise beliefs or attitudes in narratives or behaviours
Observed: narratives that may relate to underlying beliefs or attitudes	Recognising narratives that may reveal underlying beliefs or attitudes that are pro-violence, discriminatory and/or are commonly associated with likely use of family violence.
	Be aware that narratives may **indicate** beliefs (things that a person feels are right or correct) and attitudes (how a person expresses beliefs).
	Socially constructed norms and expectations, identity, emotions, past experiences and behaviours reinforce beliefs and attitudes.
	Examples of beliefs and attitudes that are commonly linked to likely use of family violence include expressions of how a person uses power, structural inequality, barriers or discrimination in their relationships. For example, they may express patriarchal beliefs and attitudes indicating 'ownership' over their partner and children.
Observed: physical or verbal behaviour that may relate to the use of family violence	Recognising physical or verbal behaviour that may reveal the use of coercive control and violence, such as aggression, hostility or malice (in physical and/or verbal behaviour).
	Where these behaviours are not challenged, they reinforce the person's beliefs and attitudes, which are in turn expressed through future behaviour. For example, derogatory language about women, or anger about 'disrespect' shown to men or their position in the family.
Observed narratives: minimising or justifying	Recognising narratives that minimise or justify beliefs and attitudes, or physical and verbal behaviour. Be aware of the following:
	... There is often a clash or internal conflict between a person's view of themselves and what their behaviour says about them. This minimising or justifying attempts to align this clash by projecting blame, guilt and responsibility for violence or its impacts onto others.
	... The person using violence may intentionally minimise or justify their narratives and behaviour to mislead you about their use of violence for the purpose of control. Accepting this invitation to collude can lead to misidentification of the victim survivor.
	... The person may hold a sincere belief in projecting responsibility onto the victim survivor.
Observed narrative or behaviour: practitioner experience (of the service user)	The person may use the above narratives or behaviours with you during a session or over time.
	You may experience invitations to collude or feel intimidated, manipulated or controlled throughout your engagement with them.
Immediate risk	The person using violence may make a direct or targeted threat against an adult or child victim survivor, a third party or any other person (including a professional).
	The person using violence may also indicate risk to their own safety.

Section 2

Identifying the person's presenting needs and circumstances can help identify and manage family violence risk behaviours.

This section includes considering the **person in their context** (refer to **Section 10.2.1** in the *Foundation Knowledge Guide*) to identify areas in the person's life that may be related to risk behaviours, or function as a protective factor.

Protective factors alone do not reduce risk. However, if present, they may help to promote stabilisation and mitigate change or escalation of risk behaviours.

Identifying presenting needs and circumstances that may contribute to risk behaviours or act as protective factors

Area of the person's life context	Needs and circumstances that contribute to risk or are protective
Identity/relationships/ community	Consider the person's context in terms of their identity, and relationship status or known dynamics, including: ... their identity (personal attributes and experiences) ... identities of, and relationships with, intimate partner (current/former), children, other family members. Consider broader social connection or sense of belonging to: ... friends or extended family network ... community, cultural or close social groups ... social networks, social media, clubs (may or may not include gangs or other affiliations). Consider if family, social and community connections indicate they reinforce pro-violence or discriminatory narratives or behaviours or rigid social norms and expectations. If they do not, then stronger connection may be protective factors.
Systems intervention	Consider the person's context in terms of any statutory or justice system interventions.
Practical/ environmental	Consider the person's context in terms of any (current or needed) connection to professional or therapeutic services or support for presenting practical or environmental needs and circumstances.

Section 3

Record whether risk is indicated as present and/or if immediate intervention is required for:

... adult or child victim survivors

... self (whether the person using violence is at risk of suicide or self-harm)

... professionals and community.

You can record the information you collect in the Identification Tool template over time. For example, you may observe narratives or behaviours across a number of engagements.

This section of the tool also asks you to:

... record if the tool was used to determine the predominant aggressor in response to suspected misidentification, and consider secondary consultation and referral if further assessment is required

... refer to the decision flow diagram (**Appendix 1**), providing response options where you identify family violence risk may be present, particularly if there is an immediate risk

... (if applicable to your role) consider whether you should undertake an intermediate risk assessment, or refer to another professional to undertake this

... consider whether information needs to be shared with another professional or service working with the service user and/ or the victim survivor.

2.4 UNDERSTANDING THE CONDITIONS THAT SUPPORT FAMILY VIOLENCE PERPETRATION

Understanding the conditions that may be present and relate to someone's use of family violence is crucial for understanding intent and choice.

Four important conditions that can influence the likelihood of family violence perpetration are: social conditions, early life experiences, enduring beliefs and attitudes, and individual choice.

2.4.1 Social conditions

Societal understandings of family and gender create the social conditions for family violence.

These social conditions (which are always changing) create expectations of binary gender roles and narratives for acceptable and unacceptable behaviours of adults and children (for example, 'boys shouldn't cry').

When repeated in social spaces, such as the family home, schools, in media, workplaces and sporting clubs, these narratives become social norms that are reinforced over time.

Individuals internalise these roles and narratives to differing degrees and come to hold expectations of themselves and others that reflect these roles.[1]

We are all influenced by these broad social conditions.

Some people may define themselves by these social conditions and roles. For others, they may have a more subtle influence on self-concept and behaviour.

Some people may also challenge and subvert these expectations of binary gender roles.

Life experiences tend to determine how important certain roles and narratives come to be for individuals.[2]

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1   O'Neil JM 2008, 'Summarizing 25 years of research on men's gender role conflict using the gender role conflict scale', *The Counselling Psychologist*, vol. 36, no. 3, p. 358-445.
2   Goffman E 1990, *The presentation of self in everyday life*, Penguin, Harmondsworth.

2.4.2 Early life experiences

One of the primary ways in which people learn is by observing the behaviour of others.

Early modelling during the first five years of life is particularly influential on long-term health and social outcomes across a person's lifespan.

Childhood exposure to family violence is one contributing factor to future perpetration of violence. It is not a determinant on its own.[3]

The models of behaviour that tend to be the most influential on children's own behaviour are those of parents and other important authority figures.

When children observe behaviour that is rewarded, or that results in a parent or other influential person getting what they want, they tend to replicate it. On the other hand, behaviour that is punished, or that results in a negative consequence for a parent or influential person, tends to be avoided.

For this reason, people who have grown up exposed to family violence may end up replicating the violence they have witnessed.

If violent behaviour has been modelled by a father, there is a particularly strong modelling effect on boys but not girls. This is because boys tend to emulate their fathers and girls tend to emulate their mothers.[4]

3   Other factors such as gender roles and stereotypes and violence-supportive attitudes are important factors discussed in this chapter. Factors including socioeconomic disadvantage, parental mental illness and substance use are also contributors to the likelihood of children who are exposed to family violence going on to use or experience family violence in future. Refer to RCFV, 'Children and young people's experience of family violence', Vol II, Chapter 10, p. 117; The RCFV noted that while children who witness family violence are more likely to experience or use family violence in future relationships, 'a number of factors can mitigate the effects of family violence, including the presence of a supportive adult or older sibling, and the mother's positive mental health. Mothers play a vital role in mitigating the effects of family violence on their children'. Ibid., pp. 111, 117.
4   Eriksson L and P Mazerolle 2015, 'A cycle of violence? Examining family-of-origin violence, attitudes, and intimate partner violence perpetration', *Journal of Interpersonal Violence*, vol. 30, no. 6, pp. 945-964.

In order to cope with witnessing and/or experiencing violence in the home, victim survivors may minimise their experiences as a means of achieving emotional distance from these experiences.

This coping strategy over the short term may be adaptive, but over the longer term may result in the minimisation of violence in general and lead to desensitisation and normalisation of violence.[5]

This may stem from normalisation of a family and community environment of violence from a range of contacts in the person's early life, not solely from parents or immediate family.

2.4.3 Enduring beliefs and attitudes

People may come to hold **attitudes** that support family violence because they have:

... had early life experiences that modelled or normalised family violence or promoted being in control or dominating others

... been exposed to pro-violence, discriminatory or sexist social influences

... observed and learned from influential people (such as family and peers) to obtain power and control through the use of coercion, manipulation or violence.

These general **attitudes** come to be translated over time as beliefs about appropriate behaviour in family contexts. This includes beliefs about violence, women, gender and sexuality, intimate and family relationships, people from diverse communities, people with disability, older people and younger people.

If reinforced enough, these beliefs may then become rigid expectations for both the self and other people.

5   Chambers JC et al. 2008, 'Treatment readiness in violent offenders: the influence of cognitive factors on engagement in violence programs', *Aggression and Violent* Behavior, vol. 13, no. 4, pp. 276-284.

2.4.4 Expectations for self

Expectations for self are influenced by social conditions, early life experiences and our enduring beliefs and attitudes. They can also be influenced by our hopes and goals for the future.

Expectations often dictate how we (and others) **should** behave or feel. They are often internalised from dominant social norms.

For people using family violence, this may relate to setting expectations for themselves based on acceptable expressions of feelings and the use of communication and behaviours to solve problems – or the ability or need to control the world around them.

Men (in particular) may use violence because it has become normalised as part of the historical and rigid social norms about 'masculine' gender identity. These norms tend to view violence as an acceptable means of maintaining control, solving problems or expressing emotions.[6]

Additionally, in social contexts where violence is held as acceptable, people who use violence may view other ways of solving problems, such as dialogue and negotiation, as an unfamiliar, uncomfortable or unacceptable expectation for themselves.

Rigid expectations for self that are based on socialised norms can influence the choice to use violence and increase the likelihood of family violence risk.

All people are influenced by expectations for self in the way they enter and maintain relationships. These expectations will be different according to the person's identities, social conditions and other life experiences.

6   The Men's Project and Flood M 2018, *The Man Box: a study on being a young man in Australia*, Jesuit Social Services, Melbourne.

2.4.5 Expectations for others

The way people create expectations for self will influence how they set expectation for others.

Certain roles and scripts about gender, family and culture may become rigid expectations for others if these roles and scripts have been repeatedly reinforced in an individual's own life.

Depending on how the person views themselves in the world, they may enforce or ascribe meaning to others, based on their identity, constructs of roles within family and society, or privilege, age and ability.

People who use family violence may be so invested in these rigid roles that they use violence to enforce them.

2.4.6 Individual choice

The processes through which beliefs turn into behaviours are complex.

We all hold many beliefs that are not necessarily reflected in our day-to-day behaviours. For example, most of us believe it is important to be healthy, but this does not always translate into our behaviour, such as getting regular exercise or eating a balanced diet.

This is because there are multiple factors underpinning choice, or intention, that link our beliefs to our behaviours, including attitudes, perceived norms, and self-efficacy.[7]

2.4.7 Attitudes

Attitudes, described in detail above, refers to the person's judgement of a behaviour. In the context of family violence perpetration, this means the attitude that the person holds towards the use of family violence, overall, or specific behaviours and tactics.

7   Fishbein M 2009, *An integrative model for behavioral prediction and its application to health promotion: emerging theories in health promotion practice and research*, 2nd ed, Jossey-Bass, San Francisco, pp. 215-234.

2.4.8 Perceived norms

Perceived norms work alongside social norms.

A perceived norm is a person's subjective interpretation of the types of behaviour they believe would be deemed acceptable, or not, by others close to them. These individuals are likely to have great influence in the person's life, including close friends, parents and partners.

The more a behaviour is endorsed by peers, the more likely it is to occur.

2.4.9 Self-efficacy

Self-efficacy is the belief and confidence a person holds about their ability to carry out a specific behaviour, or influence or engage in events and situations in their life, to achieve a goal or solve a problem.[8]

In the context of family violence, the concept of self-efficacy can be used to understand the way a person using violence makes choices both about using violent, coercive and controlling behaviour as well as stopping or changing their behaviour.

A person's decision to use violence can be linked to their perceived confidence in their ability to carry out these behaviours.[9]

This is related to a complex combination of their beliefs and attitudes, their intentions or motives, learning that certain behaviours work to achieve their desired results, and the availability of opportunities and resources to use certain behaviours.[10]

A person's confidence in their ability to use family violence can influence their choice of the types of behaviours and tactics they will use and the amount of effort they will use to achieve them.

They may believe it is easy or difficult to use certain behaviours based on past experience as well as anticipated barriers.

8   Bandura A 1982, 'Self-efficacy mechanism in human agency', *American Psychologist*, vol. 37, no. 2, pp 122-147.
9   Ajzen I 1991, 'The theory of planned behavior', *Organizational Behavior and Human Decision Processes*, vol. 50, pp 179-211.
10   Ibid.

Professional curiosity

You should be curious about general attitudes expressed by service users and be aware of how they may translate into intentions or choices.

For example, some service users may express a belief it is appropriate to use physical violence towards a male relative, but not towards a female partner. Or they may believe that verbal abuse is normal but physical violence is unacceptable.

Approaching expressed attitudes with professional curiosity supports you to explore them further with the service user and increases the likelihood of uncovering family violence risk-relevant information.

Motivation to change

Self-efficacy plays an important role in supporting people using violence to increase motivation and change their behaviour.

For example, if a person has goals that motivate them to have healthy relationships (such as wanting to create an environment in which children feel safe and secure), the strength of their confidence can influence the types of actions they will take to achieve their goal (for example, engaging with a family violence parenting program), as well as the amount of effort they will commit to achieving them (such as practising new child-centred parenting skills).

As past experiences and perceived barriers can influence a person's confidence in changing their behaviours, you should seek to understand the person using violence's experiences and outcomes of previous interventions when setting goals and working with motivation.

Refer to **Responsibilities 3 and 4** for further information on understanding motivation and the process of change.

2.5 RECOGNISING FAMILY VIOLENCE NARRATIVES

Family violence is most often underpinned by core beliefs and attitudes developed through a combination of social norms and early life experiences.

These core beliefs are formed in childhood and are reinforced throughout development and into adulthood. The most important core beliefs related to family violence are beliefs about gender roles and violence attitudes, both of which tend to overlap.[11]

Remember, you can observe these narratives and record them in order to share risk-relevant information with other parts of the service system. **Section 2.6 to 2.7** provides information on how to ask questions to support further identification.

11 Levant RF 2011, 'Research in the psychology of men and masculinity using the gender role strain paradigm as a framework', *American Psychologist*, vol. 66, no. 8, pp. 765-776.

2.5.1 Common attitudes that indicate support for use of family violence behaviours

Refer to **Section 12** in the *Foundation Knowledge Guide* for information about common narratives across relationship types and communities.

This section outlines how to recognise a narrative that may indicate use of family violence. Guidance on recognising narratives that invite you to collude is outlined in **Responsibility 3**.

When you engage with a person, what they say (their narratives) about themselves, their relationships, other family members and their behaviours will give you an insight into their attitudes, experiences and the way they understand their use of controlling behaviours and violence.

The below examples of violence-supporting beliefs may be held consciously or unconsciously by people who use family violence.

Table 2: Narrative examples of violence-supporting beliefs

Common narrative	Reflection of violence-supporting beliefs
My partner is irrational.	(Often expressed with gendered language) May indicate beliefs about gendered roles, norms or expectations – may also relate to age or other identity as focus of negative commentary about capacity or mental illness
Things must be done my way.	May indicate beliefs about authority or role in decision making, and a need to control
Women/they can't be trusted.	(Often expressed with gendered language or language related to having power over a partner, children, older person, person with disability) May indicate beliefs about victims' capability or trustworthiness, such as common narratives about women being more promiscuous or needing to be controlled, or locating the family member as inferior
I can't control myself when I get angry. *I lost my temper.*	May indicate belief that anger cannot be controlled, or violence is a normal, legitimate reaction to anger
They got what was coming to them. *I've been pushed too far.* *If people push me, they deserve to be punished.*	May indicate belief that violence is an appropriate response, or they have a legitimate role or 'right' to discipline, particularly in response to times where victim survivors don't behave as expected (e.g. outside of their expected/imposed role)

Across all forms of family violence and family relationship types, there are **common themes** that a person's narrative may suggest.[12]

These include how a person talks about the following beliefs:

Narratives about their role in relation to their intimate partner, children and family relationships

A person may believe they should perform their family role in ways that are controlling or violent because that is their **right,** their **role** or their **obligation**.

A person may feel **entitled** to **control** aspects of another family member's life because of their position in the family, or where their position is reinforced by beliefs about binary **gender roles**.

The person using violence may state their behaviour is **justified**, and that the victim survivor 'deserved it', because they disrespected the person's authority.

These perceptions often coexist with and are enabled by **disrespectful** or **demeaning** attitudes about other family members (discussed in the next section).

Narratives about their position of power and entitlement to use coercive control or violent behaviour

The identity and experiences of a person using violence, particularly their early childhood experiences, influence their views and beliefs.

This includes beliefs about family violence, gender, gender roles/norms, children, family, family structure and role/position of family members, as well as views about how these are enacted in the community.

Often people using family violence perceive a victim survivor who is an ex/partner, child or other family member as 'lesser than' themselves in some way, and this is reflected in the way they **talk about them**.

12   These narratives are highlighted in the bold text descriptions here, and are listed in Section 1 of the Identification Tool.

It may be in language that reflects a belief in **ownership** over an ex/partner, child or family member.

These constructions of self, beliefs and attitudes about the world will influence their thoughts, behaviour and narratives which reflect the intent and choices they make to use violence.

This can be understood in how they view their behaviours in their family relationships and degree of entitlement to power and control.

A person using violence may use coercive controlling behaviours to target a victim survivor's **identity** or lived experience.

For example, if the victim survivor has a disability, a person using violence may control their access to money, support aids or services, as a way to maintain power over them.

Attitudes about power and **entitlement** may be informed by sexism, racism, ableism, ageism or trans/bi/homophobia.

This in turn, can provide an excuse for the person using violence to reduce the autonomy of another family member or compromise the other family member's rights to make their own **decisions and choices**.

Their attitudes and narratives may suggest they consider the family member to be **subordinate to them**, that they should be **dependent upon them** (also refer to victim stance), or they are **entitled to hold power over them**.

Listen for the way in which a person talks about other family members having reduced capacity or inability to exercise their autonomy.

Example

For people who use family violence, being in charge can define who they are, and showing weakness would mean losing or undermining their identity.

This may be reflected in how they present their privilege and entitlement-based beliefs or attitudes. They may view this role as defining who they are and what they are required to do, which in their perception justifies their use of violence.

Narratives and behaviours that reinforce this role might relate to decision-making 'rights', which are reflected in statements that show they believe:

... they make the 'best' decisions, or they won't 'let' partners, children or other family members make decisions

... family members 'can't' make decisions, or 'good' decisions. They may 'let' their family member make decisions and then belittle them or tell them that was a 'stupid' decision

... it's ok to make decisions without telling their family member, which may lead to undermining a family member's own capacity to make decisions.

This identity may relate to presumed binary gender roles, which often reflect gendered privilege and entitlement-based beliefs.

Invitations to collude might also be based on gender-identity. They may relate to the person's perception of you and your identity, and how they think these might influence you to accept their invitations to collude. For example, men using violence might invite collusion with male professionals via narratives of rigid gender stereotypes, sexism and misogyny.

Similarly, men using violence may also change their demeanour when engaging with a female professional. They may express sexist views, such as taking them or their professional advice less seriously, or commenting on their sexual attractiveness or 'availability'.

Understanding these aspects of identity and experience requires you to use a 'person in their context' approach. It supports you to recognise how the person using violence understands their own behaviour within the broader context of their life and experiences.

It can help you avoid invitations to collude (such as minimising or blaming others) while also showing you have heard their story.

Narratives denying, minimising or justifying controlling behaviours

Identifying narratives of denial, minimising and justifying is an important aspect of risk identification and assessment.

People who use family violence deny, minimise or justify their use of violence and their personal responsibility for it in order to maintain power and control over adult and child victim survivors, and to invite professionals to assess their behaviour as 'not serious'.

They may also do this to maintain a positive sense of themselves or cope with their own experience or trauma, particularly where they have experienced family violence themselves in childhood.

It is common for people using family violence to **deny** their behaviour is harmful or **minimise** their recognition of their use of abusive, violent and controlling behaviours. Denial and minimisation often extend to any sanctions they may face, such as intervention or parenting orders.

Often, the person using violence may seek to **justify** that their narratives indicating coercive controlling behaviour are 'understandable'. This includes using statements that place their behaviour as a reasonable response to a victim survivor's behaviour, experience or identity. You should not be drawn into agreeing with them that this narrative is the reason or cause for their use of violence.

All narratives that deny, minimise or justify violence mask the person's responsibility for their behaviour and the impact of their violence on victim survivors.

A victim-centred approach to identification and assessment will help you expand your field of reference from the person using violence to their family members and any others impacted by their use of violence.

This means being aware of the words or narrative the person uses to describe the situation, the victim survivor, and the level of disclosure or acknowledgement by the person using violence of their violent behaviours and abuse. You should consider the extent to which the person using violence empathises with others or cares about the impact of their behaviour.

Victim stance identified in narratives

Some people who use family violence will present themselves as victims.

They may explain their own trauma, experience of system interventions, role of caring for others or other circumstances in their life, to either present themselves as victims or justify their use of violence, e.g. 'it caused the violence'.

A person using violence may feel they are a victim of a role they didn't choose, such as being a carer for another family member. A person may describe this as a victim of circumstance situation.

People who have caring responsibilities may justify or attribute their behaviour as 'carer stress', or feeling that their caring work means they have additional responsibility or entitlement to control the person they are caring for.

They may present with narratives about the **virtue** of being a carer and their perceived self-sacrifice.

They may also express resentment for their carer role. This can include when a carer says they are violent due to their inability to cope with their caring role. They may also minimise or justify their behaviour based on the objective 'difficulty' or 'hardship' they experience performing the carer role.

They may attempt to frame coercive controlling behaviours as necessary or 'helpful' in the context of their caring role and the needs of the person they provide care to.

Recognising and responding to collusion includes identifying narratives related to victim stance. Refer to **Responsibility 3** for further guidance.

2.6 UNDERSTANDING WHEN IT IS SAFE TO ASK QUESTIONS AND WHEN TO OBSERVE ONLY

Unless there is a direct disclosure, professionals undertaking **Responsibility 2 should not** ask questions directly about perpetration of family violence. Instead, you should focus on recording observations and information sharing.

Direct questioning about family violence behaviours can increase risk unless you are a skilled professional working with sensitivity and in an appropriate setting.

A person using or suspected to be using family violence can react by threatening the safety of victim survivors, staff, other members of the community and themselves.

For **Responsibility 2**, you should only ask service users direct questions about observed narratives, behaviours or disclosures that relate to their suspected use of violence if:[13]

… it is relevant to the primary purpose of their engagement with you (for example, it relates to a presenting need or circumstance that is relevant to your service)

… each of you know they (the service user) are using family violence, for example:

    … they are attending your service due to a related referral or court order or

    … they have directly disclosed they are aware they are using family violence (as opposed to disclosure of behaviours that they are not aware are family violence)

… you can do so in a non-confrontational or non-accusatorial manner, ensuring your communication is respectful and curious to minimise feelings of mistrust or shame,[14] reducing the likelihood they become defensive or escalate their risk to the victim survivor.

---

13   Refer to the 'Service awareness and roles in addressing a person's use of family violence' table on p. 6.
14   Unpacking feelings of shame or guilt is the responsibility of specialist family violence practitioners.

> **REMEMBER**
>
> **Do not** share any information with the service user that you have received from a victim survivor.
>
> A person using or suspected to be using family violence may presume or accuse a victim survivor of sharing information, even if this is not the case.

If relevant to your role, reflect on guidance in **Responsibilities 3 and 7**, on asking questions that relate directly to the purpose of service engagement.

Professionals using **Responsibility 3** can identify service-relevant signs of family violence risk factors and indicators linked to motivations for engagement and/or behaviour change.

Professionals using **Responsibility 7** will undertake direct comprehensive assessment of risk and needs to support behaviour change work.

If you are uncertain of how to proceed, refer to **Responsibilities 5 and 6** on seeking **secondary consultation**. Secondary consultation will provide you with advice on engaging with a person suspected of using family violence without increasing further risk. It can also help you understand how to **share information** that is risk relevant for specialists to undertake comprehensive assessment (**Responsibility 7**).

2.7 CREATING SPACE TO IDENTIFY INDICATORS OF FAMILY VIOLENCE RISK

Sometimes, you can only identify indicators of family violence risk by observation.

In other contexts, where it is relevant to the service you are providing, you can be more direct in your exploration of a person's beliefs, attitudes, behaviours or presenting needs and circumstances that may be related to family violence.

These are not family violence 'screening' questions. Screening often signifies a requirement to routinely use a set of questions as part of service engagement. This does not apply if you are working with a person using violence.

The Identification Tool is designed to record your observation of indicators or disclosure of risk only.

The tool provides descriptions of observations and narratives to assist you to understand the person's context and identify the presence of risk indicators.

You may be able to focus the conversation, if appropriate to the purpose of your service engagement, by using a prompt such as:

... *'In our organisation, one of the things we explore is how things are at home.'*

... *'You said before that you've already been to a couple of meetings like this one and you feel like no one has listened to you. I am really interested in listening to you and your story.'*

... *'You said that you and _____ have been getting into lots of fights lately. The word "fight" means different things to different people. Could you tell me what you mean by fights? What usually happens?'*

The above prompting statement may also assist you to respond to direct disclosure of family violence behaviour.

Remember, your role in **Responsibility 2** is to identify whether family violence is present, not to assess the level of risk, its impacts or to directly intervene with a person using family violence.

The objective at this stage is to ask curious questions that allow for disclosure of behaviour or reveal underlying beliefs and attitudes that may be related to family violence.

If a service user is resistant or reluctant to explore an issue, do not force them to do so. The fact they have avoided some topics is useful information to note and may be relevant to share with another service.

When working with Aboriginal people, you may need to allow for more time, more informal settings and relaxed yarning to assist with trust and rapport building. Refer to **Responsibility 1** for further information on building trust and rapport.

2.8 PEOPLE USING VIOLENCE WHO ARE NOT AWARE OF THE IMPACT OF THEIR BEHAVIOURS

In some circumstances, people who use family violence may be genuinely unaware that their behaviour is violent or coercive. Service users need to have an awareness of a problem in order to address it.

Responsibility 3 provides further questions you can use to prompt this.

If relevant to your role and you have developed rapport over time, it may be appropriate for you to explore the impact of disclosed behaviour on others. For example, you could ask them how they think their partner or child is experiencing their behaviour.

Some issues that represent barriers to gaining insight, such as rigid gender norms that reinforce an identity constituted by the use of power and control, can be overcome in an appropriate specialist intervention.

In these circumstances, referral to a specialist perpetrator intervention service may be appropriate.

If you have identified that the person using violence has other barriers, such as cognitive disability or diagnosed mental illness (such as schizophrenia), this may inhibit standard intervention efforts, including supporting a person's insight into their behaviour.

For support in responding, you can seek secondary consultation and/or refer to specialist services for more coordinated and intensive interventions.

2.9 IF IT IS LIKELY THAT FAMILY VIOLENCE IS NOT OCCURRING

Risk can change over time. If it is not currently evident that family violence is occurring, remain aware that you may identify indicators of family violence in the future.

Building trust and rapport with service users occurs over time.

The stronger this relationship becomes between professionals and service users, the more likely it is that service users will disclose risk-relevant information.

In circumstances in which there are no clear evidence-based family violence risk factors but your professional experience or 'gut feeling' tells you something is not right, consider seeking secondary consultations with specialist perpetrator intervention services (refer to **Responsibilities 5 and 6**).

2.10 IF FAMILY VIOLENCE IS OCCURRING

Refer to **Appendix 1** flow diagram of response options for a quick reference guide.

For professionals whose risk assessment and risk management responsibilities cover **Responsibilities 1 and 2** only, it is more likely that you will have concerns that family violence is occurring based on the service user's narrative, presentation and disclosed behaviours, rather than a direct disclosure of family violence perpetration.

Use information the service user directly provides to you to frame any further assessment and risk management, including safety planning and information sharing.

Table 3: Service contact and response options

If your contact with the service user is a one-off session:	If your contact is part of an ongoing support:	If a service user directly discloses that they have used family violence during normal service provision
… ask the service user if they think they need any help with the issues in their life or (if safe to do so) their relationship issues they have disclosed to you … seek secondary consultation with specialist services and share information with other services working with the person using violence or an adult or child victim survivor … proactively share information, particularly if there is immediate risk (refer to responding to immediate risk below) This is outlined in more detail in **Responsibilities 5 and 6**.	(as for one-off, and): … ask the service user if they need any help with the issues in their life, or, where safe and appropriate to your role, let them know if you have any concerns about their presenting issues, and ask how you might address them together. This is outlined in more detail in **Responsibility 3** … continue to monitor the service user's engagement with your agency. This includes: … asking about any changes to their circumstances and needs … building on previous conversations and disclosures to check in with them, for example, *'Last time we met you said things at home were stressful. How is that going now?'* … share information with other relevant professionals and services as the risk changes or escalates. This is outlined in more detail in **Responsibility 3**.	(as for one-off/ongoing, and): You should turn the conversation towards safety. This will be more directive than only identification under **Responsibility 2**. … assure the service user that there are things they can do to make changes to their behaviour and support safety for their family and themselves. Acknowledge that it is a big step to disclose using family violence … ask how they would like their behaviour to be different … ask how things looked in the past if things were better/happier … ask what they can do now to make some change … ask what they might need help with to achieve the change they desire … ask if anyone is currently helping them or if there is someone in their life who might be able to help them … refer to **Responsibilities 3 and 4** for more guidance, if appropriate to your role.

Following direct disclosure, do not close off your engagement with them without putting a safety plan or strategy in place.

If applicable to your role, undertake Intermediate or Comprehensive Risk Assessment and Management (**Responsibilities 3 and4, or 7 and 8**).

Consider the risk-relevant information, seek secondary consultation and share with others, as appropriate (refer to **Responsibilities 5 and 6**).

If the person using violence has accepted an offer of a referral for further support, you can discuss with them sharing their information for this purpose. Refer to guidance on making a referral and sharing information under **Responsibilities 5 and 6**.

You may also need to contact other services to share risk-relevant information to support the safety of any adult or child victim survivor identified.

You are not required to inform the person using violence you have shared this risk-relevant information if you believe it could increase risk to victim survivors.

2.10.1 Misidentification

Section 12.2.1 of the *Foundation Knowledge Guide* includes guidance on misidentification.

The family violence identification process provides an early opportunity to look for **indicators** a person may be using family violence.

You may not be able to determine definitively that someone is using or suspected to be using family violence unless there is a direct disclosure (from the victim survivor or the person using violence), or this information has been shared with you by another professional or service.

If you observe narratives or behaviours indicating or disclosing use of family violence risk factors, consider whether it is safe to ask direct questions or continue to observe only (refer to **Section 2.7 and 2.8**).

As you gather information directly from the person, document this along with your observations using the **Identification Tool**.

Throughout the identification process, you should use a victim-centred lens when applying Structured Professional Judgement to understand how the person's narratives and behaviours may be experienced by victim survivors.

If you are unsure whether a person is using violence, or there is a risk of misidentification, refer to guidance in **Responsibility 3** if this is appropriate to your role.

If you have used the **Identification Tool** to support your determination of the predominant aggressor in response to suspected misidentification, document this in the tool, ensure your records are corrected, and proactively share information with appropriate organisations working with each party.

2.11 IF FAMILY VIOLENCE IS OCCURRING AND AN IMMEDIATE RESPONSE IS REQUIRED

If family violence is identified and an immediate risk management response is required, you should:

Assess who is at risk of harm from the person using violence, including:

... an adult or child victim survivor

... themselves (due to self-harm or suicide risk)

... a third party identified by the person using violence (for example, a person who is the target of anger or violence, such as a victim survivor's new partner, or presumed new partner, even if this is not the case)

... you or another professional (for example, the person using violence has made a targeted threat).

If you determine there is an immediate risk to any person, contact **Triple Zero (000) and ask for police.**

Be ready to share details about the person using family violence and victim survivor (if known) and be prepared to tell the operator why you believe there is an imminent risk.

Other services may also be appropriate, including:

... Crisis Assessment and Treatment Teams (CATT) – calling the local CATT may be more appropriate where service users are showing acute signs of mental illness but are not necessarily a threat to others

... Child Protection – in order to share information where children are involved or to obtain information about the level of risk a person using family violence may present to a child or young person

... a specialist family violence service – in order to share information and to collaborate with the service on safety planning if a victim survivor is currently engaged in their service.

If you are uncertain how to proceed, call a specialist perpetrator intervention service, or other services such as The Orange Door or Rainbow Door for a secondary consultation on responding to immediate risk. This is outlined in more detail in **Responsibility 4**.

2.12   WHAT'S NEXT?

Refer to the flow diagram in **Appendix 1** for response options where you have identified indicators of risk.

If risk indicators or risk factors are present, the flow diagram will guide you on what to do if there is immediate or non-immediate risk.

Professionals with responsibility for family violence risk assessment should use the information outlined in **Responsibility 3 or 7**.

If this is not within your role, contact another professional within your service or another service to assist.

Professionals who need to make referrals, seek secondary consultation, or share information should refer to guidance on **Responsibilities 5 and 6**, respectively.

Consider if any statutory responsibilities apply and if you may have to report to authorities in the situation.

2.13   DOCUMENT IN YOUR ORGANISATION'S RECORD MANAGEMENT SYSTEM

It is important that you document the following information in your service or organisations record management system:

... whether you had a conversation about limited confidentiality (refer to **Responsibility 6**)

... (if possible) contact details for the victim survivor (refer to victim survivor-focused MARAM Practice Guides)

... (if possible/applicable) children's details

... if an interpreter was used in the conversation

... if you completed the **Identification Tool**

... if family violence has been identified as present or not present, and if immediate action is required

... if family violence has been identified as present or not present, and if immediate action is required

... if misidentification was suspected and you used the **Identification Tool** to support your determination of the predominant aggressor

... actions taken to correct your records where misidentification previously occurred and steps to proactively share information about the predominant aggressor with other organisations working with each party

... the action required such as information sharing, referral or secondary consultation for further risk assessment, determining the predominant aggressor or a risk management and safety plan

... consideration of preventative and other healing approaches and supports that may be introduced (refer to **Responsibility 3/7 and 4/8** as appropriate to your role).

APPENDIX 1: RESPONSE OPTIONS FOLLOWING IDENTIFICATION OF INDICATORS OF FAMILY VIOLENCE RISK

Making a Safety Plan

Person in contact with a service (all services/professionals)

Narratives and behaviours that indicate the person may be using family violence
Refer to guidance on **Responsibility 2** and **Appendix 2**

No

No immediate action is required

and

If you have an ongoing relationship with the service user:

... remain alert to family violence signs/ indicators

... seek secondary consultation and share information with specialist services if you suspect violence is occurring but cannot determine risk or behaviour based on the information provided by the service user

Yes

NOT IMMEDIATE RISK
Narratives or behaviours identified lead you to suspect the person is using family violence or you are made aware from disclosure or information sharing

IMMEDIATE RISK
(to self, adult or child victim survivor, third party or professional)

If the person does not pose an immediate risk, and:

It is a **one-off** contact:

... (If directly disclosed) acknowledge the person's disclosure

... 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: (As per one-off contact **and**):

... continue to monitor any change or escalation of behaviour or any need related to risk (refer to **Appendix 2**), 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 or any other service known to be working with an adult or child victim survivor

Seek secondary consultation with specialist family violence services (including perpetrator intervention services)

If immediate risk to any person is identified

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 CAT team if acute signs of mental ill health is 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 you have any concern for the safety of any adult or child victim survivor, call police (000).

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**

APPENDIX 2: IDENTIFICATION TOOL FOR PEOPLE WHO USE VIOLENCE

Service user details (suspected perpetrator)

Full Name: Alias:

Date of Birth: Also known as:

Gender: **Intersex:**

☐ Male   ☐ Female   ☐ Yes   ☐ No

☐ Self-described (please specify)   ☐ Client preferred not to say

☐ Client preferred not to say   ☐ Unknown

☐ Unknown

Transgender: **Sexuality:**

☐ Yes   ☐ No   ☐ Same sex/gender attracted

☐ Client preferred not to say   ☐ Heterosexual/other gender attracted

☐ Unknown   ☐ Multi-gender attracted

                                                    ☐ Asexual

                                                    ☐ None of the above

                                                    ☐ Client preferred not to say

                                                    ☐ Unknown

Primary address: Current Location:

Contact number: Comments:

Relationship to victim survivor: Service provider client ID:

Aboriginal and/or Torres Strait Islander   **CALD**   ☐ Yes ☐ No ☐ Not known

☐ Aboriginal   ☐ Mob/Tribe: **LGBTIQ**   ☐ Yes ☐ No ☐ Not known

☐ Torres Strait Islander   **People with disabilities** ☐ Yes ☐ No ☐ Not known

☐ Both Aboriginal and Torres Strait Islander   **Cognitive, physical, sensory disability**:

☐ Client preferred not to say

☐ Neither   **Rural**   ☐ Yes ☐ No ☐ Not known

☐ Not known   **Older person** ☐ Yes ☐ No ☐ Not known

Was a language or Auslan interpreter used?   ☐ Yes   ☐ No (If yes, what language):

Country of birth: Year of arrival in Australia:

Are you on a visa?   ☐ Yes   ☐ No (If yes, what type):

Language mainly spoken at home:

Emergency contact: Name:
Relationship to service user:
                                                    Contact Number:

Further details

Ex/partner, family member, person in care, third party (potential victim survivor)

Full Name: Alias:

Date of Birth: Also known as:

Gender: **Intersex:**

☐ Female   ☐ Male   ☐ Yes   ☐ No

☐ Self-described (please specify)   ☐ Client preferred not to say

☐ Client preferred not to say   ☐ Unknown

☐ Unknown

Transgender: **Sexuality:**

☐ Yes   ☐ No   ☐ Same sex/gender attracted

☐ Client preferred not to say   ☐ Heterosexual/other gender attracted

☐ Unknown   ☐ Multi-gender attracted

                      ☐ Asexual

                      ☐ None of the above

                      ☐ Client preferred not to say

                      ☐ Unknown

Primary address: Current Location:

Contact number: Comments:

Aboriginal and/or Torres Strait Islander	**CALD**	☐ Yes ☐ No ☐ Not known
☐ Aboriginal ☐ Mob/Tribe:	**LGBTIQ**	☐ Yes ☐ No ☐ Not known
☐ Torres Strait Islander	**People with disabilities** ☐ Yes ☐ No ☐ Not known	
☐ Both Aboriginal and Torres Strait Islander	**Cognitive, physical, sensory disability**:	
☐ Client preferred not to say		
☐ Neither	**Rural**	☐ Yes ☐ No ☐ Not known
☐ Not known	**Older person** ☐ Yes ☐ No ☐ Not known	

Country of birth: Year of arrival in Australia:

Are you on a visa?   ☐ Yes   ☐ No (If yes, what type):

Language mainly spoken at home:

Further details

Child 1 Details#

Full Name: _____ | Alias: _____

Date of Birth: _____ | Also known as: _____

Gender:
☐ Male   ☐ Female
☐ Self-described (please specify)
☐ Client preferred not to say
☐ Unknown

Intersex:
☐ Yes   ☐ No
☐ Client preferred not to say
☐ Unknown

Transgender:
☐ Yes   ☐ No
☐ Client preferred not to say
☐ Unknown

Sexuality:
☐ Same sex/gender attracted
☐ Heterosexual/other gender attracted
☐ Multi-gender attracted
☐ Asexual
☐ None of the above
☐ Client preferred not to say
☐ Unknown

Primary address: | Current Location:

Contact number: | Comments:

Relationship to victim survivor: | Relationship to person suspected of using violence:

Aboriginal and/or Torres Strait Islander
☐ Aboriginal   ☐ Mob/Tribe:
☐ Torres Strait Islander
☐ Both Aboriginal and Torres Strait Islander
☐ Client preferred not to say
☐ Neither
☐ Not known

CALD	☐ Yes	☐ No	☐ Not known
LGBTIQ	☐ Yes	☐ No	☐ Not known
People with disabilities	☐ Yes	☐ No	☐ Not known
Cognitive, physical, sensory disability:			
Rural	☐ Yes	☐ No	☐ Not known
Older person	☐ Yes	☐ No	☐ Not known

Section 1 – Observed Narratives or behaviours indicating or disclosing use of family violence risk factors

Item

Includes family violence risk to adult victim survivor (partner, ex-partner, older person, person in care, family member) or child/young person victim survivor

	Yes	No	Not known	Comment/detail of observation
Observed narratives: Beliefs or attitudes				
Makes statements that indicate sexist, misogynistic, homophobic, biphobic, transphobic, ableist, ageist or racist beliefs (denigrating person or group based on identity)	☐	☐	☐	
Makes statements that indicate gendered entitlement to power, control and decision making	☐	☐	☐	
Makes statements that indicate belief in ownership over victim survivor	☐	☐	☐	
Comments negatively on victim survivor's decisions and actions	☐	☐	☐	
Pathologises victim survivor (describing their behaviour or presentation as behavioural disorder, mental illness or addiction)	☐	☐	☐	
Displays limited empathy or desire to understand experiences of victim survivor	☐	☐	☐	
Complains that victim survivor does not show them 'respect'	☐	☐	☐	
Openly dismisses victim survivor's viewpoints and/or needs, particularly if it conflicts with their own	☐	☐	☐	
[Adult victim survivor only] Makes decisions for adult victim survivor	☐	☐	☐	
[If applicable] Displays indictors of ownership and entitlement, in relation to children and rights to access and/or custody	☐	☐	☐	
[If applicable] Threatens to report partner/ex-partner to authorities about their 'poor parenting'	☐	☐	☐	
[If applicable] Criticises ex/partner's parenting (put downs, devaluing worth)	☐	☐	☐	
Observed behaviours: Physical / verbal behaviour				
Displays controlling behaviour	☐	☐	☐	
Displays indicators of jealousy and/or possessiveness	☐	☐	☐	
Displays indicators of fixation with victim survivor's actions and whereabouts (monitoring, rumination and intent focus)	☐	☐	☐	
Controls adult victim survivor's finances and/or access to employment	☐	☐	☐	

	Yes	No	Not known	Comment/detail of observation
Demonstrates threatening non-verbal behaviour (physical standover, intrusion into personal space)	☐	☐	☐	
Hostile language and attitudes towards authority figures and systems	☐	☐	☐	
Talks about victim survivor in emotionally abusive or degrading ways	☐	☐	☐	
Interrupts, corrects and/or dominates victim survivor in conversation	☐	☐	☐	
Raises voice and/or yells	☐	☐	☐	
Is violent and/or controlling towards victim survivor before, during or after the session	☐	☐		
Insists on sitting in on appointments with victim survivor	☐	☐	☐	
Discloses any harm or threat to harm animals or pets	☐	☐	☐	
Physical signs of violent altercation (on victim survivor or person suspected of using violence)	☐	☐	☐	
Expresses feelings of excessive anger that is 'outside their control'	☐	☐	☐	
Discloses that they have targeted and/or damaged victim survivor's property	☐	☐	☐	

Observed narratives: Minimising or justifying

	Yes	No	Not known	Comment/detail of observation
Minimising physical harm and/or neglectful behaviour	☐	☐	☐	
Direct comments or euphemisms that could indicate use of violence	☐	☐	☐	
Presents or talks about themselves as the real victim (victim stance)	☐	☐	☐	
Presents as having difficulty with emotional and/or behavioural regulation	☐	☐	☐	
Uses impulsivity as a justification of violent and abusive behaviours (may relate to presenting needs such as mental health, use of alcohol/drugs)	☐	☐	☐	

Observed narrative or behaviour: Practitioner experience

	Yes	No	Not known	Comment/detail of observation
Tries to get you **[professional]** to agree with their negative views about partner or family member **[invitation to collude]** throughout service engagement, over time	☐	☐	☐	
Practitioner observes or feels intimidated, manipulated and/or controlled during sessions	☐	☐	☐	

Immediate risk

	Yes	No	Not known	Comment/detail of observation
Discloses a targeted threat against any person	☐	☐	☐	

Section 2: Presenting needs and circumstances (related to risk or protective factors)[1]

Consider the person's context:	Note any presenting needs or circumstances that could be stabilised or protective factors that could be strengthened Note link to any identified risk factors
Personal identity, status of relationships/dynamics[2]	
Personal identity, attributes and experiences	
Partner (current/former), children, other family members	
Social and community connections[3]	
Connection to friends or extended family network	
Connection/sense of belonging to community, cultural groups, networks, social media, clubs	
Presence of systems interventions [RF]	
Police, Child Protection, Court, Corrections or other coordinated interventions	
Practical or environmental issues	
Aboriginal cultural or diverse community support services	
Professional or therapeutic services, counselling,[RF] disability services, medical or mental health services[RF]	
Centrelink or employment services, [RF] financial counselling, housing or homelessness, tenancy or private rental services	
Legal services, migration services	
Communication (e.g. access to telephone, social media[4]), transport	

1   Information about needs and circumstances is risk-relevant for purposes of information sharing to support understanding of person using violence in context to their family violence behaviours.
2   Relationship may or may not be with the identified victim survivor.
3   Consider if family, social and community connections indicate they reinforce narratives or behaviours.
4   Note any other identified methods used by person using violence to contact adult or child victim survivor

Section 3: Decision on presence of risk indicators/factors

Observed narratives or behaviours indicate or disclose use of family violence risk (to adult or child victim survivor):

☐ Not indicated

☐ Indicated

☐ Requires immediate intervention

Risk to self (disclosed risk of suicide or self-harm):

☐ Not indicated

☐ Indicated

☐ Requires immediate intervention

Risk indicated to any other person in community (including you/professional)

☐ Not indicated

☐ Indicated

☐ Requires immediate intervention

Have you used this tool to determine the predominant aggressor? (responding to misidentification)

☐ Yes

☐ No

Is further assessment required to determine the predominant aggressor? (if uncertain)

If yes, update your records and share information with other professionals

☐ Yes

☐ No

Shared with:

Has Intermediate Assessment been completed?

If immediate risk is present, consider flow diagram at Appendix 1.

☐ Yes

☐ No

☐ Referral made for Intermediate Assessment

Has information been shared? (add lines as needed)

☐ Yes

☐ No

Comment/detail of information shared:

Shared with:

Actions: Comment/detail of actions: