Family Violence Multi-Agency Risk Assessment and Management Framework 5-year evidence review

Rapid Literature Review Report

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GLOSSARY AND ACRONYMS

Acronym/Term	Definition
ABI	Acquired brain injury. Acquired brain injury (ABI) refers to any damage to the brain that occurred after birth (Australian Institute of Health and Welfare, 2007)
ACCO	Aboriginal Community-Controlled Organisation
ANROWS	Australia's National Research Organisation for Women's Safety Limited
AOD	Alcohol and other drugs
CINAHL	Cumulated Index to Nursing and Allied Health Literature
COVID-19	Coronavirus disease pandemic
CRAF	Victorian Family Violence Risk Assessment and Management Framework (also known as the common risk assessment framework)
CTRT	Child Trauma Response Team
DFV	Domestic and family violence
Dhelk Dja	**Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families (Dhelk Dja).** Dhelk Dja is the key Aboriginal-led Victorian Agreement that commits Aboriginal communities, Aboriginal services, and government to collaborate and be accountable for ensuring that Aboriginal people, families, and communities are stronger, safer, thriving and living free from family violence
Diverse communities	Diverse communities include the following groups: diverse cultural, linguistic and faith communities; people with disability; people experiencing mental health issues; lesbian, gay, bisexual, trans and gender diverse, intersex and queer/questioning (LGBTIQA+) people; women in or exiting prison or forensic institutions; people who work in the sex industry; people living in regional, remote and rural communities; male victims; older people; and young people (12–25 years of age) (Family Safety Victoria, 2018)
EM-EDAP	Elder Mistreatment Emergency Department Assessment Profile
EU	European Union
Family member	As defined in the ***Family Violence Protection Act 2008*** (Vic), a family member means: a) a person who is, or has been, the relevant person's spouse or domestic partner; or

Acronym/Term	Definition
	b) a person who has, or has had, an intimate personal relationship with the relevant person; or c) a person who is, or has been, a relative of the relevant person; or d) a child who normally or regularly resides with the relevant person or has previously resided with the relevant person on a normal or regular basis; or e) a child of a person who has, or has had, an intimate personal relationship with the relevant person. For the purposes of the Act, a family member of a person (the relevant person) also includes any other person whom the relevant person regards or regarded as being like a family member
Family-of-origin violence	Family-of-origin violence is violence perpetrated by a member of the family that a person grew up in
FRA	European Union Agency for Fundamental Rights
Framework organisation	A Framework Organisation is a body prescribed in Schedule 3 of the ***Family Violence Protection (Information Sharing and Risk Management) Regulations 2018*** (Vic) A framework organisation that provides services relevant to family violence risk assessment and family violence risk management must ensure that its relevant policies, procedures, practice guidance and tools align with the Framework under section 190 of the ***Family Violence Protection Act 2008*** (Vic)
FSV	Family Safety Victoria
FVPA	The ***Family Violence Protection Act 2008*** (Vic)
FVRIM	Family Violence Reform Implementation Monitor
Gaslighting	Gaslighting is an aspect of emotional abuse where the person being victimised is led to doubt their capacity to comprehend what is happening to or around them. This can include a person using violence denying that their behaviour is abusive and attributing accusations of abusive behaviour to the victim survivor's poor mental health (Lusby et al., 2022)
HIV	Human immunodeficiency virus
Information sharing schemes	The Family Violence Information Sharing Scheme and the Child Information Sharing Scheme
Intervention orders	Intervention orders refer to court orders made under the *Family Violence Protection Act 2008* (Vic) and the *Personal Safety Intervention Orders Act 2010* (Vic)
Intimate partner sexual violence	A form of family violence that specifically involves sexual violence between intimate partners

Acronym/Term	Definition
IPV	Intimate partner violence
IPH	Intimate partner homicide
LGBTIQA+	Lesbian, gay, bisexual, transgender, intersex, queer/ questioning and asexual people The '+' represents minority gender identities and sexualities not explicitly referenced
MARACs	Multi-Agency Risk Assessment Conferences
MARAM	Family Violence Multi-Agency Risk Assessment and Management Framework
MARAM tools	MARAM tools refer to the MARAM Identification, Brief, Intermediate and Comprehensive Risk Assessment and Risk Management tools in scope of this Review
MARAM Framework policy document	Victorian Government's 2018 Family Violence Multi-Agency Risk Assessment and Management Framework
MCH	Maternal and child health
Migration-related abuse	Migration-related abuse may include threats to have visas cancelled or to withdraw sponsorship for a visa, threats to have a person deported, or threats to separate a parent from their child (Segrave, 2017)
PTSD	Post-traumatic stress disorder. Post-traumatic stress disorder (PTSD) is a set of reactions that can develop in people who have experienced or witnessed a traumatic event that threatens their life or safety (or that of others around them) (Victorian Department of Health, 2021)
SPJ	Structured Professional Judgment. Structured Professional Judgment is an approach to family violence risk assessment that combines elements of unstructured professional judgement and objective measures based on evidence-based risk factors
TBI	Traumatic brain injury. A traumatic brain injury (TBI) is an injury to the brain that occurs as a result of a blow or jolt to the head, neck, or body (Connectivity, 2023)
The Royal Commission	Royal Commission into Family Violence
TVI	Trauma- and violence-informed
UK	United Kingdom
UNODC	United Nations Office on Drugs and Crime
WHO	The World Health Organization

Note on Terminology:

- Throughout this document, we use the term ‘Aboriginal and Torres Strait Islander Peoples’. Where research uses other terms such as 'First Nations' or ‘Indigenous', we describe the research using those terms.

- While different acronyms are used to refer to the LGBTIQA+ community across different publications consulted in this Report, this Report uses LGBTIQA+ as the more inclusive term and in accordance with the Victorian Government style guide.

- To reflect the terms currently used in MARAM and where referring directly to MARAM resources, the Report generally refers to ‘perpetrators’ and ‘victim survivors’. When referring to practice, the term ‘adult using violence’ is used. The term ‘victim survivor’ refers to adults and children. Where research refers specifically to women, this language is reflected in the report.

- For the purposes of this Report, the term ‘family violence’ is used as defined in section 5 of the ***Family Violence Protection Act 2008*** (Vic) and to reflect the language adopted in the Victorian Royal Commission into Family Violence (the Royal Commission). The terminology used across the document relating to specific forms of family violence (e.g. domestic violence, intimate partner violence, and intimate partner sexual violence) reflects the language portrayed in the evidence found and the terminology used by the initial author(s).

EXECUTIVE SUMMARY

Family violence is a prevalent and significant problem in Australia that results in profound and devastating impacts at the individual, family, and community level. Family violence involves behaviours that control or dominate a family member, causing them to fear for their own or another person's safety or wellbeing, and includes exposing a child to these behaviours. As defined in section 5 of the ***Family Violence Protection Act 2008*** (Vic) (FVPA), family violence encompasses physical, sexual, emotional, psychological, and economic abuse, as well as coercive and threatening behaviours.

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

MARAM aims to establish a system-wide shared understanding of family violence and acts as a key risk assessment and management mechanism for responding to family violence in Victoria. MARAM covers all facets of service delivery from early identification, screening, risk assessment and management, to safety planning, collaborative practice, stabilisation, and recovery. MARAM aims to guide professionals across the continuum of service responses, range of presentations, and spectrum of risk of family violence by providing information and the resources required by professionals to keep victim survivors safe, and to keep perpetrators in view and hold them accountable for their actions.

Section 194 of the FVPA requires five-yearly reviews of MARAM to be undertaken. Allen + Clarke Consulting (*Allen + Clarke*) has been engaged by Family Safety Victoria (FSV) as part of the Department of Families, Fairness and Housing (DFFH) to undertake the first periodic review. In accordance with section 194 of the FVPA, the Review seeks to answer two key questions:

QUESTION 1

Does MARAM reflect the current evidence of best practices of family violence risk assessment and risk management?

QUESTION 2

What changes are required (if any) to ensure that MARAM is consistent with those best practices?

As a component of this Review, *Allen + Clarke* undertook a rapid literature review[1] to examine the current evidence base in the literature relating to family violence risk assessment and management, and whether this is reflected in MARAM. The rapid literature review assessed two specific questions:

- What is the current evidence base of best practices in family violence risk identification, assessment and management in relation to victim survivors?
- What is the current evidence base for the conceptualisation of family violence risk?

This rapid literature review aimed to contribute to the evidence base informing the Review of MARAM and identified areas that were further explored in subsequent consultation. Consultation occurred in subsequent stages of the Review and provided important qualitative data to support responses to the two main Review questions.

Key findings from the rapid literature review included the following:

- MARAM remains largely consistent with evidence of best practices in the literature, including through its multi-agency approach, its adoption of a Structured Professional Judgement (SPJ) model (see **Section 3.1.2**), its use of a broad and consistent definition of family violence, and its conceptualisation of coercive control.
- The literature highlighted a general shift toward more structured approaches to risk assessment from unstructured professional judgement, including the use of actuarial approaches and SPJ.
- Research into the application of risk assessments in the family violence sector is still developing. The literature reviewed also identified the need for further research with regards to the real-world application of risk assessment approaches in the family violence context.
- There is growing recognition that risk assessments do not exist in isolation. They are part of an ongoing process that informs appropriate safety planning strategies to mitigate risk.
- Recent evidence confirms several serious risk factors associated with a victim being killed or almost killed that are consistent with risk factors represented in MARAM. These include actual or pending separation, intimate partner sexual violence, non-fatal strangulation or choking, stalking, and access to and/or recent use of weapons by an adult who uses violence.
- The representation in MARAM of the risk posed by a history of family violence, threats to harm a victim survivor, and mental illness of an adult using violence, may be updated, given the recent evidence relating to these risk factors. Further, there is evidence that social isolation, which was exacerbated in the context of COVID-19, is associated with an increase in the frequency and severity of family violence, and such experiences could be emphasised more strongly in MARAM. There is also some limited emerging evidence relating to arson (and burning-related threats) as a risk

[1] **Section 1.3** describes the rapid literature review methodology and the rationale for adopting this methodology as the preferred approach.

factor or new presentation of existing risk factors, which is not specifically addressed in MARAM.

- MARAM resources cite some key statistics. This report provides some more recent statistics which may enhance MARAM resources. For example, additional statistics may support descriptions of what family violence is, the evidence base underpinning MARAM risk factors, and current prevalence and experiences of family violence across communities.
- Empirically identified risk factors included in most risk assessment tools and frameworks across jurisdictions have been almost exclusively developed based on heterosexual samples. This highlights the need for professionals to apply a lens of intersectionality, including differences in culture, ethnicity, ability and other related structural factors when undertaking risk assessments with their clients. Several literature sources reviewed identified the need for further research into assessment approaches and risk factors for diverse communities. Although MARAM's application of SPJ is underpinned by an intersectional lens, none of the literature reviewed specifically discussed the application of an intersectional lens to risk assessments.
- Recent research has highlighted new manifestations or ways of perpetrating violence during the COVID-19 pandemic. The literature provides insights into how to work safely with families where the adult using violence remains in the home or where the victim survivor is still in regular contact with the adult using violence following separation. MARAM could be updated to reflect this research, such as the use of technology-based interventions.
- Other research highlights the occurrence of post-traumatic stress disorder (PTSD) in children affected by family violence. While MARAM contains a limited discussion of PTSD, consideration may be given to specifically addressing the occurrence of PTSD in both adult and children victim survivors in MARAM resources.

These matters were further explored in consultation and analysed in the final Review report, which contains recommendations in relation to these matters.

1.0 SCOPE AND METHODOLOGY

1.1 Purpose

As part of the Review, *Allen + Clarke* undertook a rapid literature review of the evidence base of best practices in family violence risk identification, assessment and management in relation to victim survivors, and the conceptualisation of family violence risk. Two questions formed the focus of the rapid literature review:

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

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

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

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

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

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

This rapid literature review report has been structured around these two questions. The considerations relating to each question were developed by FSV, and intended to focus on gaps in the original empirical evidence. It presents evidence from the literature review that is relevant to these two questions and provides a basis to subsequently address the two Key Review Questions in the Review. The literature review also helped to inform stakeholder

consultation by identifying key areas of interest to further explore during consultations. Additional literature suggested by participants throughout the course of consultations was incorporated into this final version of the rapid literature review report.

1.2 Rapid literature review

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

1.3 Methodology

This rapid literature review considered over 120 key documents. A list of the documents considered in this rapid literature review can be found in the **bibliography**.

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

Step 1: A high-level review of foundational documents and legislation was conducted. Some of these documents are publicly available, while others have been provided by FSV. It also includes the original literature review that was undertaken to form the basis of MARAM in 2017. The 2017 literature review was a rapid literature review conducted by the University of Melbourne and John Thompson in collaboration with KPMG (KPMG, 2017). The aim of the report was to identify best practice models in family violence risk assessment and risk management.

Step 2: In this Review, a new literature search was conducted, which:

- was confined to literature published between 2017-2023 (note however that the literature review also draws on relevant research prior to 2017 that has been cited in the selected documents and resources published between 2017-2023)
- was desk-based
- only included publicly available resources
- was restricted to English language articles and reports
- was focused on similar jurisdictions (i.e. jurisdictions which have broadly similar understandings of family violence, social groupings, legislation and multi-agency practices)
- was focused on new evidence relating to diverse communities and relationship types.[2]

[2] Experiences of victim survivors across communities, ages and relationship types have been identified as a research gap.

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

- Cumulated Index to Nursing and Allied Health Literature (CINAHL)
- PsycINFO
- PubMed
- Medline
- Australia's National Research Organisation for Women's Safety Limited (ANROWS)
- Government databases
- Google Scholar (first 300 articles)
- ScienceDirect
- Scopus

Table 1: Literature review search terms

Concept	Terms to search
Risk assessment and management	"Risk assess*"; "risk manage*"; *"identification"; "screening*"
Multi-agency	Interagency; Coordinated; Integrat*; Multi Agency; *indigenous*
Family violence	Domestic violence; Family violence; *sexual violence;* Domestic and family violence; intimate partner violence; *intimate partner homicide, intimate partner sexual violence; elder abuse;* sexual assault; *LGBTIQA+ communities and family violence, older people and family violence, people with disability experiencing family violence, Family violence and culturally, linguistically and faith diverse communities, intersectionality and family violence*
Evaluated	Evaluat*; Evidence; Outcome; Systematic review; Trial; Pilot

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

- results that address:
  - the definition of family violence used in Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families (Dhelk Dja)
  - Aboriginal and Torres Strait Islander communities, diverse communities, children, and intersectionality

  - key MARAM concepts (e.g. through reference to SPJ, person-centred approaches, trauma and violence-informed approaches, safe and non-collusive practice, reflective practice and unconscious bias)
  - responding to new or intractable issues impacting family violence risk, (e.g. through reference to health pandemic)
- sources of information produced by recognised and reputable organisations
- relevance to the research questions and keywords
- relevance to the Victorian context
- more recent literature
- material that exhibits methodological rigour (e.g. longitudinal designs, systematic review and meta-analyses)
- materials from similar jurisdictions.

Additional literature suggested by participants throughout consultations was also incorporated into this final version of the rapid literature review.

1.4 Limitations

There are several limitations of the literature review and evidence presented that should be acknowledged. Most of the literature and research focused on women and children, consistent with the well-established prevalence of family violence perpetrated by men against women and children. The Review found limited research relating to relationships across all communities and identities, and people of all genders.

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

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

Experiences of victim survivors across communities, ages and relationship types have been identified as a research gap. In the literature considered for this rapid literature review, the Review team did not find evidence on:

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

There was also a gap in the literature in relation to children as victim survivors in their own right, as well as children across diverse communities and identities, with the exception of two research reports produced for FSV to inform the development of the Child and Young Person-focused MARAM practice guidance (Fitz-Gibbon, McGowan, et al., 2023; Fitz-Gibbon, Stewart, et al., 2023) and the recent Australian Child Maltreatment Study (Haslam et al., 2023),

highlighting the need for further research in these areas. In the literature reviewed, there was limited evidence about best practice screening, identification, assessment and management for children with disability.

2.0 CONTEXT

2.1 An overview of MARAM

The **objectives** of MARAM are to:

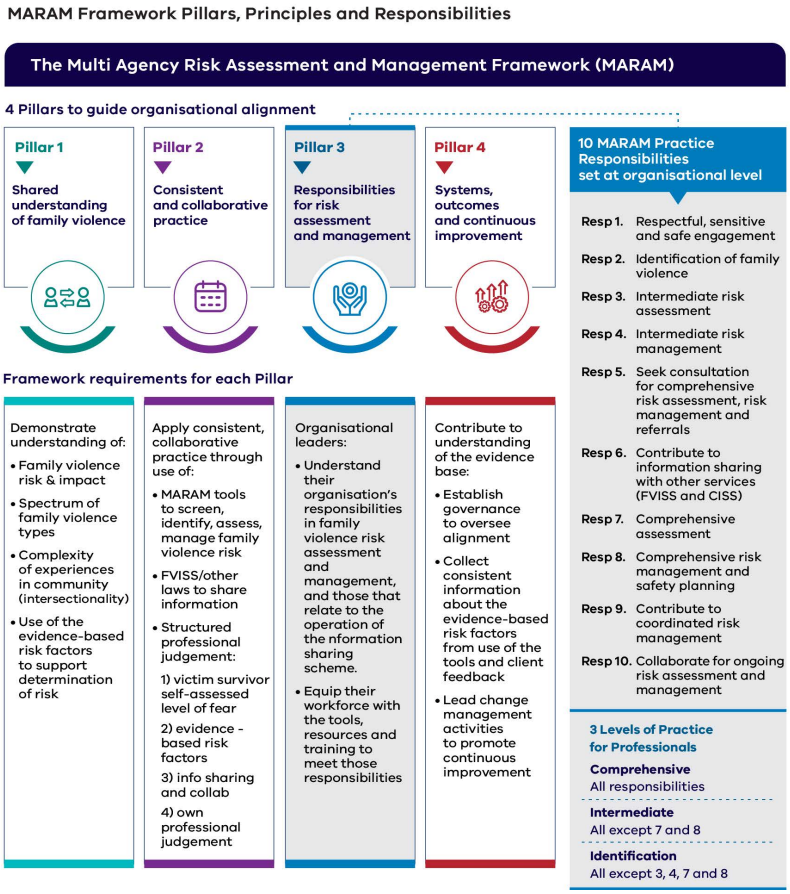
- increase the safety of people experiencing family violence
- ensure the broad range of experiences across the spectrum of seriousness and presentations of risk are represented, including for Aboriginal and Torres Strait Islander communities, diverse communities, children, and across varying family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

There are three foundational elements of MARAM. These are:

- 10 MARAM Framework **principles** which underpin practice across the service system
- 4 **pillars** to support organisations to align their policies, procedures, practice guidance and tools with MARAM
- 10 **responsibilities** for practice that describe the roles and expectations of Framework organisations.

Figure 1 provides an overview of MARAM.

Figure 1. One-page overview of MARAM



MARAM Framework principles

To help achieve a shared understanding of family violence, there are 10 MARAM Framework principles to support each Pillar and help guide Victoria's family violence system-wide response. The principles are:

1. Family violence involves a spectrum of seriousness of risk and presentations, and is unacceptable in any form, across any community or culture.
2. Professionals should work collaboratively to provide coordinated and effective risk assessment and management responses, including early intervention when family violence first occurs to avoid escalation into crisis and additional harm.
3. Professionals should be aware, in their risk assessment and management practice, of the drivers of family violence, predominantly gender inequality, which also intersect with other forms of structural inequality and discrimination.
4. The agency, dignity and intrinsic empowerment of victim survivors must be respected by partnering with them as active decision-making participants in risk assessment and management, including being supported to access and participate in justice processes that enable fair and just outcomes.

5. Family violence may have serious impacts on the current and future physical, spiritual, psychological, developmental and emotional safety and wellbeing of children, who are directly or indirectly exposed to its effects, and should be recognised as victim survivors in their own right.
6. Services provided to child victim survivors should acknowledge their unique experiences, vulnerabilities and needs, including the effects of trauma and cumulative harm arising from family violence.
7. Services and responses provided to people from Aboriginal communities should be culturally responsive and safe, recognising Aboriginal understanding of family violence and rights to self-determination and self-management, and take account of their experiences of colonisation, systemic violence and discrimination, and recognise the ongoing and present day impacts of historical events, policies and practices.
8. Services and responses provided to diverse communities and older people should be accessible, culturally responsive and safe, client-centred, inclusive and non-discriminatory.
9. Perpetrators should be encouraged to acknowledge and take responsibility to end their violent, controlling and coercive behaviour, and service responses to perpetrators should be collaborative and coordinated through a system-wide approach that collectively and systematically creates opportunities for perpetrator accountability.
10. Family violence used by adolescents is a distinct form of family violence and requires a different response to family violence used by adults because of their age and the possibility that they are also victim survivors of family violence.

MARAM pillars

MARAM is built around 4 pillars that aim to establish a system-wide approach and shared responsibility for family violence risk assessment and management. These 4 pillars are:

1. Pillar 1: shared understanding of family violence – contains foundational information about the prevalence and impact of family violence
2. Pillar 2: consistent and collaborative practice – aims to achieve a common approach to family violence risk identification, screening, assessment and management for a consistent approach across organisations
3. Pillar 3: responsibilities for risk assessment and management – the 10 responsibilities cover understanding and identifying family violence, assessment and management of family violence risk and collaborative practice including through information sharing
4. Pillar 4: systems, outcomes and continuous improvement – outlines the requirements and benefits of aligning with MARAM and participating in data collection and evaluation of family violence responses.

MARAM responsibilities

Many organisations are prescribed by regulations as ‘Framework organisations’, which are required to progressively align their policies, procedures, practice guidance and tools to MARAM. Framework organisations include a wide range of workforces from a broad range of

services, professions, and sectors who have a shared responsibility for identifying, assessing and managing family violence risk, even where it may not be core business.

Schedule 3 of the *Family Violence Protection (Information Sharing and Risk Management) Regulations 2018* (Vic) sets out the prescribed Framework organisations which belong to a range of sectors including justice, health, children and youth, police, mental health, disability services, AOD, maternal and child health services, education services and correction services.

There are 10 responsibilities in MARAM which Framework organisations must adhere to in their work:

- Responsibility 1: Respectful, sensitive and safe engagement
- Responsibility 2: Identification of family violence
- Responsibility 3: Intermediate risk assessment
- Responsibility 4: Intermediate risk management
- Responsibility 5: Seek consultation for comprehensive risk assessment, risk management and referrals
- Responsibility 6: Contribute to information sharing with other services (as authorised by legislation)
- Responsibility 7: Comprehensive assessment
- Responsibility 8: Comprehensive risk management and safety planning
- Responsibility 9: Contribute to coordinated risk management
- Responsibility 10: Collaborate for ongoing risk assessment and risk management.

Structured Professional Judgement

MARAM incorporates a model of SPJ for professionals to use to assess information to determine the level or seriousness of risk. It consists of the following four key components combined in the assessment of risk: victim survivor self-assessment, evidence-based risk factors, information sharing, and professional judgement and intersectional analysis.

Section 3.1.2 contains a discussion of evidence and perspectives relating to the model of SPJ, based on the literature reviewed.

3.0 BEST PRACTICES IN RISK IDENTIFICATION, ASSESSMENT & MANAGEMENT

This section considers findings and perspectives that relate to the first literature review question. It examines the current evidence base of best practices in family violence risk identification, assessment and management in relation to victim survivors.

3.1 Risk screening, identification, assessment and management

Key messages relating to risk screening, identification, assessment and management:

- MARAM currently adopts a model of SPJ, which the literature suggests remains the most robust approach to risk assessment and management.
- The literature reviewed considers direct engagement with victim survivors as critical to SPJ, including through victim survivor self-assessments which consider both risk and protective factors. MARAM aligns with this approach through its focus on victim survivor self-assessment and broader principles including person-centred and trauma-informed approaches, alongside its consideration of protective factors as part of risk assessment and planning.
- A key enabler of SPJ is information sharing. Services and organisations therefore need to be supported to gather appropriate information consistently and share that information (as appropriate). This is currently supported by the Family Violence Information Sharing Scheme and other information sharing permissions such as the Child Information Sharing Scheme and privacy laws.
- Risk assessment tools need to be applicable across multi-agencies and inclusive of all communities. Specialist training is required to support their application, noting that considerations for implementation are out of scope of the Review. Further consideration is required to ensure MARAM Risk Assessment tools adequately take intersectional factors into account.
- The literature also suggests that tools need to reflect a broad and consistent definition of family violence, as is currently adopted by MARAM.

Risk screening enables providers to identify if family violence is present and whether further action and/or assessments are required. Risk assessments then enable providers to determine the level of risk and identify an appropriate risk management approach. Risk management is a coordinated set of strategies and actions which aim to enhance the safety of victim survivors and reduce the likelihood of continued use of family violence by adults using violence. This section considers the current approach to risk screening, identification, assessment and management under MARAM, discusses evidence in the literature in relation

to best practices and considers what changes may be required to ensure that MARAM reflects best practices.

3.1.1 Approach under MARAM

Under MARAM, there are three key risk identification, assessment and management categories:

- **Risk identification and screening**: the purpose of identification and screening is to identify if family violence is occurring, the victim survivor's level of fear, and the identity of the person using family violence. This helps to determine if risk is present and whether an immediate response is required. This is supported by the Screening and Identification tool, which should be used when family violence is suspected but not yet confirmed.
- **Intermediate risk assessment and management**: determines the level/seriousness of family violence risk for an adult or a child. The assessment can take place directly after disclosure, identification and screening, or be used to assess changes in family violence risk over time. This is supported by the Brief Assessment tool which considers serious risk factors and is for time-critical interventions; the Intermediate Assessment tool which includes a broader range of evidence-based risk factors experienced by adults and questions about risk to children; and the Child Assessment tool which contains questions for an adult about a child's risk and a separate set of questions for direct assessment of an older child or young person. The Intermediate Safety Plan supports professionals to undertake risk management that responds to the presentation and level of family violence risk as assessed in intermediate risk assessment.
- **Comprehensive risk assessment and management**: builds on intermediate risk assessment and management and is undertaken by professionals with specialist expertise in family violence practice. It seeks to determine the level and seriousness of risk and safety for each victim survivor. The assessment considers the risk, safety and needs of each individual separately and then collectively as a family unit. The assessment can take place directly after disclosure or identification from other services. Comprehensive assessment tools include: the Comprehensive Risk Assessment tool which builds on the intermediate assessment with guidance and additional questions to explore practice considerations and presentation of risk for Aboriginal and Torres Strait Islander peoples or people belonging to an at-risk age group or diverse communities); and the Child Assessment tool which contains questions for an adult about a child's risk and for questions to be asked directly of a child victim survivor where safe and appropriate. The Comprehensive Safety Plan builds on the Intermediate Safety Plan and supports professionals to manage individual risk factors, identify interventions, assign actions and coordinate/collaborate with other professionals and services.

MARAM Risk Assessment tools aim to assess the presence and seriousness of evidence-based risk factors and patterns of coercive control. When assessing risk under MARAM, there are four recognised levels of family violence risk (**Table 2**).

Table 2: Levels of family violence risk

Level of risk	Description
At risk	High-risk factors[3] 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 that 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.
Serious risk and requires immediate protection	The following risk factors are also present, in addition to serious risk, as outlined above: Previous strategies for risk management have been unsuccessful. Escalation of severity of violence has occurred/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.

Source: Family Safety Victoria (2021)

[3] High-risk / serious risk factors are detailed in Section 4.3

3.1.2 Risk assessment frameworks

3.1.2.1 Background

This chapter provides an overview of the different approaches to conducting family violence risk assessments and an analysis of their application. It considers the background to and current research on risk assessment approaches, analyses the benefits and challenges of three key risk assessment approaches, provides an overview of the approaches taken across Australia, and concludes with a comparison of the key risk assessment approaches.

3.1.2.2 Literature reviewed

The literature reviewed did not identify any new frameworks published since MARAM that deal with risk assessments specifically in the family violence space. The majority of the literature reviewed relating to family violence risk assessments focused on the use of specific tools, rather than providing an analysis of the different theoretical approaches to conducting risk assessments. Much of the literature was also based on the justice sector, with discussions focusing on police using risk assessment tools for family violence call outs. While reflections and parallels can be drawn from these studies, the literature also highlighted the need for additional research in relation to the implementation of risk assessment approaches and tools in the family violence context (Jolliffe Simpson et al., 2021).

3.1.2.3 Risk assessment approaches

The use of risk assessments in the context of IPV arose from decades of research in the criminal justice space on how to manage risks arising from offenders and offending behaviour generally. The use of risk assessments accelerated in the late 20th century in recognition of the risks posed by the use of violence within intimate and family relationships (Ferraro & Websdale, 2018). Over the past two decades, interest and research into IPV risk assessment have grown substantially, with several comprehensive literature reviews considering risk factors for IPV (Kropp, 2018). Nevertheless, controversy exists in the literature regarding several practical, professional, and ethical issues which are outlined further in this section. For instance, there is considerable debate in the field regarding how to define risk, how to establish professional standards for conducting assessments, how to communicate risk information, and which method is most appropriate for assessing risk (Kropp, 2018).

Practitioners responsible for conducting risk assessments

Both in Australia and internationally, various professionals assess family violence risk as part of their work role, including specialist family violence services, police officers, social workers, psychologists, and other health professionals. It has been documented that approaches to conducting risk assessments are generally grouped into three categories: unstructured professional judgement (Section 3.1.2.3.1), actuarial assessment (Section 3.1.2.3.2), and SPJ (Section 3.1.2.3.3) (Kebbell, 2019). These approaches are supported by a variety of different tools. The range of professionals needing to complete risk assessments means it is paramount that there are well-established and informed approaches to conducting assessments (Youngson et al., 2022).

Purpose of risk assessments

The appropriate approach to undertaking a risk assessment depends on the purpose of the assessment. There are multiple reasons for conducting risk assessments. For example, some risk assessments aim to assess the risk that a victim survivor will be re-victimised. Other risk assessments aim to identify the risk that an adult using violence will re-offend, while other approaches aim to assess the level and severity of risk (Lamb et al., 2022). Depending on the purpose of the risk assessment, different tools exist to help practitioners achieve their goal (van Der Put et al., 2019). Most existing tools for assessing family violence are aimed at predicting the recurrence of family violence. This is because being able to accurately assess which offenders are likely to recommit family violence is a priority for law enforcement, support services and victim survivors (McNamara et al., 2019). However, tools are sometimes used to assess the onset of family violence in high-risk groups or even in the general population, which is important for early detection and prevention of family violence (van Der Put et al., 2019).

The purpose of a MARAM risk assessment is to determine the seriousness of risk that the victim survivor is currently experiencing (at risk, elevated risk, serious risk, serious risk and requires immediate protection). MARAM risk assessments collect information about evidence-based family violence risk factors that may be experienced by an adult, child or young person. The practitioner considers the victim survivor's self-assessment of their level of risk, fear and safety, and the evidence-based risk factors identified as present. Information is gathered directly from the victim survivor and by requesting information from other agencies (if authorised under the information sharing schemes).

Many existing risk assessment tools were developed for the justice sector and are used to assess future severity (lethality) or re-assault (Lamb et al., 2022). Crucially, there is growing recognition that risk assessments are not an end in and of themselves, but an ongoing process that informs appropriate safety planning strategies to mitigate risk. Indeed, there has been a shift to using risk assessments not just to merely predict risk, but also as a guide to case formulation and management recommendations (Youngson et al., 2022). In this regard, risk assessments are considered a critical component of the process of identifying appropriate supervision strategies for adults using violence, developing more effective safety plans for victim survivors, and guiding risk management for both adult and child victim survivors as well as adults using violence. The growing use of risk assessment tools is viewed positively, as it provides a foundation for more consistent and targeted risk management and safety planning, and enables family violence to be addressed more holistically within a family (Youngson et al., 2022).

Focus of current research into risk assessments

The analysis that formed part of the development of MARAM found that the bulk of literature on risk assessments in family violence focus on measuring the accuracy or reliability and validity of risk assessment tools (Lamb et al., 2022). Svalin and Levander (2020) highlighted the need for more research regarding the predictive validity of IPV assessments in different settings and whether different measures are suitable for different types of IPV offenders (Svalin & Levander, 2020). Research has also highlighted that risk assessments cannot exist in isolation: case planning, interventions, communication, and follow-up assessments are critical mechanisms that must sit alongside risk assessment (Garrington & Boer, 2020).

A review of existing risk assessment tools conducted by the University of Melbourne found that research on IPV/intimate partner homicide (IPH) tends to focus on the prediction of future violence, rather than the use of risk assessments as a violence prevention strategy (Lamb et al., 2022). Another recent systematic review examined the validity and reliability of available IPH and re-assault risk assessment tools. The review found that IPH or IPV re-assault risk assessment tools were designed for a range of professionals including law enforcement, first responders, and social workers (Graham et al., 2021). The review noted that although research has been conducted to assess different risk factors, systematic research on the feasibility of using these different instruments in practice is lacking. The authors emphasised that IPV/IPH risk assessment tools are designed to predict criminal recidivism, IPV re-assault, severe re-assault, or lethality. Many of these risk assessment tools are intended to identify individuals with the greatest need for intervention or to mitigate the risk that has been identified (Graham et al., 2021). The authors underscored the need for further research to assess the reliability, validity, and feasibility of IPV/IPH risk assessment tools across diverse samples, particularly related to gender of the adult using violence and relationship composition (e.g. same-sex couples, people who identify as LGBTIQA+, and female adults using violence), as well as testing these tools in non-Western countries and in languages other than English. Moreover, the authors emphasised the need for research examining the feasibility of using these tools in clinical and practice settings and for more testing focused on feasibility of use in real-world settings with practitioner administration (Graham et al., 2021).

The use of risk assessment tools to guide decisions regarding family violence is growing. Studies from 2007 and 2013 reported that the predictive validity of most of these tools is limited and is reflected in small average effect sizes. Compared to studies on the predictive validity of risk assessment tools for sexual, general, or violent offending, relatively few studies have examined the predictive validity of risk assessment tools for family violence. In this regard, it is crucial to elucidate which approaches to risk assessment perform well, and which instrument characteristics (e.g. specific instrument or length of instrument) and study characteristics (e.g. type of sample and/or assessor) moderate predictive validity positively or negatively to further develop and/or improve risk assessment tools (van Der Put et al., 2019).

Despite growing research on the reliability and validity of a variety of risk assessment tools across different practice contexts, concerns have been raised as to which and how well risk assessment tools are actually used in practice settings. A recent systematic review of the literature analysed 42 articles from eight countries that tested 18 distinct family violence risk assessment tools used across diverse professional groups. The review concluded that there is a paucity of research on the feasibility of using these tools in real-world settings and highlighted the need for further research to address the actual use and real-life implementation of risk assessment tools (Youngson et al., 2022). To address this, a recent Canadian qualitative study examined protocols and strategies for risk assessment, risk management, and safety planning used by various social service sectors to identify promising practices for reducing the risk of lethal family violence. The study focused on four populations: immigrants and refugees; rural, remote and northern populations; Indigenous peoples; and children exposed to family violence (Youngson et al., 2022). The study noted a series of challenges and barriers for risk assessment. Individual barriers at the client level included the diversity of clients' background and their social context, and reluctance to share information due to distrust of service providers. Individual worker barriers included their lack of training and inconsistency across workers. Organisational barriers included the lack of support for risk assessment as a

process or instrument limitations, whereas system challenges comprised a lack of resources and poor coordination across services (Youngson et al., 2022). The disconnect between assessment and intervention was also identified as a challenge in the practical application of risk assessments. The study highlighted the importance of all professionals being trained and having a shared understanding of risk factors, and how these risk factors should be identified and managed, which aligns with the approach adopted in MARAM. Of note, the study emphasised that having reliable and valid risk assessment tools is ineffective without a comprehensive and coordinated approach to implementation and education (Youngson et al., 2022). The study findings suggested that risk assessments could be improved by enabling individualised approaches to assessing and managing risk, continuing education and awareness, and strengthening interagency collaboration. The study also acknowledged the need for different populations such as Indigenous and immigrant communities to have tailored and culturally appropriate responses that identify cultural differences and potential distrust of mainstream services (Youngson et al., 2022). Overall, the study reinforced the need for more research on risk assessment implementation, which constitutes one of the most critical issues in the family violence field.

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

The following sections describe the three main approaches to risk assessment in the context of family violence, discusses their advantages and limitations, and highlights relevant evidence from the literature relating to their application.

3.1.2.3.1. Unstructured professional judgement

Unstructured professional judgement (also referred to as unstructured clinical judgement) involves initial predictions of violence risk based on practitioners' subjective clinical evaluation and judgement and their own personal experiences (Garrington & Boer, 2020). This model requires a clinician to use their individual discretion about the level of risk based on the information available to them at the given time. In unstructured professional judgment risk assessments, practitioners subjectively evaluate case information and use their expertise in a nontransparent way to identify what they regard as important information, before forming an intuitive impression of the likelihood of future harm (Jolliffe Simpson et al., 2023). Unstructured professional judgement is a process involving no constraints or guidelines for the practitioner. Decisions are made with considerable clinical discretion and are usually justified according to the qualifications and experience of the person making them (Douglas & Kropp, 2002).

One advantage of unstructured professional judgement is that it permits an idiographic analysis of behaviour and a person- and context-specific tailoring of risk management and

violence prevention strategies. However, because the approach maximises professional discretion, it is vulnerable to missing important factors that require intervention. Recommendations for management strategies may be based more on the training, preferences, and biases of the practitioner rather than on well-reasoned consideration of dynamic and criminogenic (i.e., crime-relevant) risk factors and/or intervention strategies that are either empirically valid or well-accepted in the field (Douglas & Kropp, 2002).

While unstructured professional judgement may provide advantages due to its flexible nature, the degree of subjectivity it affords may lead to missing critical information (Youngson et al., 2022). Indeed, this approach has been widely criticised for its limited reliability, validity, and accountability (Lamb et al., 2022). The unstructured professional judgement approach has been summarily dismissed as an "informal, in the head, impressionistic, subjective conclusion, reached (somehow) by a human clinical judge" (Nicholls et al., 2013). Criticisms of unstructured professional judgement also include its very limited accuracy, vulnerability to heuristics and biases, and poor documentation (Nicholls et al., 2013). Other limitations include the different levels of training and experience, susceptibility to bias, poor replication, context of assessment, and ambiguity (Garrington & Boer, 2020), with some experts in the field concluding that "unstructured clinical judgment by itself is no longer a useful or necessary approach to appraising violence risk" (Nicholls et al., 2013). Indeed, the literature emphasises that unstructured professional judgements often do not predict future risk of violence with any degree of accuracy (Garrington & Boer, 2020). Due to the challenges and limitations of unstructured professional judgement, there has been a general shift towards a more structured approach to risk assessment (Youngson et al., 2022).

3.1.2.3.2. Actuarial assessments

In the literature reviewed, the majority of studies described actuarial instruments used for predicting the general risk of family violence or IPV, or tended to focus on the risk of re-offending, rather than more narrowly defining the risk being assessed. Where studies make explicit reference to predicting the risk of re-assault, recidivism, or homicide, this is reflected in the text.

Actuarial approaches to risk assessment use validated tools developed from empirically derived risk factors that are weighted and scored using explicit algorithmic rules (Youngson et al., 2022). Actuarial assessments employ statistical modelling and analysis of evidence-based data to predict outcomes of interest, such as the likelihood of lethal family violence occurring (Nicholls et al., 2013). The actuarial approach addresses several drawbacks of unstructured professional judgment, including low reliability and validity. As underscored by Hilton et al., actuarial tools "sharpen the focus on what is unknown (e.g. the true cost of misses versus false alarms) in ways that reliance on clinical intuition evidently does not" (Hilton et al., 2020). The incorporation of actuarial or statistical data into the predictive process in risk assessments improves the likelihood of accurately predicting outcomes, as actuarial approaches increase objectivity, consistency, and reliability across cases and case types, thereby improving upon impressionistic assessments conducted by practitioners (Ferraro & Websdale, 2018). Actuarial assessments offer several strengths, including: (1) improving the accuracy of decision making in the criminal justice system; (2) being scalable and offering more consistency than human judgement; (3) promoting transparent decision-making (assuming the

systems code and methodology are made available); and (4) having adjustable parameters (McNamara et al., 2019).

While well-tested actuarial tools can have strong validity over time for predicting violent recidivism (Backhouse & Toivonen, 2018; Hilton et al., 2020; Youngson et al., 2022), actuarial assessments have been criticised due to their inability to differentiate between levels of risk and limited ability to support planning and risk management (Lamb et al., 2022; Nicholls et al., 2013; van Der Put et al., 2019). The review of international tools for assessing family violence lethality as part of the development of MARAM also found that there was an absence of universal standards for weighting actuarial tools (Lamb et al., 2022). This finding was a crucial reason why an actuarial element was not included in MARAM: there was no validated guidance to support the development of an evidence-based scoring/weighting. Indeed, the literature notes that actuarial tools have several limitations. For instance, algorithms optimised using a specific research sample lack accuracy upon cross-validation. Actuarial models also fail to include low base rate (but potentially critical) case-related information, such as homicidal ideation or intent. Moreover, there is a lack of practical use (e.g. lack of attention to case-specific risk variables and a focus on prediction rather than management and prevention) (Nicholls et al., 2013). Notably, this non-discretionary approach to risk assessment reflects fixed and explicit rules. At a more fundamental level, actuarial assessments may seem counter-intuitive in the sense that optimal risk assessments based on actuarial approaches often force practitioners to make decisions which may be contrary to their own instincts, feelings, and experiences (Hilton et al., 2020). Further, the majority of actuarial tools currently in use are brief tools derived from multivariate statistical techniques that predominantly assess static risk factors, which tend to be historical (such as criminal history or previous illicit substance use) and thus unchangeable. Although these tools may be suitable for risk assessment (i.e., predicting family violence to determine intervention urgency and intensity), they are inadequate for needs assessment (i.e., identifying targets of interventions based on dynamic risk factors) to individualise case planning (van Der Put et al., 2019). When applying an actuarial approach, risk assessors must consider a fixed set of factors and cannot consider unique or context-specific variables that may require intervention (K. S. Douglas & Kropp, 2002).

Dynamic or protective factors are not encapsulated in actuarial assessments, and critics of the actuarial approach note the absence of clinical knowledge application, as well as the inability to weight factors to individual or situational circumstances, include additional risk factors, or determine precisely where an adult using violence lies relative to group norms (Garrington & Boer, 2020). Indeed, although the static nature of actuarial tools may provide a high degree of accuracy in data comparison of past events, they fail to account for positive behavioural changes. In this regard, a drawback of actuarial tools is their inability to measure individual changes over time, thus failing to reflect decreases in risk (Garrington & Boer, 2020). Accordingly, Garrington & Boer suggest that actuarial tools for family violence should be further developed and strengthened by distinguishing between risk and needs assessment, and by integrating risk assessment with case management. It has been noted that actuarial tools should incorporate dynamic risk factors, as assessing these modifiable factors is essential for identifying targets for interventions to reduce the risk of family violence recurrence (van Der Put et al., 2019). The actuarial method of risk assessment aims to predict violence both in a relative sense (by comparing an individual to a norm-based reference group) as well as in an absolute sense (by providing a probability-based estimate of the likelihood of future

violence). This approach has been described as “mechanical and algorithmic”, with several associated drawbacks including difficulties with generalisability, exclusion of low base rate but important risk factors, and rigidity. Further, the actuarial approach is not particularly conducive to violence prevention, as actuarial instruments tend to be incongruent with violence prevention program targets such as attitudes towards violence, denial and minimisation, and victim empathy. Accordingly, the actuarial approach does not seem to be particularly well-suited to a violence prevention paradigm (Douglas & Kropp, 2002).

Hilton et al. note that supplementary clinical discretion has been recommended by developers of some actuarial instruments to “lower practitioner resistance, incorporate rare or idiosyncratic risk factors, allow application to new samples, adjust for offender ageing, give credit for putative progress in therapy, recalibrate for possible differences in base rates, accommodate fear of making an error, and accede to the idea that such review is a professional responsibility” (Hilton et al., 2020). Nevertheless, there is scant evidence to support the notion that alterations of actuarial scores actually result in more accurate decisions when compared to actuarially derived scores alone (Hilton et al., 2020).

Several components of IPV risk assessment tools may be amenable to automation (Kebbell, 2019). Many risk assessment tools, including the Ontario Domestic Abuse Risk Assessment (ODARA), include items such as previous incidents of violence and breach of conditional release, which are available in police databases. These items could be coded automatically, which would help to reduce scoring errors by officers and free up time that officers can spend with victims or investigating. Indeed, the New Zealand Police is using this approach with anecdotal success (Kebbell, 2019). Accordingly, this may enable more sophisticated algorithms to be developed and facilitate assignment of different weightings to items. It may also be possible to tailor risk assessments to particular environments by developing unique predictive models and updating them frequently over time to reflect changes in the environment (Kebbell, 2019). As noted by Spivak et al., actuarial instruments do not depend on highly specialised knowledge of IPV, they produce consistent results across users who have been trained in administering them, and they are highly transparent (Spivak et al., 2021).

It has been argued that it may simply not be possible for a single instrument to be simultaneously fast, inexpensive, comprehensive, and accurate at assessing the wide range of risk outcomes (Kebbell, 2019). One way of overcoming this is to implement a tiered approach. This comprises the use of a fast and accurate but necessarily less detailed risk assessment at the frontline to triage cases towards more robust secondary assessment by other specialist services (Spivak et al., 2021). The effectiveness of this approach relies on the use of a reliable and feasible frontline risk assessment tool which takes a broad view of risks associated with IPV (i.e. it does not just focus on risk of homicide or physical violence) and has an adequate level of predictive validity for such risks.

Noting that perpetrator tools are not in scope for this Review, it is nonetheless important to highlight in this document the importance of accurately predicting which perpetrators are likely to reoffend (or understanding a daily pattern of behaviour), and under what circumstances, as a priority for ensuring victim survivor safety. There have been recent efforts across national and state-based agencies in Australia to develop and implement risk assessment tools that draw on standardised data both within and across agencies to assess the risk of family violence recidivism for subgroups within the population (McNamara et al., 2019). The goal of

these data-driven risk assessment tools is to refine and improve programs and resources for family violence prevention. Recent evidence suggests that these tools can be effective, especially in supporting under-resourced frontline agencies to make quick and informed decisions (McNamara et al., 2019). Predictive risk assessment tools for family violence recidivism have been reported to provide reasonably high levels of predictive performance. Nevertheless, relying on existing datasets is complicated by risk-based profiling approaches to policing, as certain populations and demographics tend to be overrepresented in the justice system and statistics, which are then drawn on for making future predictions (McNamara et al., 2019).

Indeed, critics have noted that relying on actuarially based predictions of future harm, rather than the crimes that brought offenders into a system, may unjustly punish offenders, mispresent treatment needs, and exacerbate social inequality. Moreover, these tools may function as a mere triaging mechanism for an "overworked, under-resourced criminal and civil justice system", that deflects attention away from addressing social drivers of criminal conduct, such as high poverty rates and institutionalised racism (Ferraro & Websdale, 2018). When making algorithmic risk assessments, there are several challenges in identifying what a 'fair' method of decision-making is in relation to family violence risk. It has been suggested that actuarial assessment systems can be unnecessarily complex and reinforce existing bias. A recent example of a controversial risk assessment system in the Australian context is the Suspect Targeting Management Plan (STMP), which identifies people who are believed to be at risk of committing an offence in the future. The system has been criticised as unfairly impacting on Indigenous Australians with data showing that the STMP disproportionately targets young people, particularly Aboriginal and Torres Strait Islander peoples (McNamara et al., 2019).

A recent study analysed NSW family violence offender administrative data using statistical methods to identify predictive factors for future family violence offences. The analysis revealed that while the model had a reasonable level of predictive accuracy, it was racially biased. Crucially, the model over-predicted Indigenous reoffenders and under-predicted non-Indigenous reoffenders, which may have serious consequences as it may amplify and reinforce existing inequalities stemming from historic and systemic injustices (McNamara et al., 2019). As emphasised by McNamara et al., no algorithm can fully rectify all of the past and present structural disadvantages faced by particular populations, but algorithmic risk assessments influence human decision-making, which influences the degree to which structural disadvantage is entrenched. Accordingly, algorithm design can contribute to improving the overall fairness of a system, but this requires clear definitions of fairness (e.g. predictions should be similar for different groups and should be independent of group membership) and modifications to algorithm design to accommodate these definitions (McNamara et al., 2019). In the Australian family violence recidivism context, ensuring parity between Indigenous and non-Indigenous populations in the criminal justice system is of particular pertinence (McNamara et al., 2019).

3.1.2.3.3. Structured Professional Judgement

Evidence in the current literature on the use of SPJ in the family violence context is still emerging, with current research suggesting that there is a gap in relation to how risk assessments inform risk management practices (Lamb et al., 2022). It is therefore relevant to

consider existing literature on the use of SPJ in other areas including in relation to general violence (Garrington & Boer, 2020), and the use of SPJ tools by organisations such as police (van Der Put et al., 2019).

SPJ (also termed the guided clinical approach) comprises elements of unstructured professional judgement and actuarial assessment. In assessing family violence risk, SPJ collects information from a range of sources, including victim survivors, in a systematic way and applies a subjective assessment of the information at hand (Backhouse & Toivonen, 2018). This approach allows for professional discretion to be used, while also attempting to increase consistency and visibility of risk judgements (Douglas & Kropp, 2002).

Unlike actuarial assessments, SPJ does not rely on an algorithm to classify risk; instead, practitioners use their discretion to evaluate the relevance or significance of risk factors (Shepherd & Spivak, 2021). However, unlike unstructured professional judgement, the assessment provides some form of structure as it considers a number of identified evidence-based risk factors. SPJ does not remove the discretion of the practitioner; rather, it attempts to provide consistency and visibility to the assessment of risk (Douglas & Kropp, 2002). SPJ has also been favoured for providing a logical, visible, and systematic link between risk factors and intervention (Garrington & Boer, 2020).

Kropp notes that focussing solely on empirical criteria for risk factors can be problematic, as key risk factors that are rare or difficult to reliably measure may not be included; for example, suicidal ideation. Indeed, Kropp highlights the difficulty of balancing practical and common-sense considerations if they conflict with what “science” denotes regarding risk assessment (Kropp, 2018). Accordingly, one option is to consider both empirical and professional knowledge of risk factors. Nevertheless, there are criticisms of this given that practitioners may be wrong in their assumptions or assessment of what is related to IPV and therefore what is relevant to the risk assessment. Kropp concludes that risk factors should only be considered if they have a solid theoretical foundation and there is professional consensus regarding their importance (Kropp, 2018).

Items that a practitioner uses to classify risk may be historical (age at first offence and history of offending), clinical (impulsivity or mental illness), environmental (peer delinquency and unemployment), and/or future-oriented (lack of support plans) (Shepherd & Spivak, 2021). The inclusion of dynamic risk factors such as behavioural factors enables SPJ to recognise change (Garrington & Boer, 2020) and to conduct more tailored and individualised assessments compared to other approaches (Shepherd & Spivak, 2021). Some researchers have commented that the SPJ approach is ideally suited to a violence prevention paradigm, stating that a systematic identification of risk factors (particularly dynamic or changeable risk factors) enables management strategies to be tailored (Douglas & Kropp, 2002).

The ability of SPJ to be tailored has led to the development of specialised SPJ assessment tools for several different types of violence and cohorts including family violence and IPV, gang violence, stalking and sexual violence (Garrington & Boer, 2020). A further benefit of the SPJ model is its ability to incorporate positive practice and protective factors. An exclusive focus on risk factors can be seen as negative, while allowing the inclusion of positive factors or goals can provide a more balanced treatment approach that encourages good behaviour and develops self-esteem (Garrington & Boer, 2020).

A systematic review by Nicholls et al. (2013) examined several studies on SPJ tools conducted in Sweden, USA, and Canada. The review found that risk assessment measures are often not administered precisely as intended, which contributed to missing items and underestimation of the utility of measures (Nicholls et al., 2013). The authors also highlighted the need for more prospective, longitudinal studies and a consistent definition of IPV. They commented that the majority of studies examined IPV in heterosexual relationships, with limited research available on same-sex couples, female adults using violence, LGBTIQA+ communities, diverse cultural and ethnic groups, and other age groups (Nicholls et al., 2013).

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

SPJ does not impose any restrictions for the inclusion, weighting, or combining of risk factors. SPJ provides flexibility in terms of the final step of combining risk factors, which is not done algorithmically. The tailoring of risk management strategies permits a logical, visible, and systematic link between risk factors and intervention, thereby facilitating identification of individuals at a higher or lower risk for violence (K. S. Douglas & Kropp, 2002). Of note, the SPJ approach continues to develop. As highlighted by Garrington and Boer, "It is anticipated continued research will promote ongoing developments in the SPJ field" (Garrington & Boer, 2020).

3.1.2.4 Risk assessment approaches in Australia

Across Australia, States and Territories have implemented different approaches for family violence risk assessment, although commonalities exist between jurisdictions. The following section provides an overview of the approach taken in each jurisdiction. Note that this is not a review of the predictive validity or effectiveness of each framework; rather, it provides a commentary on the approach adopted in each jurisdiction. Broadly, the approaches adopted across different states in Australia mirror the approach taken by MARAM, as highlighted in more detail below.

Australian Capital Territory (ACT)

The ACT Government has established a **Domestic and Family Violence Risk Assessment and Management Framework** which outlines a common approach to screening, assessing and managing family violence risk in ACT (ACT Government, 2022). The ACT Framework adopts a broad approach to risk assessment that employs a risk assessment form and processes designed to identify the risk of repeat offending and escalation of violence. The ACT Framework recognises the value of three key factors in risk assessment: evidence-based risk factors, the victim's own assessment of their risk, and the practitioner's professional judgment, which resembles the approach adopted by MARAM. Under the ACT Framework, there are three recognised levels of risk: 'at risk', 'elevated risk' and 'high risk'. 'High risk' can also 'require immediate protection'. The ACT Framework emphasises that all levels can change and escalate over time, and all risk levels need ongoing monitoring to identify any changes or escalation. The ACT Framework also makes reference to MARAM in the context

of adopting an intersectional lens to ensure a targeted and effective response for diverse communities and relationships.

New South Wales (NSW)

In NSW, the Safer Pathway establishes state-wide risk assessment and referral processes that aim to provide a system-wide coordinated approach and consistent set of responses for supporting victim survivors of family violence across NSW (NSW Government, 2021). A core component of the Safer Pathway is the **Domestic Violence Safety Assessment tool** (DVSAT), which is a tool that considers the victim survivor's experiences and self-assessed risk, information from other professionals, and a practitioner's professional judgment to determine risk, which is similar to the approach adopted in MARAM.

Domestic Violence NSW has established a set of Good Practice Guidelines**,** which aim to guide the specialist family violence sector to provide high-quality and consistent services and support to victim survivors (Domestic Violence New South Wales, 2022). Consistent with MARAM, the Good Practice Guidelines emphasise the importance of embedding intersectional approaches to quality family violence service provision.

Northern Territory (NT)

The **Northern Territory Government Domestic and Family Violence Risk Assessment and Management Framework** (RAMF) aims to facilitate coordination and evidence-based assessment and intervention to respond to family violence risk across the NT (Northern Territory Government, 2022). Under the RAMF, risk assessment involves a conversational assessment with the victim survivor, followed by completion of the *Common Risk Assessment tool*, which is an evidence-based tool for assessing risk, particularly the risk factors which are predictive of harm or death for a victim survivor of family violence. As recommended under the RAMF, questions in the *Common Risk Assessment tool* should be woven into a conversation that explores the victim survivor's experience and level of fear but should not be conducted as a survey.

Similar to MARAM, the *Common Risk Assessment tool* uses SPJ, which combines good practice and evidence-based elements, including:

- The client's own assessment of their risk, needs and safety: evidence shows that in many cases the victim survivor is the best judge of their level of risk, because they are most familiar with the patterns of behaviour of the person committing DFV against them.
- The presence of risk factors that, based on the evidence, indicate an increased likelihood of serious injury or death.
- The worker's professional judgement of the level of risk to a victim survivor, which may override the level of risk indicated by the victim survivor's own responses or by evidence-based factors. In addition, information held by other services may need to be accessed using client consent and/or information sharing legislation to complete a risk assessment.

Once an assessment is completed, the *Common Risk Assessment tool* provides an assessed level of risk and recommended actions. The risk of family violence is classified as: at risk,

elevated risk, or serious risk. Victim survivors assessed as being at serious risk based on the *Common Risk Assessment tool* may be referred to a Family Safety Framework meeting (Northern Territory Government, 2022).

Queensland

The **Domestic and Family Violence Common Risk and Safety Framework** (CRASF) articulates a shared understanding, language, and common approach to recognising, assessing, and responding to family violence in Queensland (Queensland Government, 2022). The CRASF adopts three levels of tools for risk assessment:

- Level 1: The Level 1 tools are screening tools designed to be used by any person who may come into contact with someone who may have experienced or be experiencing family violence. The Level 1 tools are designed to support identification of whether a person is at risk of or experiencing family violence, and what to do if they are. The Level 1 tools are not designed to screen for risk in a person suspected of using violence. There are separate tools for adults and children.
- Level 2: The Level 2 tools are designed to be used by specialist family violence practitioners, selected government workers, and other professionals with a role in responding to family violence (though this may not be their core business). Level 2 tools are designed to support practitioners/professionals to understand and assess the risk posed to a victim survivor, and to work with them to manage that risk. This includes developing a safety plan and making appropriate referrals. Part 3 of the level 2 tool requires an overall assessment of risk based on practitioners' own professional judgement and risk assessment in part 2. The risk assessment is based on:
    - a victim survivor's assessment
    - context
    - general risk factors (including high-risk factors)
    - population-specific risk factors.
- Level 3: Level 3 tools are designed to be used by coordinated multi-agency response teams, including High Risk Teams. The Level 3 tools should only be used by people with experience working in family violence and with a strong understanding of family violence-informed practice. The Level 3 tools are specifically designed to support multi-agency response teams where the victim survivor is assessed to be at imminent risk of serious harm or lethality.

Similar to MARAM, the CRASF tools incorporate victim survivors' assessment of risk alongside professional judgment, and also support the adoption of an intersectional lens in practice by prompting professionals to consider the unique risk factors and safety planning concerns relevant to victim survivors from diverse communities, as well as relevant protective factors (Queensland Government, 2022).

South Australia

The **Family Safety Framework** (FSF) aims to promote improved, integrated service responses to violence against women and children in South Australia. Under the FSF, the common *Domestic Violence Risk Assessment* (DVRA) is used to assess risk. The DVRA

provides a consistent way to assess risk across multiple agencies and identify if an individual should be referred to a Family Safety Meeting. The DVRA gathers information about known risk and vulnerability factors to assess risk level and likelihood of harm occurring or escalating. Risk assessment under the FSF involves completion of the DVRA which provides an indicative risk score, the use of professional judgement to consider risk level, as well as consideration of the experience and perception of risk by the victim survivor (Government of South Australia, 2022), which resembles the approach adopted by MARAM; however, the FSF does not emphasise the adoption of an intersectional lens when assessing risk. Nevertheless, the FSF recommends that when addressing high risk, relevant risk-related information should be obtained from more than a single source to enhance the safety of the at-risk person and any children involved. The FSF also notes that the DVRA should not replace agencies' existing risk assessment forms or procedures or be used as the sole basis for safety planning. Rather, it should be used as a practical tool to assist and inform the type and urgency of responses to a person at risk (and their family), case planning, and decisions to make a referral to a Family Safety Meeting in conjunction with other information about the victim survivor and their situation (Government of South Australia, 2022).

Tasmania

Safe at Home is Tasmania's integrated criminal justice response and intervention system for family violence that involves a range of services collaborating to address the risk and safety needs of victim survivors and children, and hold adults using violence accountable (Tasmanian Government, 2020). **Responding to Family Violence: A guide for service providers and practitioners in Tasmania** has been established to support a more integrated response for those affected by family violence in Tasmania. As part of the Safe at Home response, a shared evidence-based risk assessment screening tool, the *Risk Assessment Screening tool* (RAST) was developed by Tasmania Police and the Department of Justice. The RAST is an actuarial assessment tool used to classify offenders and their risk of re-offending according to the risk score they receive (low, medium, or high). The total risk score is determined based on the number and type of risk factors exhibited by the adult using violence, as perceived by the victim survivor. The RAST is utilised by operational police when attending a family violence incident to facilitate assessing the risk of a victim experiencing future violence. The RAST supports consistent operational responses and informs the integrated case coordination process for family violence in Tasmania (Mason & Julian, 2009).

Western Australia

The **Western Australian Common Risk Assessment and Risk Management Framework** (CRARMF) establishes common practice standards for family violence screening, risk assessment, risk management, information sharing and referral for all services in Western Australia (Department for Child Protection and Family Support, 2015). Under the CRARMF, service providers that play a role in responding to family violence are encouraged to adopt a common approach to risk assessment, taking into consideration key risk factors for family violence in their risk assessment process. Similar to the approach of SPJ used in MARAM, the common approach in CRARMF includes:

- the victim survivor's assessment of the risk
- consideration of key risk factors

- professional judgement.

The CRARMF also highlights that information sharing is a central component of risk assessment but in contrast to MARAM, the CRARMF does not highlight intersectional analysis within their risk assessment framework.

Under the CRARMF, service providers use the *Common Risk Assessment tool* or key risk factors contained in the tool to inform risk assessments. The CRARMF stresses that risk assessments should be thorough and must collect as much relevant information as possible to inform an effective risk management response. The second edition of the CRARMF has made modifications to the risk assessment tool to better align with the risk assessment process, with provision made for the recording of the victim survivor's assessment of the level of risk and professional judgement. The CRARMF notes that risk assessments must:

- identify risk factors
- include the victim survivor's own assessment of her level of risk and safety
- gather details of the most recent family violence episode, and identify any pattern (that is, frequency, severity, times of escalation) to the violence
- detail the history of the violence and abuse (when it started/how long it has been occurring)
- assess the risk to any children and document what children have experienced or been exposed to
- establish a risk level and detail the rationale for the assessment—some level of professional judgement is required
- identify any protective factors, strengths or existing safety strategies that might mitigate current or future risk. Consideration should also be given to the victim survivor's own view of whether the factor is or can be protective for her and her children.

A victim survivor of family violence may be identified as either 'at risk of harm' or 'at high risk of serious harm' through the completion of the risk assessment tool (Department for Child Protection and Family Support, 2015).

The model of SPJ used in Victoria

SPJ is used in MARAM as the practice model that underpins risk assessment to support the determination of the level of risk and inform risk management responses (Family Safety Victoria, 2021). The MARAM Foundation Knowledge Guide provides the following model of SPJ.

Figure 2. MARAM model of SPJ

Source: Family Safety Victoria (2021)

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

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

MARAM practice guidance notes that as part of the risk assessment, professionals should explore with victim survivors what protective factors are present for them (and any children). MARAM Practice Guides define 'protective and stabilisation factors' as factors that promote safety, stabilisation and recovery that can help mitigate or reduce risk. These may include intervention orders, housing stability, financial resources, health responses, support networks and responding to wellbeing needs (Family Safety Victoria, 2021). A full list of protective factors currently identified in MARAM is provided in **Table 3** below. Several protective factors have been identified in the literature which generally align with the existing protective factors listed in MARAM, including cultural connection, social support, help-seeking behaviour and access to community-based services (Backhouse & Toivonen, 2018; Spiranovic et al., 2021).

Table 3: Protective factors for adults and children

Protective factors for adults and children	
Systems intervention	• Perpetrator is incarcerated or prevented from contact • Victim survivor is on the Victims Register for notification of pending release of perpetrator from incarceration • Court dates relating to family law, family violence or other matters involving perpetrator or victim survivor • Intervention order is in place and being adhered to • Perpetrator is actively linked to a support program.
Practical/environmental	• Safe housing • Financial security (access to money or employment) • Health (including mental health) • Immigration status • Food security • Transport • Communication safety (including via phone, online, etc.) • Ability to access community • Connection to advocacy/professional/ therapeutic services • Positive and friendly care environment (particularly for children and young people).
Strengths-based (identity/relationships/community)	• Social networks (family, friends, and informal social networks) • Healthy relationships • Connection/sense of belonging to community • Culture and identity • Agency of victim survivor • An individual's personal skills and emotional resilience.

Source: Family Safety Victoria (2021)

Another key enabler of MARAM's SPJ model is information sharing, as it supports professionals to share information to inform risk assessments (Family Safety Victoria, 2021). This approach is supported in the literature, which recognises that the collection of information from multiple sources is important, as victim survivors may minimise their experiences of violence and the potential that they may be seriously harmed or killed (Backhouse & Toivonen, 2018).

Many organisations are prescribed as information sharing entities under the Family Violence Information Sharing Scheme. This is intended to assist in the application of MARAM through providing prescribed services with the legal authority to gather and share risk relevant information to help identify, assess and manage family violence risk. Other permissions to share, such as privacy laws and the Child Information Sharing Scheme, may also be used to share risk relevant information or co-occurring wellbeing or safety risks.

Stakeholder consultation explored how information sharing supports collaborative practice and relates to MARAM practice guidance and tools. This topic is addressed in the final Family Violence Multi-Agency Risk Assessment and Management Framework 5-year Evidence Review report (the final report).

3.1.2.5 Comparison of risk assessment approaches

There is considerable debate in the literature as to whether professional judgment is more effective than actuarial approaches or whether assessors merely override risk assessments they disagree with, which results in reduced predictive validity (Kebbell, 2019).

Recent evidence suggests that statistical or actuarial predictions tend to consistently outperform unstructured professional judgement assessments and may be more reliable and accurate than SPJ for predicting violent recidivism (Youngson et al., 2022). While this finding is relevant to the discussion on the use of risk assessment approaches, the literature reviewed did not discuss the validity of actuarial assessments in relation to the risk/level of risk of family violence for victim survivors. Furthermore, MARAM focuses on assessing the level of risk that the victim survivor currently faces rather than predicting the likelihood of recidivism by adults using violence.

Crucially, for IPV risk assessment instruments to be feasible for use, consideration must be given to the time and resources available for those administering the tools, any safety issues the use of the tool may pose, and the trauma of respondents (Websdale, 2022). Nevertheless, incorporating professional judgement is important, as experienced practitioners may be able to identify elements that may go unreported on actuarial risk assessment forms (such as victim fear, terror, and intimidation) and may be more likely to precede severe re-assault or intimate partner homicide. Subjective and intuitive clinical interpretation may help to flag cases requiring extra attention (and possibly services) without altering the objective assessment of risk (Websdale, 2022).

A recent meta-analysis examined the predictive validity of 39 different family violence risk assessment tools and investigated tool characteristics/variables that positively moderated predictive validity. The meta-analysis found that actuarial instruments outperformed SPJ tools for predicting family violence recidivism (i.e., whether family violence would occur in the future), defined as physical violence, verbal violence, psychological abuse, and sexual

violence against intimate partners (or ex-intimate partners). Studies that only examined the immediate risk or threat of family violence were excluded from the meta-analysis, because the authors claimed that this referred to the victim survivor's safety assessment (as opposed to risk assessment). The study reported that the onset of family violence could be better predicted than recurrence of family violence, which is a promising finding for early detection and prevention of family violence (van Der Put et al., 2019). The authors concluded that overall, actuarial tools are preferable to SPJ tools because the former enable better distinction between high-risk and low-risk cases. Nevertheless, a caveat is that actuarial tools in their current form are inadequate to guide case planning as they may not delineate the full range of risk factors necessary for effective intervention planning (van Der Put et al., 2019).

A 2019 review compared two evidence-based tools for IPV risk assessment used by police in Ontario: ODARA (discussed above, and which adopts an actuarial approach to risk assessment), and the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER), which adopts the SPJ approach (Kebbell, 2019). The B-SAFER has the most substantial evidence base for a SPJ tool used by police. This tool contains anchored judgement scales that clarify the scoring. Once all the items have been assessed, the police officer is required to assess the need for case prioritisation, the risk of life-threatening violence, the risk of imminent violence, and who the likely victims may be. The review reported that the B-SAFER seems to have similar validity to the ODARA, but one advantage of the B-SAFER over the ODARA was that it identifies "dynamic" factors, which can be modified to potentially reduce risk. Of note, when scores were simply added together, essentially using the tool as an actuarial tool rather than as a SPJ tool, the predictive validity was higher. Overall, the authors concluded that most effective tools have a medium to good degree of validity for predicting recidivism when conditions are optimal (Kebbell, 2019).

In terms of IPH, the picture with regards to risk assessment is unclear. Most studies examining this issue have scored risk factors for homicides retrospectively; a key methodological issue being that much more information is only available to researchers after a homicide has been committed. One study compared the ODARA and B-SAFER for 40 homicides that were analysed based on information available to police beforehand. This study demonstrated that the ODARA was slightly better than the B-SAFER at predicting homicides, but the difference was small (Kebbell, 2019).

While the predictive validity of assessments is important, Backhouse and Toivonen's recent review into family violence risk assessment principles in Australia noted that of the three risk assessment approaches, SPJ is the most effective approach in the circumstances of domestic, family and sexual violence (Backhouse & Toivonen, 2018). They reflect that while the preferred approach to conducting a risk assessment will depend on the context and purpose of the assessment, it may not be possible to develop a tool that calculates with certainty the risk of re-assault or lethal violence. They conclude that SPJ is preferrable as it supports the development of safety plans and interventions, draws information from multiple sources (including the victim survivor) and the approach occurs in the context of multi-agency collaboration and information sharing (Backhouse & Toivonen, 2018).

Cross-cultural risk assessment

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

Nevertheless, alterations to facilitate cross-cultural application may improve cultural appropriateness at the cost of predictive validity, and vice versa. As highlighted by Shepherd & Spivak (2021), any amendments to existing risk assessment instruments, or the development of new instruments for use with Aboriginal and Torres Strait Islander or culturally diverse groups, should consider several issues, including:

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

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

It is important to note that while some of the literature identified the need for further research into assessment approaches and risk factors for diverse communities, none of the literature reviewed discussed the application of an intersectional lens to risk assessments.

Review of international risk assessment tools

The review conducted by Melbourne University as part of the development of MARAM aimed to identify a validated risk assessment tool with an actuarial element or common set of

evidence-based risk factors that could be implemented in Victoria, Australia (Lamb et al., 2022). The study considered four Australian risk assessment tools that contained an actuarial element[4] and a further 14 international tools[5] (Lamb et al., 2022).

The study found that there was a lack of clear insight into how risk assessments currently inform risk management practice, and while there has been a shift toward coordinated interagency responses, the literature in relation to how multidisciplinary and multiagency risk assessments should be undertaken remains underdeveloped (Lamb et al., 2022). Few tools provided specific risk management strategies relevant to the given risk level. The study also found that risk assessments tended to focus on family violence as a series of discrete acts, rather than a process or course of conduct. More emphasis was also placed on physical violence as opposed to other forms of family violence (Lamb et al., 2022). Moreover, the majority of the tools focused on heterosexual partners, few took into account factors relating to intersectionality, and most tools had not been tailored for culturally diverse groups. In response to the study finding quoted below, questions were developed for MARAM for specific populations based on advice and considerable consultation with academic, sector, diverse community groups and frontline workers:

> *From the current project it has been recommended that additional questions about risk factors unique to the experience of domestic violence for Indigenous victim survivors, elderly survivors, culturally diverse survivors, survivors from the LGBTIQ+ community and survivors with a disability be developed in partnership with researchers and practitioners with expertise and insight into the issues faced by these groups.* (Lamb et al., 2022)

The research found that existing tools could not be easily applied by frontline workers to the broad scope of family violence and noted that many risk assessment tools were developed for the use of one type of professional with a specific area of expertise or required specialist training to use (Lamb et al., 2022).

3.1.3 Risk management and safety planning

Risk management is the process of responding to identified family violence risk. It includes developing, monitoring and actioning safety plans and risk management activities with victim survivors and actioning risk management activities with other professionals. It also includes a focus on ongoing review and assessment to respond to the dynamic nature of risk, and collaborative information sharing to understand risks from the adult using violence (Family Safety Victoria, 2021).

[4] The four Australian risk assessment tools were: Victoria's police administered VP-SAFvR; New South Wales' Domestic Violence Safety Assessment tool (DVSAT); South Australia's police administered risk assessment form; Tasmanian Risk Assessment Screening tool (RAST).

[5] The 14 international risk assessment tools were: Danger Assessment (DA) (Including the DA-I, DA-R and DA-LE) and Lethality Screen (5 tools); Ontario Domestic Assault Risk Assessment (ODARA); Domestic Violence Risk Assessment Guide (DVRAG) (ODARA+ Psychopathy Checklist); Domestic Violence Screening Inventory (DVSI) and (DVSI-R); Spousal Assault Risk Assessment (SARA) and Brief version for police, (B-SAFER) (2 tools); Method of Assessment of Domestic Violence Situations or Domestic Violence Method (DV-MOSAIC); Kingston Screening Instrument for Domestic Violence (K-SID); Domestic Violence Risk and Needs Assessment (DVRNA); Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH).

The MARAM Practice Guides note that a central part of risk management is providing a proactive response to remove or reduce the threat of future harm posed by the adult using violence (Family Safety Victoria, 2021). That is, responses should aim to reduce risk and provide support for stabilisation and recovery.

The 2018 companion resource for the *National Risk Assessment Principles for domestic and family violence* notes that a collaborative relationship and process between the victim survivor and the professional supporting the victim survivor is fundamental to an appropriate safety plan (Backhouse & Toivonen, 2018). As highlighted by Backhouse and Toivonen (2018), some safety issues to consider in the development of risk assessment and risk management tools include:

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

These considerations are incorporated into MARAM. For example, MARAM risk management focuses on developing a plan in partnership with the victim survivor or adult using violence. When working with victim survivors, professionals are encouraged to build on what the victim survivor is already doing to manage the impacts of the behaviour of the adult using violence and other actions aimed at keeping themselves safe. MARAM practice guidance also recognises that risk factors are indicative, emphasising the need for multi-agency collaboration for ongoing risk assessment and management. Moreover, the MARAM Practice Guides and Framework policy document were developed through consultation with key stakeholders including the police, and with communities including Aboriginal and Torres Strait Islander peoples.

3.1.4 Key risk screening, identification assessment and management approaches and tools

This section considers key screening, identification, assessment and risk management approaches addressed in the literature in relation to different settings and communities. The analysis considers how this best practice evidence is reflected in MARAM.

3.1.4.1 Screening, identification and assessment in healthcare settings

Hospital and health services have a pivotal role in screening and identification of family violence risk in the first instance (The Royal Women's Hospital, 2020). Australian research on screening for IPV confirms the importance of screening within some health system settings to ensure effective identification and response to IPV, and to reduce harm to women and children from IPV (Suparare et al., 2020). The trusting and therapeutic relationships that general practitioners develop with patients, and the safe places they provide, have been noted as providing unique opportunities to identify, assess and respond to family violence. This makes general practice a key component of an integrated system response (Lynch et al., 2022).

Evidence supports the routine screening of selected at-risk groups (Spangaro, 2017). Some literature suggests that family violence screening should occur during routine pregnancy and mental health planning (Lynch et al., 2022) and for those who have severe mental illness (Suparare et al., 2020). Both the World Health Organization (WHO) and the National Institute for Health and Care Excellence guidelines propose that women with mental health symptoms or disorders, women attending antenatal care, women experiencing substance abuse problems, and women presenting for sexual health or HIV testing be routinely screened (Spangaro, 2017). The U.S. Preventive Services Task Force recommends that healthcare clinicians screen for IPV in all women of reproductive age but concludes that there is insufficient evidence to make a recommendation regarding screening for abuse and neglect in older and/or vulnerable adults. However, this is largely due to the lack of research on these populations (Ballan & Freyer, 2021).

The MARAM Framework policy document recommends routine screening for use by certain professionals providing antenatal or maternal health services. However, routine screening is not required to be undertaken by all Framework organisations. Other workforces will only use the Screening and Identification tool when they identify indicators or signs of family violence risk through their regular service (Family Safety Victoria, 2018).

In Australian jurisdictions where routine antenatal screening occurs, there is a reported screening rate of 62%–75%, indicating that routine screening can be integrated into perinatal and maternity health settings (Suparare et al., 2020). However, it has been noted that the initial presentation to a service may not be the best point at which to raise the issue of abuse, given that trust has not yet been established with the health professional (Spangaro, 2017). The literature also notes that the stigma around reporting family violence in an antenatal setting may be high, and adaptations to screening protocols and approaches may be needed to provide cultural safety (Suparare et al., 2020).

In Victoria, Maternal and Child Health (MCH) services are a prescribed Framework organisation under MARAM. MCH services have screening and identification responsibilities which include performing Routine Universal Screening at the four-week Key Age and Stage consultation and undertaking opportunistic/indicative screening when family violence indicators become suspected or identified, and where it is safe and appropriate to proceed. Screening and identification of family violence for all MCH patients fall under MARAM Responsibilities 1 and 2. Where family violence is identified, MCH staff work in partnership with victim survivors to actively address immediate risk and safety concerns and undertake

risk management through safety planning, sharing of information and referral, under MARAM Responsibilities 5, 6, 9 and 10 (Municipal Association of Victoria, 2021).

The World Confederation for Physical Therapy has stated that while physical therapists focus on the body's physical movement and functional ability, therapists should be aware of IPV when working with patients. They should integrate concerns regarding a patient's physical, psychological, emotional and social well-being into practice (Ballan & Freyer, 2021). An *IPV Screening tool* which is intended to address the needs of the physical therapist in coordination with the musculoskeletal rating of pain often observed in rehabilitation settings has also been developed. Initial investigation of the reliability and validity of this tool found that it held strong inter-rater reliability between experts and strong internal consistency (Ballan & Freyer, 2021). Physiotherapists are not a prescribed workforce and consequently are not required to align to the MARAM Framework. Nevertheless, some physiotherapists, such as those working in hospitals, may voluntarily apply the MARAM Framework in their work. It should be noted that the requirement to align to the MARAM Framework is distinct from the professional responsibilities to take certain actions regarding patients' safety and wellbeing.

Barriers to screening in healthcare settings include time constraints, lack of policies and procedures for screening, discomfort with the topic, fear of offending the patient or partner, need for privacy, perceived lack of power to help solve the problem and misconceptions regarding the patient population's risk of exposure to IPV (Correa, 2018).

Recommendations from the literature in relation to health settings include:

- Screening patients privately (Correa, 2018). Privacy may be achieved by performing physical assessment of a patient in a treatment room in order to create privacy or distance from any potential monitoring devices in the room. It is also important that telehealth consultations are conducted in private, safe places that facilitate disclosure (Lynch et al., 2022). In alignment with this, the MARAM Practice Guide for Responsibility 1 notes the importance of ensuring a private environment when asking about sensitive and personal information (Family Safety Victoria, 2021).
- Posters and brochures in the waiting room or other common spaces are helpful in communicating that IPV is an important health issue that can be discussed with the physical therapist (Ballan & Freyer, 2021). Culturally sensitive materials displayed in different languages on IPV and children's exposure to IPV can prepare patients for enquiry and provide information for those who are not ready to disclose and engage (Rossi et al., 2020). The MARAM Practice Guide for Responsibility 1 also notes that culturally safe, respectful and welcoming environments should include inclusive signage and posters (Family Safety Victoria, 2021).
- Using direct questions from a validated screening tool and creating a safe environment through effective communication (Correa, 2018). MARAM similarly suggests that services could use prompting questions from the Screening and Identification tool or a risk assessment tool to establish the presence of family violence if observable signs of trauma or risk are present, and if an immediate threat is identified and the whereabouts of the adult using violence are unknown. The MARAM Practice Guide for Responsibility 2 outlines when it is appropriate to use the Screening and Identification tool (Family Safety Victoria, 2021).

- Improving rapport and showing compassion (Correa, 2018). The MARAM Practice Guide for Responsibility 1 also notes the importance of building rapport before asking victim survivors to engage (Family Safety Victoria, 2021).
- Telling patients what will happen if they respond "yes" to a question before they are screened, in order to properly inform the patient about what will happen if they screen positive (Correa, 2018). In line with this, the MARAM Practice Guide for Responsibility 6 notes that the key to providing effective support to victim survivors is professionals being able to build and maintain relationships of trust through open and transparent communication. Professionals need to make it clear to victim survivors that the professional and their service will "maintain confidentiality where possible; information sharing and other laws mean that relevant information may be shared without consent in some circumstances" (Family Safety Victoria, 2021).
- In selected programs, trained staff should ask service users whether they have experienced domestic violence, regardless of whether indicators of violence and abuse are present (Spangaro, 2017). As noted above, in Victoria, some organisations and workforces use the MARAM Screening and Identification tool to undertake routine MARAM screening (such as in perinatal settings, child health settings or Youth Justice).
- Given the heightened stress that may occur after disclosure of family violence and the disruption this may cause to a patient's capacity to take in any new information or make coherent decisions, a trauma-informed response to this is needed (Lynch et al., 2022). The MARAM Practice Guide for Responsibility 1 suggests letting the person know that they can take a break at any time, and schedule breaks as required, "especially if the person is distressed, ill or has a cognitive impairment or other relevant disability", and remind them of this at appropriate intervals (Family Safety Victoria, 2021).
- Maintaining high screening rates and tracking data (Correa, 2018). While MARAM requires data collection, MARAM resources do not provide guidance on how high screening rates should be.

3.1.4.2 Screening, identification, assessment and risk management in the justice sector

The United Nations (UN) Office on Drugs and Crime has noted the importance of positive first-contact experience and high-quality victim/survivor-centred police and justice responses for preventing and eliminating gender-based violence against women and girls, and the impact these have in ensuring family violence does not escalate to homicide (United Nations Office on Drugs and Crime, 2022).

The UN Office on Drugs and Crime has identified strengthening the justice sector response as one of the most challenging issues when responding to gender-based violence due to limited awareness, discriminatory attitudes and harmful gender bias inherent in law enforcement and justice sector institutions (United Nations Office on Drugs and Crime, 2022). As the UN Office on Drugs and Crime notes, and as acknowledged by MARAM (Family Safety Victoria, 2021), the legal system of the country of origin acts as a powerful frame of reference for immigrant women, shaping their engagement with the justice system of the country of destination (Graca, 2017).

The literature also suggests that training police to recognise trauma symptoms and involving officers in the detection of children exposed to family violence can help officers to identify service needs and facilitate stronger community-police relations and even improve police documentation of the domestic incident (Stevens et al., 2019). MARAM recognises the importance of high-quality police responses and Victoria Police are a prescribed MARAM Framework organisation.[6]

3.1.4.3 Screening, identification, assessment and risk management for intimate partner sexual violence

Available evidence suggests that intimate partner sexual violence should be specifically included in family violence risk assessments rather than treated as a separate event (Backhouse & Toivonen, 2018). MARAM resources are consistent with the literature, with assessment tools including questions such as "have they ever forced you to have sex or participate in sexual acts when you did not wish to do so?"

Recent research identified the building of rapport as an enabler to screening and assessing risk of intimate partner sexual violence (Helps et al., 2023). Practice considerations within MARAM provide details on how to prepare a victim survivor for this conversation and how to respond sensitively after disclosure, but the guidance is geared toward asking the question in a direct way and only on one occasion, which is not reflective of sexual assault disclosures.

As discussed in Section 4.3.1, sexual assault in the context of IPV is also supported by evidence as a key risk factor for homicide.

3.1.4.4 Screening, identification, assessment and management with children and young people

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

There is a growing body of research that indicates that risks for an adult and child may be "linked but separate", and risk assessment may thus require more targeted and possibly distinct approaches in order to respond to the safety, risk and both common and unique wellbeing needs of women and children (Fitz-Gibbon et al., 2019). More recent research has highlighted the importance of creating safe, child-centric spaces for children and young people to talk about their experiences of family violence. This includes improving both practice and design in mainstream spaces where support is provided to children and young people seeking support for family violence. In relation to promoting a trauma-informed system response, the report emphasised the importance of providing children and young people agency in their safety planning and decision-making, the value of individualised or tailored responses, and the importance of age-appropriate supports (particularly with regards to language). Responses for younger children may also need to adopt techniques for communicating with

[6] See the *Family Violence Protection (Information Sharing and Risk Management) Amendment Regulations 2020* (Vic).

children and young people who are neurodivergent or who have disability (Fitz-Gibbon, McGowan, et al., 2023).

This aligns with the fourth and sixth MARAM Framework principles which note that services provided to child victim survivors should acknowledge their unique experiences, and needs, including the effects of trauma and cumulative harm arising from experiences of family violence. Accordingly, MARAM states that, "children and young people affected by family violence are victim survivors in their own right, with unique experiences of family violence and its impacts" (Family Safety Victoria, 2021). Under MARAM, children are assessed using a specific Child Victim Survivor Risk Assessment tool. This is supported by the Assessing children and young people experiencing family violence Practice Guide (Department of Human Services, 2013).

Research has noted that in developing and implementing risk assessment, certain barriers to support and safety need to be considered. This includes the heightened experience of gender inequality in youth peer cultures, which create harmful norms in relationships and minimise young women's competency to make decisions and provide consent (Backhouse & Toivonen, 2018).

Research conducted by Monash University explored practitioners' views on family violence risk assessment practices for children (Fitz-Gibbon et al., 2019). The research considered current practices and future needs to improve family violence risk assessment practices for children. Key issues identified in this research as critical to developing and building effective family violence risk assessment and responses for children include:

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

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

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

- keeping the child safe and together with the non-offending parent
- partnering with the non-offending parent as the default position

- intervening with the adult using violence to reduce risk and harm to the child.

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

With regard to MARAM's position of partnering with the non-offending parent, MARAM acknowledges that "perpetrators often use various harmful tactics to deliberately undermine, manipulate and damage the mother/carer–child relationship" and highlights the need for professionals to be aware of these tactics to avoid misinterpreting a mother/carer's way of resisting the violence as "poor parenting". Further, under Responsibility 3 in MARAM, practice considerations for assessing and managing risk for children and young people emphasise that wherever possible, practitioners should collaborate with the parent/carer who is not the adult using violence and support strengthening/repairing the relationship and bond between the child and mother/carer. The MARAM Framework policy document similarly notes that "the attachment of children and young people to parents and caregivers is key to their development" and recognises that the "relationship between a caregiver who is a victim survivor and their child is often affected by the perpetrator's pattern of coercive and controlling behaviour" (Family Safety Victoria, 2018). The potential for MARAM to further incorporate learnings from the Safe and Together model is an area that was further explored in consultation and is addressed in the final report.

Recent research into acceptable approaches to the identification of children's exposure[7] to IPV, which considered the views of 42 children, 212 mothers and 251 professionals, found that:

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

The approach adopted by MARAM generally aligns with this research. Under MARAM, professionals consider existing factors of strength, safety and/or protection and how these can be used as building blocks to increase protection and safety. As noted above in **Section 3.1.2,** assessments consider 'protective factors' which may include considerations such as safe housing, mental health support and connection to services. Questions are also asked in relation to feelings of safety at home and people who are safe to talk to.

[7] The study notes that "children's exposure to IPV can occur through direct involvement and witnessing or through indirect exposure (e.g. being aware of the violence between parents/caregivers, financial consequences, parenting affected by IPV)."

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

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

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

MARAM practice guidance remains consistent with this research. The MARAM Practice Guides refer to an existing Victorian Government document, *Assessing children and young people experiencing family violence practice guide,* which notes that during screening and assessment, issues may arise relating to concerns about exacerbating trauma, parental shame, child removal, and family members overwhelmed by the complexity of problems (Department of Human Services, 2013). MARAM also attempts to address this issue by including practice guidance on unconscious bias and reflective practice (Family Safety Victoria, 2021).

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

A recent Victorian study examined children and young people's experiences of navigating the family violence system in Victoria. The report found that children and young people consistently noted that they felt invisible at different points of the system response to family

violence, with a common perception that system responses to family violence were not designed or conducted with children and young people in view (Fitz-Gibbon, McGowan, et al., 2023). This perceived lack of visibility was noted by some children and young people as being related to risk assessment practices that were "not a genuine process". As highlighted in the report, ineffective risk assessment and management practices can depersonalise a victim survivor's interaction with a support service. The report also noted that children and young people highlighted the value of receiving specialist support to address their safety and wellbeing concerns following an experience of family violence (Fitz-Gibbon, McGowan, et al., 2023).

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

3.1.4.5 Screening, identification, assessment and management with people with disability

A recent Swedish study (which included 18 service providers working in health care, social work, the police, women's shelters, and the Center Against Violence) relating to women with disabilities noted the difficulties of using standardised IPV screening tools that were not adapted for clients with disability. In such cases, providers would collaborate with others that had special skills to facilitate communication. The article suggested that having an intersectional awareness and addressing broader issues of accessibility in IPV services (in addition to disability-specific needs) may assist in matching the available services to the needs of women with disability (Namatovu et al., 2022).

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

MARAM recognises that people with disability may experience increased risk of family violence. MARAM practice guidance suggests that a safety plan should be in an accessible format if required and be readily accessible by the victim survivor. It also states that support and risk management strategies may need to be adapted if necessary to reflect more intensive case management work for those who may have difficulties interacting with services or retaining information about safety planning. In current practice, MARAM predominantly supports the use of standardised, rather than specialised, screening tools and assessments for people with disability (Family Safety Victoria, 2021). For example, the MARAM Adult Victim Survivor Comprehensive Risk Assessment tool includes a series of questions specific for people with disability.

Ways for MARAM Practice Guides and tools to be more responsive to the unique risks of family violence, wellbeing and needs of individuals with disability was further explored in consultation and is addressed in the final report.

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

The literature indicates that for family violence risk assessments to be relevant to immigrant and refugee communities, definitions of family violence need to include:

- multi-perpetrator violence
- migration-related abuse
- ostracism from community
- exploitation of interfamilial financial obligations (Segrave, 2017).

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

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

With regard to migration-related abuse, ostracism and exploitation of interfamilial financial obligations, MARAM practice guidance lists migration-related abuse (such as use of threats relating to immigration, visa status, and sponsorship as forms of isolation and control by the adult using violence), multiple and proxy perpetrators, and socially isolating victim survivors from community and culture as commonly experienced tactics and behaviours of family violence among people from culturally, linguistically, and faith-diverse communities.

Practice guidance for the MARAM Adult Comprehensive Risk Assessment tools notes that family and community networks may actively support the adult using violence and/or ostracise the victim survivor from the community if they disclose violence. Further, practice guidance also indicates that there are nuances around narratives and presentations of adults using violence from culturally, linguistically, and faith-diverse communities that can relate to “gender and family roles, relationships to extended family, responsibility for financial control and entitlement, dowry entitlement, parenting, visa access and stability, and age-related expectations”, but does not provide explicit details on how these may present.

Of note, there is a relative paucity of information within MARAM practice guidance on forced marriage, which is a form of family violence that predominantly impacts individuals from culturally and linguistically diverse and newly arrived migrant communities (Tan & Vidal, 2023).

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

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

- technology: considering control over women's access and use of technology, and the use of technology to enact abuse
- employment and financial security/control: considering access to finances, sharing household and financial responsibilities, access to employment and the nature of employment
- multiple people using violence: considering who is enacting violence and understanding the cultural and familial context
- intervention orders: considering what intervention mechanisms might be used to undermine the victim survivors account of family violence
- migration status: considering whether migration status is temporary (and whether referral to a specialist service/assessment is required) (Segrave, 2017).

Of these questions, the MARAM Adult Victim Survivor Comprehensive Risk Assessment tool currently includes explicit questions about financial control; multiple people using violence; intervention orders; migration/visa status, (questions about multi-perpetrator violence and migration status are also in the MARAM adult victim survivor brief risk assessment and Intermediate tools, and questions about intervention orders are in the intermediate tool). Questions about technology are not included in the MARAM Risk Assessment tools. Other questions included in MARAM relate to cultural and social considerations, both in the familial and community context.

The MARAM Foundation Knowledge Guide provides examples of cultural contexts that may affect someone's experience of family violence such as cultural taboos or faith-based beliefs that discourage separation and divorce (Family Safety Victoria, 2021).

Evidence has also indicated that immigrant and refugee women tend to only seek help after enduring years of abuse and are prompted by an escalation in frequency and severity of family violence and fears for impacts on their children (Backhouse & Toivonen, 2018). This is an added challenge of providing support to victim survivors from diverse communities and is recognised under MARAM.

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

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

The importance of effectively engaging and equipping Aboriginal and Torres Strait Islander people in decision-making processes affecting their lives and taking a strength-based approach to working with Aboriginal and Torres Strait Islander communities, has been noted in Australia's National Plan to End Violence against Women and Children. A key commitment by the Australian Government in this regard is delivering a dedicated Aboriginal and Torres Strait Islander Action Plan led by the Aboriginal and Torres Strait Islander Advisory Council on family, domestic and sexual violence. The Action Plan provides targeted action to address the disproportionate rates of violence experienced by Aboriginal and Torres Strait Islander women and children (Department of Social Services, 2023).

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

MARAM Framework principle 7 requires services and responses provided to people from Aboriginal communities to be culturally responsive and safe, to recognise Aboriginal understanding of family violence and rights to self-determination and self-management, and to take account of their experiences of colonisation, systemic violence and discrimination and recognise the ongoing and present day impacts of historical events, policies and practices (Family Safety Victoria, 2018).

Recent ANROWS research has noted that the development of a culturally strong practice framework to respond to Aboriginal and Torres Strait Islander children who experience family violence requires:

- Aboriginal and Torres Strait Islander children and young people to be at the heart of all decisions and practices.
- Family violence responses in regional and remote contexts to occur within a culturally strong framework that considers the needs of children and their families.
- Education about breaking the cycle of family violence in the lives of Aboriginal and Torres Strait Islander children and young people.
- Addressing family violence in a holistic way.

- Aboriginal and Torres Strait Islander children, young people and families getting access to support at the right time.
- A healing approach.
- An emphasis on the safety of children and young people, including the need for safe language to talk about their experiences (Morgan et al., 2023).

MARAM Practice Guides provide considerations for risk management involving Aboriginal and Torres Strait Islander people experiencing violence, noting that secondary consultations with appropriate targeted community support agencies may be required to assist with the provision of supportive and culturally respectful services (Family Safety Victoria, 2021). MARAM acknowledges that the language of "perpetrator" and "victim" used in MARAM Practice Guides is not the preferred language of Aboriginal and Torres Strait Islander peoples and communities (who prefer the terms "people who use violence" and "people who experience violence"). Considerations in relation to retaining the language of "perpetrator" and "victim" as currently used in MARAM were further explored in consultation and are addressed in the final report.

Service responses need to better support Aboriginal and Torres Strait Islander women and their children to safely stay in their communities, rather than relying on victim survivors leaving their community or extended family and existing support systems (Department of Social Services, 2019). In this regard, practice considerations in the Foundation Knowledge Guide acknowledge that "Aboriginal people may be reluctant to seek help that involves leaving their families and communities, given previous policies of dispossession and removal, including the Stolen Generations, and current high rates of child removal." (Family Safety Victoria, 2021). Further, Responsibility 1 emphasises the importance of providing a culturally safe response, particularly for Aboriginal people, which includes respecting an individual's right to self-determination. This also includes recognising a victim survivor as the expert in their own experience and including and supporting them to make decisions about their own risk management. However, there is a paucity of explicit practical guidance in MARAM on how to effectively support victim survivors from Aboriginal and Torres Strait Islander communities experiencing violence to remain within their family networks and communities. Whether guidance on practices which support victim survivors staying at home need to be more effectively encapsulated in MARAM was further considered in consultation and is addressed in the final report.

The ANROWS National Principles note that strong cultural connection is likely a protective factor for Aboriginal and Torres Strait Islander peoples (Backhouse & Toivonen, 2018). Engaging members of the community, including knowledge holders, grandmothers, grandfathers, and elders within communities, alongside support from service providers to help victim survivors and adults using violence may be a long-term strategy to address family violence (Rizkalla et al., 2020). Recent ANROWS research also highlighted the importance of safety planning when assisting Aboriginal and Torres Strait Islander children and young people who are experiencing family violence. It was noted that the protective behaviours that children and young people already display need to be acknowledged, and children and young people need to be equipped with strategies and actions that they can take that provide them with agency. The importance of creating safety plans with children, independent from adults, has been highlighted (Morgan et al., 2023).

A 2020 community-based participatory study of Indigenous women living in Canada identified seven main barriers that contribute to the core phenomenon of the unpreparedness of providers to consistently respond to IPV:

- women's reluctance to disclose IPV due to stigma and shame. Providers saw patient fear, shame or stigma as a barrier to effectively identifying and responding to IPV. It was also noted that awareness of reporting requirements may prevent First Nations mothers disclosing IPV
- lack of formal provider training on appropriate approaches to IPV
- lack of understanding of jurisdictional complexity of First Nations and non-First Nations specific services for IPV
- uncertainty how to negotiate cultural safety and IPV
- multiple-role relationship and confidentiality dilemmas characteristic of small communities
- fear of jeopardising the patient-provider relationship
- lack of referral network due to fragmented services and limited access to these services for IPV (Rizkalla et al., 2020).

A recommendation of the study was to improve cultural safety within the referral network. The study noted that:

> *The idea of cultural safety refers ultimately to supportive, non-judgemental care that suits a patient's specific needs and is not assumed. It may include offering a First Nation person access to traditional healing such as smudging, sweat lodges and other ceremonies, while understanding that some may select mainstream services. Cultural safety training will be beneficial to increase providers' ability to approach care and referrals for Indigenous women* (Rizkalla et al., 2020).

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

TVI practice is a key practice concept in MARAM. As denoted in Responsibility 1, MARAM underscores the need to adopt intersectionality and trauma-informed practice into a person-centred approach in order to tailor responses to empower and validate victim survivors, thus facilitating victim survivors' ability to make informed choices and access services and supports. This requires service providers to be sensitive to the impacts of trauma and ongoing structural inequality and responding to the impacts of both these factors on individuals, families and communities, avoiding re-traumatisation, and maximising engagement with services (Family Safety Victoria, 2021).

To ensure TVI practice when working with Aboriginal and Torres Strait Islander communities, MARAM emphasises that services should offer the choice to engage with Aboriginal services to ensure trauma-informed approaches and cultural safety, and suggests adopting the principles of Nargneit Birrang–Aboriginal Holistic Healing Framework for Family Violence to guide responses (Family Safety Victoria, 2021).

3.1.4.8 Screening, identification, assessment and risk management with older people

A 2016 review of best practices and evidence-based practices in elder abuse and neglect noted that despite increasing attention on elder abuse, data on prevention and intervention practices and guidance for professionals remain limited. Screening tools were therefore described as emerging or best practice, rather than evidence-based. The research noted that the emerging tools were targeted towards different populations and focused on different forms of elder abuse. Several also screened for psychological abuse and others for the potential existence of abuse or conflict, and one's capacity to live independently (Moore & Browne, 2017).

The MARAM Comprehensive Risk Assessment tool contains additional considerations and questions for older people including questions relating to independence and psychological abuse, such as: 'Are they dependent on you or are you dependent on them financially?'

In 2021, the Australian Institute of Family Studies reported a need for screening of elder abuse in health settings but also pointed to other research (Dow et al., 2018) which outlined other areas that need to be addressed in order to support effective screening. These included:

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

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

MARAM reflects growing recognition of elder abuse as a form of family violence and increasing attention on how the family violence service system responds to older people (Family Safety Victoria, 2021). MARAM also outlines a number of considerations for professionals when working with older people (Family Safety Victoria, 2018). Given the prevalence and impact of family violence perpetrated by adult children, MARAM practice guidance focuses particularly on older people requiring care and support, as well as where an adult child is themselves in a period of transition and is relying on an older person for care and support (Family Safety Victoria, 2021).

3.1.4.9 Screening, identification, assessment and risk management with LGBTIQA+ communities

A 2018 report by Monash University highlighted the barriers that LBTIQA+ communities may face in accessing mainstream and specialist FV services, particularly for male-identifying victim-survivors who perceived that "there was no space for them in the system." Indeed, LGBTIQA+ people tend to seek help via informal means (e.g. friends and family) rather than through formal ways because "hetero/gender-normative discourses of family violence limit the capacity for LGBTIQA+ people to recognise themselves as 'legitimate' victim-survivors or perpetrators." (Reeves & Scott, 2022)

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

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

MARAM acknowledges that LGBTIQA+ victim survivors may face service access and engagement barriers and notes there is a limited number of LBTIQA+-specific family violence services. MARAM emphasises the need to be cognisant of the diversity of identities and experiences across LGBTIQA+ communities and what this means for risk assessment and management. MARAM also notes that the low levels of identification and reporting of family violence against members of the LGBTIQA+ community are partly underpinned by the dominant understanding of family violence as being circumscribed to heterosexual cisgendered male adults using violence and their cisgendered female partners (Family Safety Victoria, 2021).

3.2 Collaborative practice and processes supporting risk assessment and management

Key messages relating to collaborative practice and processes supporting risk assessment and management:

- Evidence supports the importance of effective interagency collaboration for a coordinated approach between services and service providers.
- Common risk assessment and management processes help develop shared understanding of risk and safety and consistent language about risk among professionals.
- MARAM resources emphasise the importance of a shared understanding of the common purpose and 'language' between services and service providers. The sufficiency of the definition of the MARAM responsibilities in ensuring clarity and accountability of different service providers was further explored through stakeholder consultation and is addressed in the final report.

There is a growing body of research relating to barriers to and enablers of effective interagency collaboration in the context of family violence. The research indicates that positive interagency relationships are necessary for effective interagency work (McCulloch et al., 2016). Another factor relevant to effective interagency collaboration is the cultural and structural barriers that can affect women's access to service providers. These factors have a considerable impact on the ability of a multi-agency response to domestic violence to succeed. These barriers may relate to factors such as physical, technological or linguistic constraints, which affect ease of access to services (Graca, 2017).

The 2018 companion resource for the *National Risk Assessment Principles for domestic and family violence* notes that professionals should be assisted in developing a shared understanding of risk and safety through supported implementation of common risk assessment tools and safety management frameworks (Backhouse & Toivonen, 2018). The companion resource also notes the need to develop a common language of risk among professionals working in the family violence sector. A shared language of risk is facilitated by common reference to evidence-based risk factors for family violence in tools for professionals, and through coordinated approaches to information sharing, safety planning, referrals and multiagency case management (Backhouse & Toivonen, 2018).

Aligned with this approach, MARAM resources emphasise the importance of a shared understanding of the common purpose and 'language' between services and service providers (Family Safety Victoria, 2018). Guidance on how existing organisational practices can align with MARAM guidance and tools encourages organisations to consider whether alignment with MARAM requires new processes to be established for screening, assessment and management of family violence, or whether the MARAM tools can be embedded into existing practices (Family Safety Victoria, 2020). This is part of MARAM's alignment maturity model (due for release in 2024) which supports Framework organisations to understand how they

can best align with MARAM. The maturity model supports organisations to understand their progress towards alignment. Incorporation of the MARAM tools into existing practices may involve adding the MARAM Screening or Assessment tool in full, or as an additional form, or embedding MARAM questions within existing intake and assessment tools. Latitude exists for organisations to embed the MARAM tools into their existing practice in a range of ways, with the intention of providing organisations with flexibility to meet their organisational and workforce needs, as well as the needs of the communities they serve.

There has been some criticism of MARAM's ability to facilitate a shared understanding between agencies with regard to the responsibilities under MARAM. A report by the CUBE group noted that minimum standards for the ten risk assessment and risk management responsibilities and sector-specific guidance on how organisations should determine their responsibilities under this framework have not been clearly defined. This has resulted in ambiguity among different organisations as to where they fit into the overall risk management system and how to operationalise their responsibilities (Cube Group, 2020). The sufficiency of the definition of these responsibilities in ensuring clarity and accountability of different service providers was further explored in the Review through stakeholder consultation and is addressed in the final report.

A recent meta-evaluation of 33 Australian integrated service responses to family violence initiatives reported potential implementation challenges which should be considered when designing risk assessment and management mechanisms such as referral pathways and providing appropriate support across communities, including:

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

Recent literature notes several key elements underpinning sustainable system-level screening programs, including: the development of internal on-site IPV expertise, saturation training, development of unit-based policies and procedures, collaboration with local advocacy agencies and IPV experts, continuous quality improvement strategies, and the inclusion of primary prevention efforts (Correa, 2018). Such comprehensive programs boost providers' self-efficacy to perform screening, IPV screening rates and abuse disclosure rates (Correa, 2018). This aligns with the MARAM multi-agency approach to risk identification, collaboration with local advocacy groups, and training to support identification.

A recent mixed method study analysing the Child Trauma Response Team (CTRT)[8] based in New York city found that:

- the barriers to interagency collaboration identified by CTRT stakeholders are highly consistent with those reported in the literature, which suggest that positive regard for other

[8] The Child Trauma Response Team is a multi-agency collaboration aimed at providing coordinated, immediate, trauma-informed, and interdisciplinary response to children and their impacted family members who are exposed to domestic violence.

agencies, mutual trust, good communication, adequate training/knowledge development across agencies, and adequate resources are key elements of successful interagency collaboration

- interviewees reported very little initial cross-agency training. This may have been a missed opportunity to clarify roles and establish communication channels early in the process
- multi-agency service provision may benefit from implementing a robust training program that can address key elements of collaboration early on in the process
- programs should document specific barriers that prevent families from engaging in further assessment and services. They should then consider leveraging the multiple agencies involved to address identified barriers and keep families engaged in needed services
- it is important to ensure multiple mechanisms and time points to reach families in the aftermath of a traumatic event (Stevens et al., 2019).

While there is evidence that well-coordinated collaborations lead to better outcomes, there is also evidence suggesting that the involvement of multiple agencies may negatively impact the quality of services provided, possibly due to a diffusion of responsibility (Stevens et al., 2019). A recent study assessing interagency collaboration and the 'texture of connections' between agencies looked at how system 'holes' could emerge through different modes of working together, through which victim survivors could slip. The study involved fieldwork which took place over 6 months in an outer metropolitan suburb of Sydney (where a local integrated family violence response had been operating for many years) (Stewart, 2020). The study assessed how interagency family violence work was enacted in practice and the effects of these enactments on victim survivors.

The study found that enacting interagency family violence work involved practitioners working together in a way that oscillated between two modes: the first mode involved multiple service providers working together but operating with their own multiple foci for action. The second mode also involved multiple service providers, but with practitioners maintaining a singular focus for action: the victims/survivors' interests.

When working in the first mode, victim survivors tended to be categorised based on individual agency eligibility criteria. Interagency success was viewed largely in terms of how well the system managed the increasing volume of cases and how quickly and efficiently these could be moved through the system (Stewart, 2020).

Across all the interagency practices observed in the study, the second mode of working occurred when practitioners acting in an interagency network connected in a way that aligned them with a shared priority. The study notes that when this occurred, practitioners' role boundaries were "stretched and rearranged" in the collective effort to improve outcomes for victim survivors. The study found that reorienting the focus on the victim survivor brought the victim survivor's risks and needs into focus, enabling practitioners to keep in view the impacts of the behaviour of the adult using violence and reduce the possibility of retraumatising the victim survivor (Stewart, 2020).

The study reported that the 'texture of connections' produced by the first mode of work was often smooth, in terms of unfolding according to prescribed organisational procedures but,

> *In terms of interagency work, it was loosely woven, frequently with large holes, through which victims/survivors could slip. This was because multiple practices were not necessarily enacted in connection, but often in parallel with each other, failing to intersect appropriately* (Stewart, 2020).

However, the texture produced by the second mode of working was more tightly woven, as it,

> *was created by service providers working together in a way that their practice intersected, often surfacing tensions and differences. The resulting texture, while knotty in places, was taut enough to pull the threads of multiple practices together (even if only temporarily) into a web of safety for victims/survivors* (Stewart, 2020).

Some findings of the study were:

- policy should reflect the complexity of interagency family violence work to support the development of responsive practice rather than aiming for simplicity through standardisation of responses
- it is important that different agencies' policies intersect in productive ways, and that multi-agency initiatives are genuinely multi-agency and not dominated by the concerns of a handful of stakeholders
- there is a need for constant maintenance and modification of systems and procedures to adjust to rapidly changing environments
- the design of practitioner resources such as risk assessment forms should take account of how practitioners engage with these tools, how technology interacts with practice, and what impact this might have (Stewart, 2020).

A review by Turner et al. (2017) examined educational and structural or whole-system interventions that aim to improve professionals' understanding and response to family violence victim survivors and their children. The study found that training programs aiming to improve the response of professionals to the exposure of children to family violence improved participants' knowledge, attitudes and clinical competence up to a year after the intervention. Effective interventions included: an added experiential or post-training discussion component (alongside the didactic component), incorporating 'booster' sessions at regular intervals after the training had been undertaken, advocating and promoting access to local family violence agencies or other professionals with specific family violence expertise, and drawing from a clear protocol for intervention (Turner et al., 2017).

The 2020-2021 and 2021-22 MARAM Annual Reports have highlighted significant efforts by FSV to promote collaborative practice (Victorian Government, 2021, 2023). Ways to further support collaborative practice across multiagency sectors were explored in more detail in consultation and are addressed in the final report.

4.0 EVIDENCE BASE FOR THE CONCEPTUALISATION OF FAMILY VIOLENCE RISK

The second literature review question considers evidence in the literature reviewed relating to the conceptualisation of family violence risk.

4.1 Forms of family violence

Key messages relating to forms of family violence:

- The MARAM Framework policy document and MARAM tools make reference to the broad definition of family violence and 'family' or 'family-like' relationships conceptualised in the *Family Violence Protection Act 2008* (Vic).
- Non-fatal strangulation was frequently discussed as a feature of family violence in the literature reviewed.
- The context of the COVID-19 pandemic has been exploited by adults using violence, resulting in new manifestations or ways in which family violence may present.
- International literature has contended that IPV needs to be re-framed as a form of social entrapment to acknowledge it as a complex social problem.

This section outlines the current evidence base in the literature on the conceptualisation of family violence and considers this against content in MARAM.

The MARAM Framework policy document notes that family violence has,

> *the meaning set out in section 5 of the FVPA which is summarised here as any behaviour that occurs in family, domestic or intimate relationships that is physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening or coercive; or is in any other way controlling that causes a person to live in fear for their safety or wellbeing or that of another person. In relation to children, family violence is also defined as behaviour by any person that causes a child to hear or witness or otherwise be exposed to the effects of the above behaviour. This definition includes violence within a broader family context, such as extended families, kinship networks and communities* (Family Safety Victoria, 2018).

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

- physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses

- abuses within families, intimate relationships, extended families, kinship networks and communities
- one-on-one fighting
- abuse of Indigenous community workers
- self-harm, injury and suicide
- elder abuse
- the use of lateral violence within Aboriginal and Torres Strait Islander communities
- spiritual and cultural perpetration of violence by non-Aboriginal people against Aboriginal partners which manifests as exclusion or isolation from Aboriginal culture and/or community (Dhelk Dja Partnership Forum, 2018).

MARAM notes that Aboriginal and Torres Strait Islander communities define family violence to include a range of physical, emotional, sexual, social, spiritual, cultural, psychological, and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities (Family Safety Victoria, 2021).

The 2018 ANROWS report provides a non-exhaustive list of common categories of family violence described across the literature, including:

- physical violence: including for example slapping, hitting, punching, pushing, choking, burns and use of weapons
- sexual violence: including rape, sexual assault, sexual harassment, forced prostitution, human trafficking, image-based abuse, reproductive coercion
- psychological and emotional abuse: including intimidation, humiliation, and the effects of financial, social and other non-physical forms of violence
- coercive control: including social isolation, financial abuse, monitoring movements online and/or offline
- social violence: such as controlling or limiting victim survivors' social activities and relationships with friends and family and preventing victim survivors from accessing support
- financial violence: including control of victim survivors' access to finances, including welfare theft, preventing the victim survivor from work or study and dowry-related abuse
- spiritual violence: including ridiculing or preventing victim survivors' practice of faith or culture and/or manipulating religious and spiritual teachings or cultural traditions to excuse the violence
- technology-facilitated abuse: including the use of text, email, phone to abuse, monitor, humiliate or punish, or threats such as to distribute private photos/videos of victim survivors of a sexual nature (Backhouse & Toivonen, 2018).

The ***Family Violence Protection Act 2008*** (Vic) definition of family violence does not specifically refer to technology-facilitated abuse. Currently, technology-facilitated abuse, (including on social media, surveillance technologies and apps) is noted in the MARAM **evidence-based risk factor table** as a type of stalking, the Safety Planning tools contain

some questions relating to technology and the Practice Guides contain some guidance to support asking about technology-facilitated abuse. The risk assessment tools themselves however do not contain detailed questions to explore technology-facilitated abuse.

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

In 2020, the New South Wales Domestic Violence Death Review Team noted that non-fatal strangulation was a feature of many cases in their most recent reporting period and that cases involving non-fatal strangulation frequently involved responders failing to appreciate its seriousness, in terms of its medical consequences and association with the risk of future serious violence (New South Wales Domestic Violence Death Review Team, 2020).

Strangulation/choking is not specifically referred to in the examples provided in the Victorian legislative definition of family violence,[9] but it is noted that the Victorian government has recently introduced the Crimes Amendment (Non-Fatal Strangulation) Bill 2023 which aims to create two new offences of non-fatal strangulation, by broadening the legislative definition of family violence to include terms relating to strangulation (Victorian Law Reform Commission, 2023). Strangulation/choking is referred to in the MARAM Framework Policy document, Practice Guides and tools: it is identified as a serious risk factor linked to lethality, in the definition of coercive control, discussed in the context of ABI as a result of family violence and included in all assessment tools (Family Safety Victoria, 2021).

[9] See section 5 of the ***Family Violence Protection Act 2008*** (Vic).

4.1.1 Prevalence and rates of family violence

Key messages relating to prevalence and rates of family violence:

- MARAM incorporates key statistics from various sources including the 2021 National Homicide Monitoring Program report.
- A 2022 ANROWS publication reporting on IPV homicides in Australia between July 2010 to June 2018 (and not referenced in MARAM) found that:
  - Only one third of all IPV homicide offenders and victims were engaged in paid employment at the time of homicide. This is significant given that workplaces can offer a site of intervention for domestic and family violence.
  - Separation or an intention to separate was a feature in more than half of the cases where a male IPV homicide offender killed a female intimate partner.
  - The most frequently identified domestic violence behaviour was emotional and psychological abuse, such as verbally denigrating, threatening, blaming or gaslighting the victim;[10] and physically violent behaviours, such as slapping, punching, pushing or strangling the victim, were the next most frequently identified type of abuse.
- The UN Office on Drugs and Crime in 2022 reported a declining trend in the rate of female intimate partner/family-related homicide per 100,000 female population in Australia between 2014–2021.

This section considers the evidence from Australian, international, and global data on the prevalence and rates of family violence and reflects on whether these data are encapsulated in MARAM.

Cohabiting partner violence, emotional abuse, and economic abuse

The Australian Bureau of Statistics' 2021-22 Personal Safety Survey (PSS) identified that 26% of women in Victoria (679,000) reported having experienced violence, emotional abuse, or economic abuse by a cohabiting partner since the age of 15, including: 16% (413,700) who experienced partner violence (physical and/or sexual), 22% (572,600) who experienced partner emotional abuse, and 15% (372,000) who experienced partner economic abuse. Between 2016 and 2021-22, the two-year prevalence rate declined for partner violence (2.4% to 1.4%) and partner emotional abuse (6.8% to 4.9%) (Australian Bureau of Statistics, 2023).

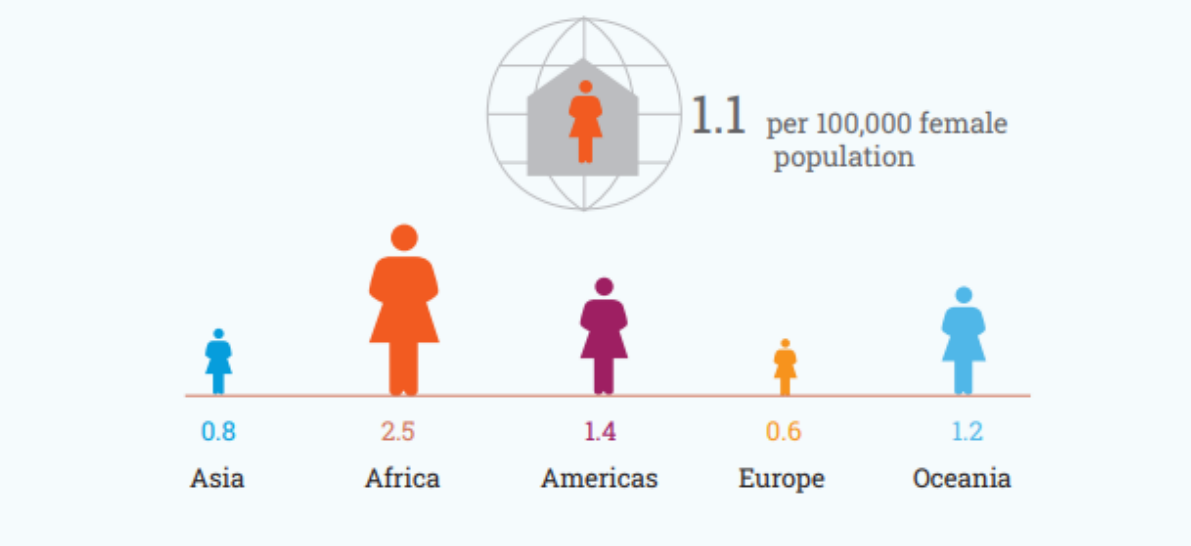
Rates of female family violence homicide

The Foundation Knowledge Guide includes data from the 2021 National Homicide Monitoring Program report, which found that women are over-represented as victims of intimate partner homicide, and comprise 73% of all intimate partner homicides in Australia during the 2018–19 reporting period (Family Safety Victoria, 2021). The UN Office on Drugs and Crime (2022)

[10] Gaslighting is an aspect of emotional abuse where the person being victimised is led to doubt their capacity to comprehend what is happening to or around them. This can include a person using violence denying that their behaviour is abusive and attributing accusations of abusive behaviour to the victim survivor's poor mental health (Lusby et al., 2022).

recently released data on gender-related killings of women and girls in the private sphere. **Figure 3** below shows the rate of homicide per 100,000 females in 2021.

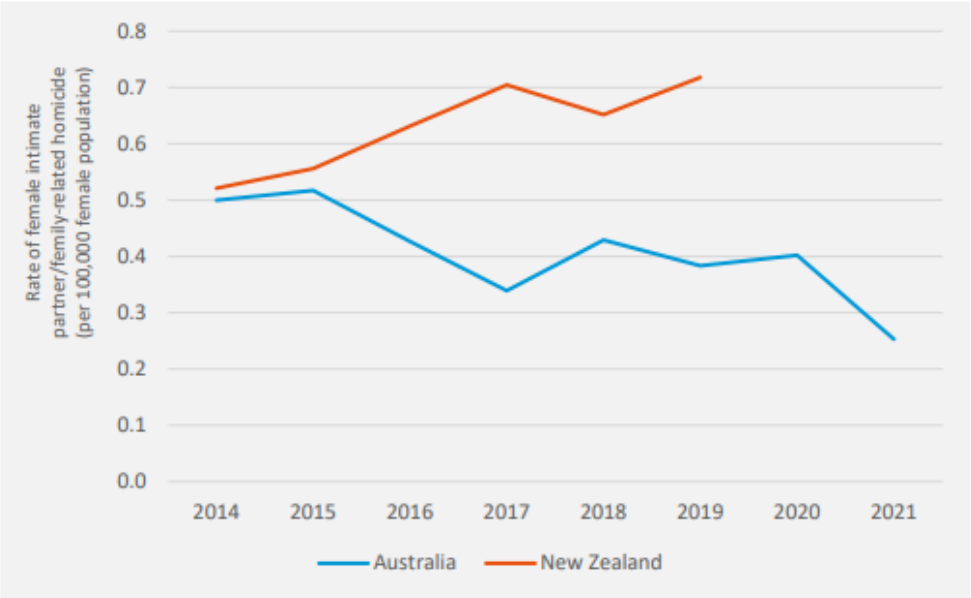
Figure 3. Rates of female intimate partner/family-related homicide per 100,000 female population worldwide (2021)



Source: Gender Related Killings of women and girls (femicide/feminicide), United Nations Office on Drugs and Crime and UNWomen 2022

In recent years, there has been a decrease in the number of female intimate partner/family-related homicides in Australia but an increase in New Zealand, as shown in **Figure 4** below.

Figure 4. Trends in the rate of female intimate partner/family-related homicide per 100,000 female population in Australia and New Zealand (2014 - 2021)



Source: Gender Related Killings of women and girls (femicide/feminicide), United Nations Office on Drugs and Crime and UNWomen 2022

The UN Office on Drugs and Crime report also notes that approximately 56% of all female homicide victims in 2021 were killed by intimate partners or other family members (United Nations Office on Drugs and Crime, 2022). MARAM notes that, in the Australian context, on average, one woman each week is killed by a current or former male intimate partner, who in the overwhelming majority (92.6%) of cases was a primary perpetrator.

A 2022 ANROWS report (which updates and builds on the data presented in a 2018 report), provides data findings on IPV homicides in Australia between July 2010 to June 2018. Intimate partner homicides where there was no identifiable history of domestic and family violence were not included in this dataset (Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety, 2022). Key trends and findings include:

- Only one third of all IPV homicide offenders and victims were engaged in paid employment at the time of the homicide (n=225 out of 622, 36.2%). The report notes the significance of this statistic, given that workplaces can offer a site of intervention for domestic and family violence.
- Of the 212 men who were the primary abusers of the female partner they killed, the most frequently identified domestic violence behaviour was emotional and psychological abuse, such as verbally denigrating, threatening, blaming or gaslighting the victim (n=173, 81.6%). This highlights the importance for services and first responders to recognise the pattern of abusive and controlling behaviour used by male abusers and demonstrates that any relationship that exhibits domestic violence carries a risk of lethality. Services need to work with family violence victim survivors and abusers, including across agencies to improve response and prevention efforts, while holding abusers to account.
- Physically violent behaviours, such as slapping, punching, pushing or strangling the victim, were the next most frequently identified type of abuse (n=169, 79.7%). Tactics of social abuse such as isolating the victim from support networks and controlling her movements, were observed in over 60% of cases (n=134, 63.2%), and economic or financial abuse to create dependency on the abuser was evident in just over a quarter of cases (n=58, 27.4%).
- Sexual violence was a feature in 34 cases (16.0%). Of the 212 cases where a male primary domestic violence abuser killed a female victim, the male homicide offender stalked the woman he killed in 88 cases (41.5%).
- In 71 cases, the male homicide offender stalked the female victim during the relationship (33.5%) and in 44 cases stalking occurred after the relationship ended (20.8%).
- The data demonstrate the highly gendered nature of IPV homicide, with the majority of cases involving a male offender and female victim. The victim's residence, whether shared with their partner or not, is the most common site of an IPV homicide, although homicides may also occur in other places.
- Analysis of the demographic details of homicide offenders and victims demonstrate that IPV homicide occurs across a broad age range, from as young as 16 through to over 80 years of age. Across all cohorts, the majority of offenders and victims were born in Australia, with the rates for those born outside of Australia consistent with or below national migration population statistics (Australian Domestic and Family Violence Death

Review Network & Australia's National Research Organisation for Women's Safety, 2022).

MARAM does not currently incorporate the above data from the 2022 ANROWS report. Consideration should be given to whether additional statistics would enhance MARAM resources, either through providing further information and context, or by expanding the evidence base of MARAM risk factors.

4.1.2 Family violence during the COVID-19 pandemic

Key messages relating to family violence during the COVID-19 pandemic:

- Research shows that family violence was more prevalent during **the COVID-19** pandemic with an increase in the frequency and severity of violence and increase in the complexity in the needs of women experiencing family violence.
- The most prevalent drivers of increased violence against women and children during the pandemic were economic stress, psychological impacts of quarantine and social isolation, reduced availability of and access to outside help, reduced options for leaving an abusive relationship and fear of virus-specific forms of violence.
- Several challenges existed for professionals in identifying and assessing family violence (particularly IPV) during the COVID-19 pandemic, including difficulties in ensuring a private/safe environment.
- Appropriate consideration and provider practices are needed to avoid inadvertently putting the victim survivor at even greater danger. These include activities such as undertaking an 'environmental safety check' to ensure the adult using violence is not present before starting a virtual visit.

This section of the report examines current perspectives and evidence in the literature in relation to responding to unique issues created in the context of a pandemic, which incite and exacerbate the incidence of family violence.

The MARAM Framework legislative instrument, accompanying MARAM Framework policy document, and victim survivor-focused Practice Guides do not specifically address family violence in the context of the pandemic. However, the Comprehensive Risk Assessment tool has been updated with the inclusion of questions in relation to "community-wide events", including disasters. A recent report noted the risk factors for IPV that are likely to be exacerbated during and after COVID-19. These risk factors are consistent with those currently represented in MARAM (Spiranovic et al., 2021). Moreover, while out of scope for this Review, FSV produced a series of MARAM Practice Notes to assist professionals in responding to increased family violence risk during the COVID-19 pandemic period. These Practice Notes focused on improving safety outcomes for victim survivors and managing/reducing the risk posed by adults using violence.

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

Overall, recent research indicates that adults using violence weaponised the global health crisis and associated restrictions as a means of control, including manipulation around border or travel restrictions and stay-at-home requirements (McCann et al., 2023). The research emphasised the intensification of existing and development of new ways that family violence and abuse presented during the pandemic. For instance, during the COVID-19 pandemic, particularly during lockdowns, the difficulties and complexities of victim survivors' needs and safety made it easier for adults using violence to wield control. This includes the leveraging of certain types of government-supported assistance, such as access to superannuation or availability of JobKeeper payments; manipulation around border or travel restrictions and stay-at-home requirements; the use of the COVID-19 virus itself as a form of coercive control against family members (including exposing children to COVID-19 "hotspots" and knowingly trying to infect family members when COVID-positive); and using vaccination as a way to assert control, particularly over children (McCann et al., 2023). Given the relative recency of the COVID-19 pandemic, these specific manifestations of family violence have not yet been incorporated into MARAM (noting that MARAM's COVID practice notes are not in scope of this Review). Given that factors observed during the COVID-19 pandemic, such as increased physical proximity to adults using violence, economic stress, unemployment, housing instability, trauma, and grief are documented factors linking large-scale disasters and family violence (McCann et al., 2023), some of the abusive behaviours witnessed during the pandemic may also apply to situations of natural disasters and other emergencies, although further research is required to ascertain this.

4.1.2.1 Prevalence of family violence during pandemics

Research shows that family violence was more prevalent during the COVID-19 pandemic. A survey of 166 Victorian practitioners during the COVID-19 pandemic found an increase in the frequency and severity of violence against women (however, data from the Victorian family violence crisis centre Safe Steps reported a 30% reduction in calls from women seeking help). The survey also documented an increase in the complexity of women's needs and first-time family violence reporting by women (noted by 86% and 42% of respondents, respectively) (Pfitzner et al., 2020). The number of family violence incidents recorded by Victoria Police increased by 6% from 82,205 in 2019-20 to 93,440 in 2020-21. During June and October 2020, as lockdowns eased, the number of family violence incidents and family violence related criminal offences recorded by police was statistically higher than would be expected based on historical trends (Crime Statistics Agency Victoria, 2021).

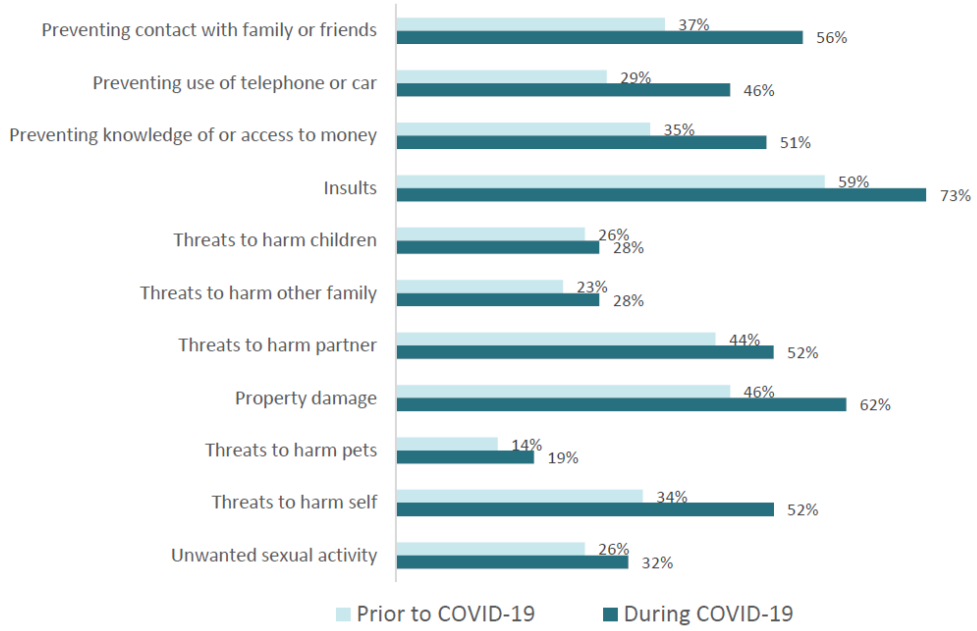
Most Australian women who reported experiencing IPV in the three months preceding a national survey in May 2020 reported that sexual and physical violence (65%) or coercive control (55%) had either occurred for the first time or had escalated in severity and frequency

during the pandemic (Spiranovic et al., 2021). In 2020, Australian service providers also reported an increase in requests for assistance with family violence matters since the beginning of the pandemic (Spiranovic et al., 2021). Recent Victorian research found that during the COVID-19 pandemic, the highest proportion of reported forms of family violence and abuse included:

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

Figure 5 shows the reported increase in different types of family violence and abuse during the COVID-19 pandemic based on survey responses of 208 sector professionals of organisations that provided support and services to people who experienced family violence or used family violence during the pandemic in Victoria.

Figure 5. Proportion of sector survey respondents indicating that the majority of their clients experienced the following types of family violence/abuse



The UN Office on Drugs and Crime notes that in Northern America, and to a lesser extent in Western and Southern Europe, the year 2020 was particularly deadly in terms of gender-related killings of women and girls in the private sphere. While the UN Office on Drugs and Crimes notes that this may point to an impact of COVID-19 confinement measures, it is worth noting that sub-regions in Europe and the Americas recorded negligible changes or decreases in the number of killings between 2019 and the end of 2020 (although this may reflect delays in recording due to COVID-19 rather than reductions in the number of killings). Disaggregated trend data from 25 countries in Europe and the Americas revealed that the rise in female

homicides in the private sphere at the onset of the COVID-19 pandemic were primarily driven by an increase in homicides perpetrated by family members other than intimate partners. The rise in female family-related homicides at the onset of the COVID-19 pandemic were larger than any yearly variations observed since 2015 (United Nations Office on Drugs and Crime, 2022). A recent Canadian article noted that emerging evidence from the COVID-19 pandemic indicates that IPV has increased over the last year due to stressors such as income loss, precarious employment, service disruptions, and lockdown measures (Yakubovich & Maki, 2022).

A recent report discussed nine drivers of increased violence against women and children during pandemics, with the most prevalent being economic stress, psychological impacts of quarantine and social isolation, reduced availability of and access to outside help, reduced options for leaving an abusive relationship, and fear of virus-specific forms of violence, such as adults using violence exploiting fear of infection to facilitate greater controlling and coercive behaviours (Spiranovic et al., 2021).

It has also been noted that changes in the risk and severity of IPV are exacerbated by a "collision of structural vulnerabilities" which disproportionately impact women in the COVID-19 pandemic, as in other public health emergencies (Yakubovich & Maki, 2022). Gender-based impacts of pandemics include health (e.g. because women comprise the majority of at-risk frontline and service sectors); unpaid work (such as childcare); and economic impacts (given that women occupy the majority of precarious and low-income employment) (Yakubovich & Maki, 2022).

4.1.2.2 Barriers and challenges for family violence screening, identification, assessment and risk management in a pandemic

In discussing the challenges of screening for IPV during the COVID-19 pandemic, a recent study noted the particular difficulties in ensuring the environment is private and safe before inquiring about IPV experiences (Rossi et al., 2020). While screening conducted via telehealth could help identify women experiencing IPV, appropriate consideration and provider practices are needed in order to avoid inadvertently putting victim survivors at even greater danger, as a violent or controlling partner may overhear discussions regarding IPV, unexpectedly walk into the room, or use technological abuse strategies for monitoring (e.g. recording calls) (Rossi et al., 2020). In contrast, research into the impact of the COVID-19 pandemic on multi-agency risk assessment conferences for police forces in England and Wales in 2020 found that an increased use of virtual platforms was beneficial for both victim survivors and the police (Walklate & Hopkins, 2019).

The study also discussed the challenges of providing support in the COVID-19 pandemic and concluded that,

> *domestic violence shelters, court houses, and other public service agencies may be closed or limited to virtual platforms, further reducing space for privacy and safety. Even the ability to utilize crisis hotlines may be hindered if women are unable to find a safe location for calls or text messaging*. (Rossi et al., 2020)

Importantly, safety plans that were developed prior to a pandemic situation may no longer be as applicable (e.g. because friends, family, or shelters may not be able to provide accommodation). Similarly, providers relying on knowledge of pre-COVID-19 IPV resources and supports may find that such resources are no longer available for women at the same levels as they were prior to the pandemic. This is a critical issue, given that the pandemic may be a time in which women are experiencing an increased need for help (Rossi et al., 2020). Reflecting this concern, the MARAM Practice Notes recommend that all current and new clients undertake a revised risk assessment and updated safety plan in response to COVID-19-related quarantine or social distancing measures.

Australian women experiencing family violence during the COVID-19 pandemic cited safety concerns as a barrier to seeking help. This is due in part to increased monitoring and surveillance by the adult using violence and feeling physically unsafe or fearing exposure to infection if they leave (Spiranovic et al., 2021). Many women also reported experiencing new manifestations of family violence during the pandemic, which are discussed in Section 4.1.2.

4.1.2.3 Assessing and responding to family violence during the pandemic

Consideration is required about how to work safely with families where the adult using violence remains in the home or where the victim survivor is still in regular contact with the adult using violence following separation. Many Victorian practitioners reported that their organisations sought to integrate family violence responses into the essential services that remained open during the shutdown such as general practitioner clinics, Centrelink and childcare as a way to respond to women and children who have experienced violence but who may otherwise be unable to seek help (Pfitzner et al., 2020). Several practitioners also said they created new alert systems for women to signal when they needed support, including the use of code words in telephone and text communication as well as physical signals (Pfitzner et al., 2020).

Given perceived increases in surveillance of communication devices by adults using violence reported by practitioners during this period, some agencies began using alternative phone solutions that did not require users to download apps to their devices, such as Gruveo, which is an encrypted web-based video call link service (Pfitzner et al., 2020).

Some researchers have recommended undertaking an ‘environmental safety check’ to ensure a partner or other individuals are not present before starting a virtual visit by asking simple yes-or-no questions, which when using visual technology can be responded to with a head nod (Rossi et al., 2020). Other practitioners undertook “house tours” via video calls to provide more environmental information and inform risk assessment and safety planning (Pfitzner et al., 2020).

Widespread disruptions in support systems for victim survivors of IPV during the COVID-19 pandemic have also led to the growing acceptance of technology-based interventions (Emezue et al., 2022). Feasibility and acceptability studies demonstrated that victim survivors of IPV are receptive to trauma-informed technology-based interventions, with several studies demonstrating the efficacy of these interventions (Emezue et al., 2022).

Recent literature on technology-based interventions for supporting the health and wellbeing of victim survivors of IPV notes that such interventions can overcome coverage gaps particularly

in isolated situations such as during COVID-19 lockdowns. Technology-based interventions also come in many forms, including smartphone apps, phone and web-based decision aids, chatbots or conversational agents, text message interventions, web-based online support groups, social media, and telehealth services (Emezue et al., 2022).

A 2022 meta-analysis examining the effects of technology-based interventions on mental health and outcomes among IPV victim survivors found that digital interventions can serve a vital and timely function, offering social and emotional support for those who have recently experienced IPV, typically at a time of high distress and crisis (Emezue et al., 2022). Many users described technology-based interventions as beneficial for building a safety plan, making decisions, receiving support, being prepared to face abuse, taking action, and leaving an abusive relationship (Emezue et al., 2022). Among female survivors of IPV, digital and technology-based interventions significantly reduced depression (at 3 months), anxiety (at 3 months), and physical violence victimisation (at 6 months). However, these effects appeared to fade with time (Emezue et al., 2022).

4.1.3 Arson and burning-related threats

A recent research article has noted a scarcity of research examining the connection between fire, burning and threats of burning and domestic and family violence in the Australian context (Douglas, 2022). The article notes that despite the lack of research, incidents of fire, burning and threats about burning appear to occur with some regularity in the context of domestic and family violence. Based on a small sample of cases, the article suggested that fire-related acts and threats are commonly used by the offender as a tactic to maintain control of the victim survivor.

The article argues that the use and threats of fire in the context of an ongoing abusive relationship are generally directed at the body of the victim survivor rather than their property. The case analysis “cautiously points to depression being more commonly associated with fire use than other mental health issues in DFV-related cases.” Nevertheless, the case sample was too small to draw any firm conclusions, and there is a need for further research into whether a person with depression is more likely to use fire in the context of DFV (Douglas, 2022). The paper notes another 2021 article which has claimed that threats of dousing occur primarily in the context of domestic and family violence. Noting the need for further research, the author suggests the need for fire services to be included as part of the family violence safety response (Douglas, 2022).

Information about the use and threats of fire is not currently included in MARAM resources. The use and threats of fire and arson were explored further in consultation and are discussed in the final report.

4.1.4 Forced marriage

In Victoria, forced marriage has been included as a statutory example of family violence within the FVPA based on a recommendation made by the Royal Commission (State of Victoria, 2016). Within the Royal Commission’s recommendations, forced marriage is framed as family violence experienced by women in some culturally and linguistically diverse communities, alongside practices also considered to be circumscribed to culturally and linguistically diverse communities, such as female genital mutilation and dowry-related violence. The Royal

Commission noted that 'these forms of abuse are not readily recognised as constituting family violence' (State of Victoria, 2016).

A report by Monash University provided the first Australian-based research examining the impact of including forced marriage as a form of family violence, with a focus on understanding and mapping the current service design and provision for those seeking support. A key objective of the research was to examine how practitioners and service providers perceived and comprehended the 2018 Victorian legislative amendment that formally denoted forced marriage as a form of family violence in Victoria, and implications for practice (Tan & Vidal, 2023).

The report highlighted three key findings:

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

As noted in the report, the inclusion of forced marriage within MARAM marks a major departure from the CRAF and provides a systematic framework through which the occurrence of forced marriage can be detected. However, the report indicated that MARAM's potential to support practitioners in casework practice remains in its infancy, and more research is required to confirm how well MARAM is translating into practice for forced marriage (Tan & Vidal, 2023). In addition, there is a need to consider the intersections of gender, poverty, sexuality, and immigration policies (in addition to religion and ethnicity) when dealing with forced marriage. In MARAM, the question relating to forced marriage is categorised under questions for people identifying as coming from culturally and linguistically diverse and faith communities. Tan and Vidal (2023) highlighted the need to review and broaden the assessment and identification of forced marriage in MARAM beyond association with culturally and linguistically diverse communities.

4.1.5 Framing and conceptualisation of intimate partner violence in other similar jurisdictions

A recent article has argued that current responses to IPV in mental health and addiction settings in Aotearoa New Zealand require a critical re-framing, from an individualistic autonomy and empowerment framework that constrains practitioners' practice, to an understanding of IPV as a form of social entrapment (Short et al., 2019). The article argues that re-framing IPV as a form of social entrapment acknowledges it as a complex social problem requiring collective steps. The article highlighted that "a social entrapment framework encompasses interpersonal and structural forms of violence, such as the historical and intergenerational trauma of colonisation and links to ongoing structural inequities for Māori (the indigenous people of Aotearoa) in Aotearoa New Zealand" (Short et al., 2019).

A Canadian article has noted the importance of a statutory definition of IPV, recognising the gendered and intersectional nature of this violence. The authors maintain that this is essential to ensuring that funding opportunities and interventions are responsive to gender and other social inequities that drive and exacerbate violence and its health and social consequences (Yakubovich & Maki, 2022). The article notes that legal definitions of IPV currently vary across Canada, and that to advance a coordinated multi-agency approach to preventing gender-based violence, inclusive and standardised definitions of IPV and homelessness should be applied across (and within) jurisdictions, including in national funding streams (Yakubovich & Maki, 2022).

4.1.6 Coercive control

Key messages relating to coercive control:

- MARAM acknowledges the importance of recognising the patterns of behaviour that underpin coercive control (where family violence is understood as 'patterns of abuse over a period of time', inclusive of behaviours that coerce, control and dominate family members).
- MARAM notes that the presence of coercive control is an evidence-based risk factor for increased likelihood of serious injury or homicide.
- The MARAM description of coercive control is generally consistent with the Australian Government's description of coercive control in the National Principles to Address Coercive Control in Family and Domestic Violence, but **MARAM Practice Guides do not currently address substance use coercion.**
- The effects of coercive control may accumulate, affecting a victim survivor's whole life and keeping victim survivors trapped by adults using violence in relationships.
- Children and young people have unique experiences of coercive control and should be considered victim survivors in their own right when identifying coercive control.

The MARAM Foundation Knowledge Guide provides the following summary of coercive control:

> *Coercive control is recognised within the FVPA, where family violence is framed as 'patterns of abuse over a period of time', inclusive of behaviours that coerce, control and dominate family members.*
>
> *Coercive control is central to the definition of family violence within Victoria and understanding of risk identification and assessment. Coercive control is not a standalone form of family violence. The term reflects the pattern and underlying feature or dynamic created by a perpetrator's tactics and use of family violence and its felt impact or outcome on victim survivors. As a tactic, coercive control can include any combination of family violence behaviours (risk factors) used by a perpetrator to create a pattern or 'system of behaviours' intended to harm, punish, frighten, dominate, isolate, degrade, monitor or stalk, regulate and subordinate the victim survivor.*

> *Coercive controlling behaviours may or may not include physical or sexual assault or threats to kill the adult or child victim survivor. However, the use or threat of these behaviours, even once, can create significant, ongoing threat of reoccurrence, creating and reinforcing an environment of coercive control.*
>
> *The power and control dynamics underpinning family violence can have significant cumulative psychological, spiritual and cultural, physical and financial impacts on victim survivors. This can undermine a victim's autonomy, capacity for resistance and sense of identity and self-worth* (Family Safety Victoria, 2021).

These controlling and dominating behaviours are reflected in recent data published by Femicide Watch in Georgia, which highlighted the following four motives as instrumental to identifying a gender-related killing:

- discriminatory or sexist attitude towards victims
- assumption of ownership
- controlling the behaviour of victims
- requesting victims to adhere to stereotypical gender roles, highlighting the highly gendered nature of family violence (United Nations Office on Drugs and Crime, 2022).

The MARAM Foundation Knowledge Guide also notes the importance of recognising the patterns of behaviour that underpin coercive control, and that high levels of coercive control are an indicator for increased likelihood of serious injury or homicide (Family Safety Victoria, 2021).

The MARAM description of coercive control generally aligns with the Australian Government's description of coercive control in the National Principles to Address Coercive Control in Family and Domestic Violence (Attorney-General's Department, 2023).

The National Principles note several important aspects of coercive control and its impacts, including:

- children and young people have unique experiences of coercive control and should be considered victim survivors in their own right. They may be directly targeted, coerced to participate in abusive behaviours or witness violence towards another family member
- the effects of coercive control may accumulate, affecting a victim survivor's whole life, independence, dignity, sense of self-worth, self-confidence, sense of identity, and feeling of security
- coercive control can keep victim survivors trapped by adults using violence in relationships but can also continue after the end of a relationship
- coercive control can be used by or against people of all genders, sexual orientations, cultures and classes, and in broader family relationships. When used in intimate partner relationships, coercive control is most often used by cisgender male adults using violence against women (both cisgender and transgender)

- when identifying coercive control, it is important to look at how abusive behaviours are used and repeated throughout a relationship and after it has ended in order to understand how these behaviours are used as part of a pattern of behaviour that results in the adult using violence having power and control over a victim survivor (Attorney-General's Department, 2023).

Substance use coercion is also addressed in the National Principles to Address Coercive Control in Family and Domestic Violence. The Principles notes that an adult using violence may pressure a victim-survivor to take substances, block access to or sabotage treatment, or deliberately withhold substances so the person goes into withdrawal (Attorney-General's Department, 2023). MARAM Practice Guides do not currently address substance use coercion.

A 2017 article explored differences in coercive control and types of violence used across the 28 European Union (EU) Member States, based on data from the 2012 EU-wide survey on violence against women conducted by the EU Agency for Fundamental Rights (FRA) (Nevala, 2017). The results suggest that in the EU:

- violence against women perpetrated under coercive control differs from other forms of violence as it involves more serious forms of violence and has a bigger impact in terms of its varied consequences
- in countries where the level of gender equality is estimated as high, women in the FRA survey indicated relatively low levels of coercive control
- levels of coercive control are "more closely related to gender equality than rates of physical and/or sexual violence against women overall, as measured in the FRA survey"
- specific types of IPV, such as coercive control, "may have different correlates which cannot be accurately identified based on an analysis that looks at the overall prevalence of IPV without differentiating between various types of violence"
- violence in relationships that involved coercive control is more likely to occur when a woman is pregnant, as compared with violence in a relationship where coercive control is less present or not used at all (Nevala, 2017).

Recent research on coercive control across European Union (EU) Member States has highlighted several legislative and non-legislative actions that have been taken in EU Member States to prevent psychological violence and coercive control. For instance, psychological violence and coercive control are criminalised in some form in EU Member States. Further, several promising practices to raise awareness and contribute to prevention of psychological violence and coercive control have been implemented in some EU Member States between 2012 and 2021, including training of professionals, awareness-raising campaigns, educational initiatives, non-criminal legislation and perpetrator programs (European Institute for Gender Equality, 2022).

MARAM acknowledges that children's exposure to violence may be direct and includes the use of control and coercion by the adult using violence over the child (Family Safety Victoria, 2021). Although out of scope of this Review, the perpetrator-focused MARAM Practice Guides describe perpetrator behaviours that amount to the act and impact of coercive control towards children and young people.

The MARAM resources within scope of this Review do not explicitly specify the forms of coercive control that adults using violence may enact against children as victim survivors in their own right. The forms of coercive control that adults using violence may enact against children, and whether this warrants the introduction of new practice guidance or child-specific questions relating to coercive control in MARAM tools, was revisited in consultation and in the final report.

Coercive control is further discussed below in **Section 4.3.1** as a risk factor in risk assessments.

4.2 Impacts on victim survivors

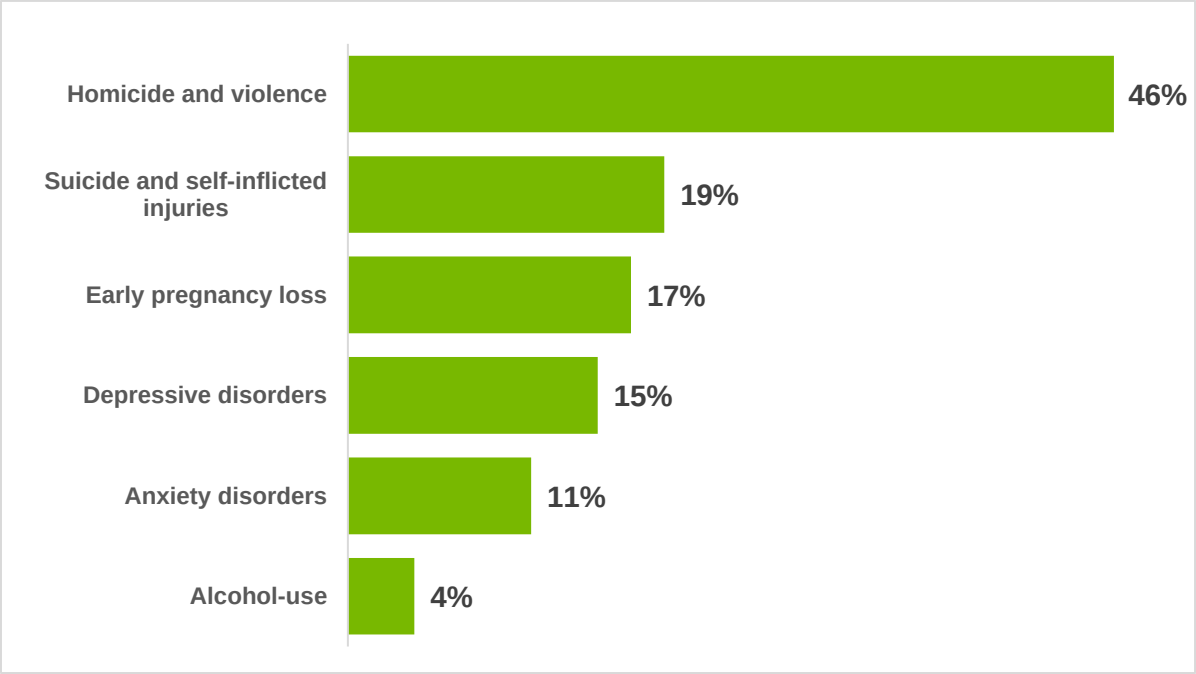
Key messages relating to impacts on victim survivors:

- The immediate and long-term harmful consequences of family violence on children that are exposed to family violence, including physical injuries and experiences of poor physical, social and mental health, are well reflected in MARAM.
- One of the most common psychological responses to violence exposure is post-traumatic stress disorder (PTSD). Recent research also highlights the occurrence of PTSD in children affected by family violence. MARAM contains a limited discussion of PTSD but does not specifically address the occurrence of PTSD in children.
- Intimate partner sexual violence can lead to long-term physical injuries and result in long-lasting trauma.

This section outlines the current evidence base in the literature considered in relation to impacts of family violence on victim survivors.

The Australian Burden of Disease study (which estimates the impact of various diseases, injuries, and risk factors on total burden of disease for the Australian population) reported that for women aged 15 to 44 years, intimate partner violence was ranked as the fourth leading risk factor for total disease burden (Australian Institute of Health and Welfare, 2021a). **Figure 6** shows the disease burden attributable to IPV in 2018.

Figure 6. Total disease burden attributable to intimate partner violence in 2018



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

Recent literature notes that family violence is a significant international public health problem involving lifelong impacts on physical health and life expectancy, increasing hospitalisation and healthcare usage of children and women in Australia (Lynch et al., 2022). In addition to its severe health consequences, the social consequences of family violence are substantial, with family violence being a leading cause of women's homelessness, which precipitates and exacerbates poor health conditions (Yakubovich & Maki, 2022).

The MARAM Framework policy document notes the variety of serious impacts of family violence on the physical and mental health and of adults and children, including physical, spiritual, emotional, mental and developmental effects (Family Safety Victoria, 2018).

4.2.1 Post-traumatic stress disorder

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

The MARAM Framework policy document notes the variety of serious impacts on the physical and mental health of adults and children, including the physical, spiritual, emotional, mental and developmental effects (Family Safety Victoria, 2018). While the MARAM Foundation Knowledge Guide notes that PTSD is associated with family violence, and notes these symptoms (Family Safety Victoria, 2021), there is minimal discussion about PTSD in MARAM Practice Guides.

4.2.2 Acquired brain injury

Acquired brain injury (ABI) arises from damage to the brain that is acquired after birth and can result in physical, cognitive, and behavioural disabilities. ABI includes traumatic brain injury (TBI) due to an external force applied to the head, and non-TBI arising from stroke, lack of oxygen or strangulation, or poisoning (Brain Injury Australia, 2018). This is consistent with the description of ABI included in the MARAM Foundation Knowledge Guide.

Individuals who are victim survivors of family violence are at risk of experiencing a brain injury, particularly women and children who are more vulnerable to brain injury and the cumulative effects of mild injuries. Moreover, substance use may result in or worsen the impacts of brain injury and may be more likely in the context of family violence and brain injury (Brain Injury Australia, 2018).

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

recording a head injury as the first injury within the hospital record (Australian Institute of Health and Welfare, 2021b).

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

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

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

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

There are significant systemic barriers that impact upon timely access to healthcare for women who have experienced a TBI due to family violence, including:

- limited practitioner awareness and experience with managing brain injury (particularly in relation to family violence)
- resistance to brain injury identification
- limited referral pathways for brain injury available for family violence services
- lack of brain injury clinics providing multidisciplinary rehabilitation programs in Australia (Brain Injury Australia, 2018; Fitts et al., 2022).

MARAM does not specifically list these systemic barriers but notes that victim survivors may be concerned about the stigma of disclosing ABI concerns, as they may fear that this could

lead to questions about their personal agency or autonomy, decision-making and parenting capacity (Family Safety Victoria, 2021).

For Aboriginal and Torres Strait Islander women in particular, additional barriers include quality of the remote primary healthcare workforce, limited pathways to healthcare access for women with mild head injuries, lack of specialist care servicing the region, workforce knowledge and pre-screening of TBI, fear of child removal, fear of escalating violence, prioritisation of other competing demands, and insufficient awareness of the signs of brain injury (Fitts et al., 2023; Fitts et al., 2022).

4.2.3 Impacts on children

Children are victims of family violence both directly and indirectly through witnessing violence and through the impacts of victimisation on family members (Fitz-Gibbon et al., 2019). Exposure to adverse childhood experiences, including physical and sexual abuse, increase the risk of suicide among children, with family violence being one of the most prominent risk factors in the lives of children that die by suicide (Commission for Children and Young People, 2019). Children are present in the home for around half of family violence incidents, and in most cases, they are directly exposed to the incident. Such exposure has serious implications, increasing the risk for a range of problems including mental illness, substance use, and academic and learning challenges (Stevens et al., 2019). The immediate and long-term harmful consequences of IPV on the victim survivor as well as children that are exposed to IPV is noted in the literature (Correa, 2018). In addition to physical injuries resulting from the abuse, many victim survivors experience poor physical, social, and mental health and are more likely to report panic attacks, depression, anxiety, chronic pain, headaches, difficulty sleeping, activity limitations, asthma, and diabetes. Children that are exposed to IPV are at increased risk of abuse and neglect, mood and anxiety disorders, PTSD, substance abuse, and school related problems (Correa, 2018). Recent research has also found that young people who had been subjected to frequent targeted abuse and witnessed some form of abuse between other family members had the highest probability of using violence on a frequent basis (Fitz-Gibbon et al., 2022).

The CTRT in New York aims to provide a coordinated, immediate, trauma-informed, and interdisciplinary response to children below the age of 18, and their impacted family members, exposed to IPV. In a 2022 study more than 70% of children identified by the CTRT (out of 244 families with 352 children) completed a child PTSD screen, and 74.3% of children who completed the screens were screened positive for PTSD (Stylianou et al., 2022). MARAM does not specifically address the occurrence of PTSD in children. The potential inclusion of this issue in MARAM practice guidance and tools was explored further in consultation, and is addressed in the final report.

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

Recent ANROWS research highlighted several impacts of family violence on Aboriginal and Torres Strait Islander children and young people experiencing family violence, including:

- lack of self-esteem
- loss of identity, spirit and connections
- disconnection from family, community and culture
- experience of additional violence in the juvenile justice and child protection systems
- growing up with protective instincts and resilience
- higher rates of depression and suicide
- impacts of trauma on the brain, developmental delays and attachment disorders
- bullying at school and other educational impacts (Morgan et al., 2023).

In line with the research cited above, the MARAM Framework policy document outlines the impact of family violence, including trauma effects, on children, and notes that children can experience 'complex trauma', which may lead to serious developmental and psychological problems for children and later in their adult lives. Also reflecting the research above, MARAM practice guidance notes (among other indicators) that observable signs of trauma from family violence include low self-esteem, anxiety, depression, substance abuse, suicidal ideation, complaining of headaches or stomach pains, sleep issues, lack of interest in social activities, criminal or antisocial behaviours. The literature also notes that exposure to IPV during pregnancy is associated with late entry to prenatal care and lower infant birth weight (Correa, 2018).

4.2.4 Impacts of intimate partner sexual violence

Recent research has investigated the overlapping nature of physical, psychological and intimate partner sexual violence (Monahan, 2019). ANROWS has also noted that intimate partner sexual violence can carry the same impacts as domestic, family and sexual violence (Backhouse & Toivonen, 2018). ANROWS has also highlighted factors that should be taken into account in the risk assessment of intimate partner sexual violence, including:

- as women are socialised to see rape as occurring between two strangers, they may have difficulty defining and naming rape within their relationship
- there is longer lasting trauma, partly because of the difficulty intimate partner sexual violence victim survivors can face in recognising and naming the sexual violence. This is associated with increased barriers and reluctance to seek support
- there are higher levels of physical injury. Intimate partner sexual violence victim survivors often experience repeat abuse, which increases the likelihood of physical injury and trauma, and is also associated with serious gynaecological conditions (Backhouse & Toivonen, 2018).

MARAM notes that intimate partner sexual violence is a common and pervasive form of violence against women and can result in physical injuries, sexually transmitted diseases, and indirect health or mental health-related symptoms (Family Safety Victoria, 2021).

4.3 Risk factors

Key messages relating to risk factors:

- Consistent with MARAM, recent evidence confirms several serious risk factors associated with a victim being killed or almost killed that are consistent with risk factors represented in MARAM. These include actual or pending separation, intimate partner sexual violence, non-fatal strangulation or choking, stalking, and access to and/or recent use of weapons by an adult who uses violence.
- The representation in MARAM of the risk posed by a history of family violence, threats to harm a victim survivor, mental illness among adults using violence, and social isolation (particularly in the context of the COVID-19 pandemic) warrants further consideration (it is further considered in the final report).
- There is a need to further examine the presentation of risk factors in Aboriginal and Torres Strait Islander peoples; LGBTIQA+ people; people from culturally diverse communities; immigrants, and refugees; children and young people; older people; people with disability; and people living in rural/remote areas, as these communities have unique needs and face intersecting forms of marginalisation and discrimination that increase the probability, impact and/or severity of family violence.
- There is currently a lack of risk assessment tools that adequately address the diverse and intersecting needs of Aboriginal and Torres Strait Islander peoples; migrants, refugees and people who are culturally and linguistically diverse; people with disability; LGBTIQA+ individuals; people with a mental illness; older people; women in pregnancy and early motherhood; people in regional, rural and remote areas; and young women.
- The literature suggests that caution must be taken in amending risk assessment instruments. Tailoring an instrument to the needs of a particular group in the absence of underpinning evidence may impact its reliability and inadvertently disservice the very groups it aims to assist. The tailoring of instruments may also undermine the goal of achieving a common language and understanding of family violence risk.

This section outlines the current evidence base in the literature considered in relation to family violence risk, focusing on serious risk factors associated with an increased risk of lethality or severe harm.

Three categories of risk factors are identified under MARAM: those specific to an adult victim survivor's circumstances; those caused by a perpetrator's behaviour towards an adult or child victim survivor; and additional risk factors caused by a perpetrator's behaviour specific to children (Family Safety Victoria, 2021). **Table 4** presents evidence-based risk factors used in MARAM associated with a greater likelihood and/or severity of family violence according to these categories.

Numerous risk factors contribute to family violence, some of which are associated with a significantly higher probability of violence reoccurring, serious injury, or death, particularly in the context of IPV by men against women. Evidence-based risk factors identified in MARAM that are associated with an increased risk of the victim being killed or almost killed are shaded. Factors emerging as evidence-informed family violence risk factors in the MARAM Framework policy document are indicated with a hash (#) in **Table 4** below (Family Safety Victoria, 2018). Note that **Table 4** represents only the left-hand column of the evidence-based risk factors table included in the MARAM Framework policy document.

Table 4: Evidence-based risk factors (excerpt of full table)

Risk factors relevant to an adult victim's circumstances
Physical assault while pregnant/following new birth
Self-assessed level of risk #
Planning to leave or recent separation
Escalation — increase in severity and/or frequency of violence
Imminence #
Financial abuse/difficulties
Risk factors for adult or child victims caused by perpetrator behaviours
Controlling behaviours
Access to weapons
Use of weapon in most recent event
Has ever harmed or threatened to harm victim or family members
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
Previous or current breach of court orders/Intervention Orders
History of family violence #
History of violent behaviour (not family violence)
Obsession/jealous behaviour toward victim

Unemployed/Disengaged from education
Drug and/or alcohol misuse/abuse
Mental illness/Depression
Isolation
Physical harm #
Emotional abuse #
Property damage #
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 is a victim of other forms of harm #

Source: Family Safety Victoria (2018)

Gender is the main variable underpinning differentiated patterns of victimisation and perpetration: men are significantly more likely than women to perpetrate IPV (United Nations Office on Drugs and Crime, 2022). Further, drug and/or alcohol abuse, unemployment and low levels of education have also been identified as risk factors for violence against women (United Nations Office on Drugs and Crime, 2022).

The literature identifies several family violence risk factors as being associated with a significantly increased risk of lethality and/or serious harm to a victim, which are consistent with serious risk factors listed in MARAM and will be elaborated on below. Further, MARAM lists several emerging risk factors specific to children and emphasises that children's risk must be assessed independently of adult victim survivors given the importance of recognising children as victim survivors in their own right, with unique experiences, vulnerabilities, and needs (Family Safety Victoria, 2018). However, evidence in the literature is less definitive regarding risk factors for children and young people (Lamb et al., 2022). A caveat to this is that the majority of research does not specifically examine child risk factors. Moreover, there is limited information and evidence in relation to validating risk factors for other relationship

types or communities, given that currently used tools seem to be limited to IPV. MARAM materials are currently in development to address direct risk assessment and management with children and young people, including assessing wellbeing needs, but these are outside the scope of this Review.

4.3.1 Recognised serious risk factors

Actual or pending separation

A 2022 ANROWS report on IPV homicides in Australia reported that separation or intention to separate was a feature in more than half (58%) of the cases where a male IPV homicide perpetrator had killed a female intimate partner. In the vast majority of cases (94.3%), the female homicide victim had expressed an intention to separate from the male perpetrator, and 76% of these had expressed an intention to separate within three months of the homicide. These data indicate that the period prior to and immediately after separation may be particularly dangerous for women. This reinforces the importance of support and protection for women who intend to separate or have recently separated from an abusive partner (Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety, 2022).

This risk is heightened when the adult using violence has exhibited controlling behaviour during the relationship and there has been an escalation of violence post-separation in order to re-establish control or punish the victim. Records by the NSW Domestic Violence Death Review Team indicate that almost two-thirds of female victims killed by a former intimate partner had ended their relationship within three months of being killed (Backhouse & Toivonen, 2018). The Victorian Systemic Review of Family Violence (between 1 January 2011 to 31 December 2015) indicated a lower rate: 24% of homicide victims had separated from the homicide offender within three months of the homicide incident and 16% of homicide victims were intending to separate (or separation was pending) at the time of the homicide incident (Coroners Court of Victoria, 2020). Consistent with this, MARAM identifies the period when a victim starts planning to leave, immediately prior to leaving, and during the initial stages or immediately post-separation as periods of serious risk, with an increased risk of the victim being killed or almost killed (Family Safety Victoria, 2021).

Intimate partner sexual violence

More than 5% of all Australian women have experienced sexual violence by a partner, and estimates suggest that 90-100% of female clients of Australian domestic violence services have experienced intimate partner sexual violence (Backhouse & Toivonen, 2018). Recent Australian research into elder abuse found that 1% (of the sample) reported sexual abuse, and in relation to sexual abuse, the largest group of adults using violence in this context was friends (42%), followed by acquaintances (13%) and partners/spouses (9%) (Qu et al., 2021). Research shows that among physically abused women who also experience rape or forced sexual activity, homicide is seven times more likely, and intimate partner sexual violence is the strongest indicator of an escalation in violence severity and frequency. Recent evidence indicates that if a male adult using violence has forced a victim to have sex with him, the likelihood of intimate partner homicide is increased by more than five-fold (Spencer & Stith, 2020).

As indicated in MARAM, sexual assault of a victim is an evidence-based risk factor associated with a higher risk of a victim being killed or almost killed (Family Safety Victoria, 2021). The MARAM Practice Guides indicate that sexual assault is broadly defined and can include any acts of a sexual nature carried out against the victim survivor's will through force, intimidation or coercion. Presentations of sexual assault which are listed in MARAM Practice Guides include penetration without consent (rape), attempted rape, aggravated sexual assault or indecent assault, and sexual acts against children. Unwanted sexual touching and forcing a victim survivor to watch pornography or witness other sexual acts are also examples of sexual assault (Family Safety Victoria, 2021).

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

Recent research has highlighted the variation in understandings and definitions of intimate partner sexual violence, and the impact that this has on supporting victim survivors (Helps et al., 2023). There is currently only one question in the Comprehensive Risk Assessment tool relating to sexual violence. Given that a lack of understanding of sexual violence and harm among practitioners may lead to exclusion of a part of the risk profile or context, the need for more guidance in relation to sexual assault was discussed with stakeholders and is discussed in the final report.

Non-lethal strangulation or choking

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

Stalking

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

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

Recent evidence confirms that the involvement of weapons significantly increases the severity of abuse-related harm. A recent meta-analysis revealed that the strongest risk factor associated with an increased risk of intimate partner homicide is the direct access to guns among adults using violence, which increases the likelihood of intimate partner homicide by more than 11-fold or over 1,000% (Spencer & Stith, 2020). The use of a weapon by an adult using violence, especially in the most recent event of violence, is listed in MARAM as a serious risk factor for lethality. As noted in MARAM, adults using violence with access to weapons (particularly guns and knives) are much more likely to seriously injure or kill a victim than adults using violence without access to weapons (Family Safety Victoria, 2021). MARAM practice guidance notes that any object can be used as a weapon, which is defined as any tool or object used by an adult using violence to threaten or intimidate, harm or kill a victim survivor, or pets, or to destroy property. This includes a range of items which may include prohibited weapons, such as firearms, or any object that can be used as a weapon, such as household or utility items (i.e., vehicles, kitchen knives, furniture, sporting equipment, gardening implements).

Escalation (frequency and severity)

A recent review noted that escalation tends to occur following shifts in other dynamic risk factors (e.g. attempts to leave the relationship) (Backhouse & Toivonen, 2018). An escalation in frequency or severity of physical violence is associated with a five-fold higher risk of homicide (Backhouse & Toivonen, 2018). Of note, transition points, including police investigations and/or court proceedings, may instigate an escalation in aggression and violence of the adult using violence, posing a greater risk to the partner and children (Backhouse & Toivonen, 2018). In line with this, MARAM lists an escalation in severity and/or frequency of violence as a serious risk factor, linked to an increased risk of lethal outcomes for victims (Family Safety Victoria, 2021).

Coercive control and controlling behaviours

Recent evidence indicates that controlling behaviours by an adult using violence, including financial and verbal abuse, social isolation, and psychological control, alongside escalation of patterns of coercive control, are a significant risk factor for intimate partner homicide (Spencer & Stith, 2020). The National Principles to Address Coercive Control in Family and Domestic Violence note that coercive control is highly gendered and is the main strategy used by male partners for exerting control over female victim survivors (Attorney-General's Department, 2023). The Principles note that coercive control is a significant risk factor for intimate partner and child homicide (Attorney-General's Department, 2023). Consistent with this, MARAM notes that the use of coercive control and controlling behaviours is a serious risk factor that exhibits a strong association with homicide (Family Safety Victoria, 2021).

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

Pregnancy and new birth

Recent evidence indicates that globally, family violence against pregnant women is the main cause of death to mothers during pregnancy. Almost half of all women who are abused by their partner and who are pregnant during a relationship experience partner-perpetrated violence while pregnant, which may include physical violence directed towards specific body parts so that abuse is both of the mother and child (Backhouse & Toivonen, 2018). These nuances in presentation of physical violence towards women while pregnant may be an element to consider incorporating into MARAM, such as by adding further details to the explanation of the risk factors or within related questions in the MARAM tools. Violence to pregnant women is a significant risk factor for future harm to a woman and child and is typically underscored by an escalation in frequency and severity if it has occurred previously. Research indicates that women with disability, women aged 18-24 years and Aboriginal and Torres Strait Islander women are especially at risk of experiencing severe violence from their partner during pregnancy (Backhouse & Toivonen, 2018). Further, the risk of family violence against pregnant women is higher among those with severe mental illness. An Australian study reported that pregnant women with severe mental illness had a three-fold higher risk of experiencing IPV compared to the general population of pregnant women in Australia (Suparare et al., 2020). While the trend of increased or intensified family violence during

pregnancy is noted in various places, MARAM resources do not currently cite any quantitative data in relation to the rates of pregnancy and family violence risk.

In agreement with current literature, the commencement or intensification of family violence, particularly physical assault, during pregnancy or following a new birth is common and is acknowledged in MARAM as a significant indicator of future harm to a victim survivor and her child (Family Safety Victoria, 2021). MARAM notes that in addition to physical assault, the risk of sexual and emotional abuse can also increase during pregnancy and the early post-natal period, and the Practice Guides include a prompt on asking about non-physical abuse. However, MARAM content contains minimal information on escalation of risk in relation to pregnancy, such as the number of pregnancies, the role of pregnancies and how pregnancy is used to control victim survivors. MARAM Practice Guides discuss reproductive coercive control, but this is not strongly reflected in the tools.

Obsession/jealous behaviour toward victim

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

Alcohol and illicit substance abuse by the adult using violence

Current evidence indicates that alcohol and substance abuse may exacerbate the seriousness of risk of family violence by an adult using violence. As highlighted in a 2022 ANROWS report, 60% of IPV homicide offenders engaged in problematic drug and/or alcohol use, which may represent a pattern of behaviour in perpetrators of IPV homicide (Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety, 2022). A recent meta-analysis highlighted alcohol and substance abuse as a significant serious risk factor that increased the likelihood of intimate partner homicide by 85% (Spencer & Stith, 2020). In line with this, MARAM lists drug and/or alcohol misuse/abuse as a serious risk factor (Family Safety Victoria, 2021). Recent cessation of drug or alcohol use, particularly in individuals with addiction, may also perpetuate family violence among adults using violence who are not undergoing recovery and rehabilitation (Backhouse & Toivonen, 2018). These specific manifestations of this risk factor are not explicitly captured within MARAM.

Suicide threats and attempts by the adult using violence

As indicated in MARAM, threats or attempts to self-harm or die by suicide are a serious risk factor associated with murder–suicide and constitute an extreme extension of controlling behaviours (Family Safety Victoria, 2021). The NSW Domestic Violence Death Review Team

reported that almost a quarter of men who killed an intimate partner in NSW between 2000 and 2014 died by suicide after the homicide (Backhouse & Toivonen, 2018).

4.3.2 Emerging evidence for additional serious risk factors

This section discusses emerging evidence for additional serious risk factors. The final report further considers the appropriateness of the seriousness of risk attributed to each risk factor in MARAM, including whether the representation in MARAM of the risk posed by a history of family violence, threats to harm a victim, mental illness among adults using violence, and social isolation (particularly in the context of the COVID-19 pandemic) are appropriately delineated, and whether arson (and burning-related threats) should be explicitly considered in MARAM.

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

A 2018 ANROWS report indicated that a previous history of family violence by the adult using violence against the victim is the most consistently identified risk factor for intimate partner lethality and risk of recidivism (Backhouse & Toivonen, 2018). The majority of intimate partner homicides are preceded by a history of violence in the relationship, and women experiencing family violence are five times more likely to be killed if the frequency or severity of physical violence escalates over time (Backhouse & Toivonen, 2018). Most cases of homicide tend to be underscored by a history of repeated patterns of abuse and psychologically coercive and controlling behaviours (Backhouse & Toivonen, 2018). Although listed as an emerging risk factor, a history of family violence is not specifically identified as a serious risk factor associated with an increased risk of death or severe harm in MARAM. This may be due to the framing of a “history of family violence”, which implies that family violence is incident-based. Nevertheless, family violence is a pattern of behaviour, whereby the other behaviours assessed are, in themselves, indicators of the presence of a history of family violence.

Threats to harm a victim

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

Mental illness among adults using violence

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

violence may be linked with an escalation in the frequency and severity of family violence. A history of mental illness among male adults using violence is associated with a 30% increase in risk of intimate partner homicide (Spencer & Stith, 2020). Among a sample of 164 male perpetrators of intimate partner homicide, almost all (95%) had at least one diagnosis of mental illness, the most common being personality disorders (Spencer & Stith, 2020).

As indicated in MARAM, mental illness of adults using violence is associated with an escalation in frequency and severity of family violence, but MARAM does not specifically identify mental illness among adults using violence as a serious risk factor associated with an increased risk of lethality.

With regard to mental illness among victims, MARAM notes that individuals with mental illness have a higher risk of experiencing family violence, and mental health issues or mental illness may arise as a result of family violence (Family Safety Victoria, 2018). This is consistent with current evidence indicating that people with mental illness have a heightened likelihood of experiencing greater impact or severity of family violence, alongside additional barriers to seeking and obtaining support (Backhouse & Toivonen, 2018).

Social isolation and barriers to seeking help

Growing evidence suggests that social isolation and lack of social support are significant risk factors for severe harm (Backhouse & Toivonen, 2018). This is particularly pertinent in the context of the recent COVID-19 pandemic, with extensive evidence documenting an increase in family violence prevalence during the pandemic, underscored by the impact of social isolation, reduced availability of and access to outside help, and reduced options for leaving an abusive relationship. Social isolation of victims is used by adults using violence as a means for controlling victims, such as by limiting interactions with family, friends, social support and community support programs. Crucially, lockdowns, social restrictions and enforced quarantine during pandemics may be exploited by adults using violence to exercise greater control by enforcing social isolation, instilling fear of contagion, and increasing surveillance of victims (Spiranovic et al., 2021). Isolation brought about by the COVID-19 pandemic has been considered the ‘perfect storm’ for exacerbating family violence (Spiranovic et al., 2021). MARAM considers isolation as a risk factor for family violence but does not treat it as a serious risk factor associated with an increased risk of a victim being killed or severely harmed.

Arson and burning-related threats

In Australia, cases of fire, burning and threats about burning in the context of family violence occur with a degree of regularity and warrant further consideration. Although the use of fire has not been specifically identified in MARAM as a risk factor associated with escalating family violence or death, it may be encapsulated in commonly recognised risk factors such as threats to kill or harm the victim or children, threats to commit suicide and as a method of coercive control (Douglas, 2022), and should be taken into consideration when examining risk factors for family violence.

For cases involving arson or burning-related threats in the context of family violence, the majority of perpetrators are male (similar to other forms of family violence) and the victim is an adult female (typically the offender’s current or ex-partner). Most fire-related cases tend to

occur in circumstances where the intimate partner relationship has ended or the adult using violence knows or believes that the victim intends to leave the relationship. Indeed, separation has been specifically identified as a trigger for fire-related offences. Research has confirmed that separation is a risk factor for future serious harm and death.

MARAM currently frames the risk factor of separation as for victim survivors who are experiencing family violence, but the literature suggests that the effect of separation is unpredictable and can trigger violence even when the relationship prior to separation was not abusive (Douglas, 2022). Cases of dousing and setting a victim on fire may be considered 'near miss' homicides given the high risk associated with this behaviour (Douglas, 2022). Although housing tends to be targeted less, this may be because in the majority of cases, both parties jointly use the property (Douglas, 2022). Given the emerging evidence for the use of arson, fire-related injury and/or threats, the use of fire and burning threats may need to be given consideration in MARAM risk factors.

4.4 Intersectionality and diversity

This section provides an overview of how structural barriers and intersecting factors may increase the risk and impacts of family violence, and how this is reflected in MARAM. This section also discusses presentations of risk across diverse communities, and how these are encapsulated in MARAM.

4.4.1 Intersectionality in family violence risk assessment and management

Consistent with international evidence, Australian evidence suggests that women (particularly younger women), children and older people are at a heightened risk of experiencing family violence. Also at heightened risk are people who have disability; are of a culturally and linguistically diverse background; identify as LGBTIQA+ or Aboriginal and/or Torres Strait Islander; live in rural or remote regions; and experience socioeconomic disadvantage. Research suggests that structural disadvantage elevates the likelihood of lifetime exposure to family violence (Australian Institute of Health and Welfare, 2019). MARAM similarly notes several drivers of family violence risk including patriarchy, colonisation, racism, sexism, ableism, ageism, homophobia, biphobia and transphobia, which reflect structural inequalities and discrimination. These compounding factors influence presentations of family violence risk and further limit a victim survivor's access to resources and ability to engage with services (Family Safety Victoria, 2018).

The 2022 Wiyi Yani U Thangani First Nations Women's Safety Policy Forum Outcomes Report noted that:

- First Nations women face intersecting factors that increase their vulnerability to violence
- First Nations LGBTIQA+ people are more vulnerable to violence due to the intersecting nature of their race, gender identity, sexuality and sexual identity
- the high rates of financial insecurity and unemployment among Aboriginal and Torres Strait Islander peoples, in conjunction with their extensive family and community roles that are rarely acknowledged and limit their capacity to participate in formal mainstream employment, compound the conditions for family violence among First Nations women
- the continuing marginalisation and exclusion of First Nations women and children in all their diversity from the policies, programs and structures that impact their lives increases the vulnerability of these women and children to violence and can entrench the barriers that make it difficult, if not impossible, to leave violent situations
- the intersection of discriminations for First Nations women with disability can be observed in misinterpretation of symptoms due to racial stereotypes, whereby women exhibiting behaviours associated with their disability are assumed to be under the influence of drugs or alcohol
- for LGBTIQA+ individuals, stigma and exclusion compound the experience of violence, which may result in homelessness, ultimately increasing the risk of non-voluntary sex work, sexual abuse, poor sexual and mental health, and issues with substance abuse (Australian Human Rights Commission, 2022).

Recent research on the role of race and ethnicity in family violence experienced by LGBTIQA+ victim survivors in Victoria indicates that rates of family violence, including family of origin violence (FOV), are higher amongst people of colour when compared to white/Caucasian victim survivors. Disability also plays a key role in experiences of family violence: LGBTIQA+ people with a disability are at a heightened risk of experiencing family violence. Migrant and refugee victim survivors have also been identified as a group within LGBTIQA+ communities that are at higher risk of experiencing family violence, and the recent Pride in Prevention guide emphasised the need to consider the role of migration status, pre-arrival trauma and migration trauma in responding to migrant and/or refugee LGBTIQA+ persons (Reeves & Scott, 2022).

A 2022 case review in the UK's National Health Service (NHS) involving Multi-Agency Risk Assessment Conferences (MARACs) and featuring male and LGBTIQA+ victim survivors, examined risk patterns in these cases. Of the cases reviewed, nearly half of the referrals came from sexual health services, and just under half from Emergency Departments. The majority of adults using violence were intimate partners. The authors of the case review noted the high rates of multiple intersecting marginalised identities in victim survivors, including disability, HIV positivity, mental health comorbidity, recreational drug use, and experience or risk of homelessness. These risk factors for family violence are recognised in established literature, including in the British Association for Sexual Health and HIV's guidance on responding to domestic abuse (Smith et al., 2023). Consistent with the literature, the MARAM Framework policy document highlights the increased risk of family violence faced by people with disability, those with mental health challenges or mental illness, and those who misuse alcohol and/or drugs, which may co-occur and intersect to further impede access to services and support (Family Safety Victoria, 2018).

Increased vulnerability to IPV among women with disability varies by type and degree of disability. Intersectional factors such as limited material resources, social constraints, stigma, discrimination, lack of social support, and dependence on others for long-term support may increase the risk of women with disability to experiencing this form of family violence (Namatovu et al., 2022).

Collectively, these findings highlight the need to adopt an intersectional approach by acknowledging and addressing the barriers to seeking support and particular forms of family violence faced by victim survivors from certain population groups, which may be driven not only by sexism and gender inequality, but also other forms of discrimination including racism, ableism and homophobia (Backhouse & Toivonen, 2018). Reflecting this, the concept of intersectionality underpins much of the MARAM *Foundation Knowledge Guide*. MARAM acknowledges the importance of adopting an intersectional lens and focusing on how a person's individual identities may reciprocally interact to increase the risk of family violence, its presentation, and amplify barriers to disclosure or service access. To this end, MARAM provides a suite of risk identification, screening and assessment tools and associated practice guidance in their supporting resources that include questions and guidance to manage the impact of the many factors that affect the experience of risk for individuals in diverse communities and at-risk age groups (Family Safety Victoria, 2018).

The final report considers areas for MARAM practice guidance and tools to more fully account for intersectionality.

4.4.2 Presentations of risk across communities

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

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

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

4.4.2.1 LGBTIQA+ people

Research suggests that compared to cisgender heterosexual female victim survivors, LGBTIQA+ people experience similar if not higher rates of abuse and poorer recognition and support, noting that the exact forms and rates of family violence may be underestimated given the significant underreporting of family violence by LGBTIQA+ people (Reeves & Scott, 2022). A LGBTIQA+ health and wellbeing study by LaTrobe University found:

- 60.7% of survey respondents reported experiencing some form of IPV
- 43.2 % of respondents reported experiencing some form of family-of-origin violence
- 48.6% reported experiencing sexual assault with the majority being perpetrated in the context of IPV and family-of-origin violence

- Only 25.9% participants who had experienced family violence reported their most recent experience to service providers, of which only 2.3% made reports to specialist family, domestic, and sexual violence services and 5.9% to police

- Cisgender women, trans men and non-binary participants were the most likely to report experiencing family-of-origin violence and/or IPV

- LGBTIQA+ people with disability were 1.5 times more likely to experience family-of-origin violence and more likely to experience IPV (Lusby et al., 2022).

Indeed, recent research suggests that heteronormative and cisnormative understandings about who perpetrates and experiences violence affects the recognition and naming of violence for LGBTIQA+ people. Because it is different to the 'public story' of family violence (which genders people who use violence as male and people who experience violence as female), it can be difficult for people in same-gender relationships or where a woman or non-binary person is the predominant aggressor to understand that what is happening to them is abusive (Lusby et al., 2022). There are also indications that LGBTIQA+ people can feel unsure about whether others would take their accounts seriously (and may therefore influence whether they seek help). Importantly it was found that even people with high levels of awareness about family violence in LGBTIQA+ communities may struggle to name what was happening. There is a critical need to counter the stigma associated with identifying as someone who is experiencing violence, including the ways in which this stigma is reinforced by gender stereotypes (Lusby et al., 2022). In this regard, although consideration of the male-perpetrator/female-survivor dynamic is important when responding to family violence in hetero/gender-normative relationships, it may obstruct effective understanding of the high prevalence of family violence specifically among LGBTIQA+ people and impede help-seeking and service (Reeves & Scott, 2022).

LGBTIQA+ people may experience a range of unique circumstances where they are subject to violence that may not be experienced by other groups, such as rejection or abuse after 'coming out' to family members (Hill et al., 2022). There are common forms of violence shared by LGBTIQA+ communities with cisgender heterosexual people, but LGBTIQA+ individuals may experience specific forms of family violence such as outing, closeting, and discrediting of identity by controlling through props (Reeves & Scott, 2022). Trans and gender diverse people may also face unique forms of violence, such as withholding of transition-related hormones, being forced to conform to a certain performance of gender and having identity-affirming prosthetics or clothes hidden or destroyed.

A recent survey 'Private Lives 3', which focused on the health and wellbeing of LGBTIQA+ adults in Australia, found that participants who were categorised with severe disability were at a high risk of abuse, with almost three quarters reporting that they had experienced violence from an intimate partner (Hill et al., 2022). Types of violence experienced by participants with disability were most frequently emotional abuse (59.5%) by an intimate partner, followed by verbal abuse (52.3%) and social isolation (35.9%) (Hill et al., 2022). Among adults with disability who had experienced violence from a family member, more than three-quarters reported that the family member who perpetrated their most recent experience of violence was a parent (76.3%) (Hill et al., 2022).

As a method of maintaining power and control, adults using family violence may use the threat of outing a victim survivor's sexuality and gender identity to others, particularly if the victim survivor has a family, religious or cultural background that is homophobic, biphobic, or transphobic. Internalised homo-, bi- or transphobia - the sense of self-shame generated by an oppressive environment - may be weaponised by adults using family violence to further reduce victim survivors' self-esteem, including undermining or shaming body parts, using slurs, or disrespecting chosen names and pronouns. Identity abuse is a common factor in LGBTIQA+ family violence, which is underscored by stereotypical tropes that are exploited by abusive partners to control, punish, torment and/or deter help seeking (Reeves & Scott, 2022).

MARAM notes that in addition to targeting a person's gender and/or sexual identity, perpetrators may also target the victim survivor's race, ethnicity, disability, class, age, and/or religion to denigrate and control the victim survivor (Family Safety Victoria, 2018). Forced conformance and hiding or destroying gender or identity-affirming prosthetics or clothes are not explicitly listed as LGBTIQA+-specific forms of violence in MARAM. MARAM does acknowledge that people from LGBTIQA+ communities face particular forms and risks of violence, including outing, perpetrators controlling a victim survivor's access to hormones and medications to deny their gender affirmation or transition (Family Safety Victoria, 2021). Further, the MARAM Framework policy document notes that LGBTIQA+ communities comprise a wide variety of experiences and should not be treated as a single homogenous group. MARAM has highlighted the need for professionals to be responsive to the fact that LGBTIQA+ communities face additional barriers to reporting family violence and accessing appropriate services, as previous experiences of discrimination, or a lack of understanding and awareness, may impair trust in the service system and result in an unwillingness to access services or report family violence (Family Safety Victoria, 2018).

Key factors to consider when conducting risk assessments with LGBTIQA+ people include experiences of homophobia, biphobia, transphobia and heterosexism and cisnormativity in society and from some service providers; fear of discrimination by the criminal justice system and police; fears of being outed; or forced commencement or cessation of medical gender-transition. Recognising the nuanced interplay between historically homo-, bi-, or transphobic social, institutional, and professional responses to LGBTIQA+ people seeking help is imperative to fostering a sense of safety among LGBTIQA+ people experiencing family violence (Reeves & Scott, 2022). Consistent with this, MARAM acknowledges that cisnormativity, heteronormativity, and social norms and understandings around gender and sexuality can be internalised at the individual, cultural, and institutional level, leading to particular forms of coercive and controlling behaviours in relationships across LGBTIQA+ communities. MARAM also emphasises that many existing stereotypes about LGBTIQA+ IPV can form the basis of narratives provided by adults using violence to minimise or justify their behaviour, as well as using beliefs about faith or religion, gender, sexuality, family and relationships to delegitimise or undermine the identity of an LGBTIQA+ person (Family Safety Victoria, 2021).

4.4.2.2 Older people

Seniors Rights Victoria defines elder abuse as "any act which causes harm to an older person and is carried out by someone they know and trust" (Senior Rights Victoria, 2021). Australian Institute of Family Studies findings state that one in six older Australians are experiencing some form of abuse (Qu et al., 2021), while Senior Rights Victoria states that around 4–6% of

older people experience elder abuse (Senior Rights Victoria, 2021). Australian Institute of Family Studies reported the most common form of elder abuse as psychological abuse (11.7%), with neglect being the next most common abuse subtype at 2.9% (Qu et al., 2021).

Globally, elder abuse may also affect up to one in six community-dwelling older people[11] aged over 60 years in middle and high-income countries. This proportion may be higher for people in 'at-risk' categories, such as those with physical disability or mental incapacity and people living in institutional care settings (Blundell & Warren, 2019). A 2020 article reported that St Vincent Hospital Melbourne audited 466 medical records of elder abuse to identify key characteristics of older persons. The research found that half of the older persons experiencing abuse were aged 80 years and over; two thirds lived with the person of concern; and two thirds were from culturally and linguistically diverse backgrounds. Furthermore, 33.7% had dementia or a similar cognitive disorder, 31.1% were isolated, 11.6% had mental health diagnosis, and 4.1% substance abuse (Collins et al., 2020).

As noted in MARAM, older people are at particular risk of experiencing family violence that may include any form or range of perpetrator behaviours (Family Safety Victoria, 2018). This includes physical abuse, sexual abuse, neglect, psychological abuse, and financial exploitation, and victims of elder mistreatment often experience multiple types of abuse concurrently (Dash et al., 2021). Elder abuse is mostly committed by family members, most commonly by adult male children, followed by intimate partners or spouses with a history of substance misuse, mental health challenges, or a history of violence (Collins et al., 2020). However, older people are also at risk of abuse from friends, neighbours and acquaintances (Qu et al., 2021). Adults using violence are more likely to be an adult male child or spouse with a history of substance misuse, mental health challenges or a history of violence. Among older adults who are reliant on caregivers, victimisation is associated with declining physical health and functioning, mental illness, reduced cognitive status, and substance misuse (Collins et al., 2020).

While MARAM notes the gendered nature of elder abuse, recent research does not suggest particularly strong gender dimensions in elder abuse overall. However, gendered patterns are evident in some subtypes of abuse and in the profile of perpetrators (Family Safety Victoria, 2018). Recent Australian research into elder abuse found that men outweighed women as perpetrators of abuse (by 10 percentage points), especially in relation to physical, sexual, and financial abuse (Qu et al., 2021).

Current evidence indicates that elder abuse may occur across a diverse range of socioeconomic circumstances, cultures, and demographic populations (Blundell & Warren, 2019). Financial abuse is more common for people with dementia, which is growing in prevalence among older Australians. Notably, the literature has highlighted a potential link between dementia with financial exploitation and caregiver neglect (Moore & Browne, 2017). On this topic, the MARAM Framework policy document notes the higher prevalence of economic or financial abuse, often arising from a sense of entitlement from an adult child or carer. The MARAM Framework policy document has emphasised that professionals working with victim survivors of elder abuse should be aware that older people may be dependent on

[11] A community-dwelling older person is an older person who lives in the community on their own as opposed to those taken care of in nursing homes.

the perpetrator and may be concerned about the consequences of disclosing family violence, such as isolation and a loss of dignity or freedom (Family Safety Victoria, 2018). However, MARAM does not explicitly note a link between financial abuse and dementia.

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

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

Recent evidence relating to elder abuse suggests that lower-income women living with their spouse or adult children are at higher risk of neglect, as well as physical and financial abuse. Social isolation is also a contributing factor to family violence against older people (Collins et al., 2020). Other risk factors include caregivers who struggle with substance abuse who more commonly commit physical and emotional abuse, and the association of caregiver burden with neglect (Collins et al., 2020). Some of these factors overlap with factors noted in MARAM as being targeted by perpetrators of elder abuse, including: declining or diminished mental capacity or physical health from age-related diseases; becoming marginalised and devalued due to ageism; social and community connections diminishing over time, leading to isolation which increases susceptibility to mistreatment and abuse; language or financial literacy barriers reducing access to information, services and resources; and dependence on others (Family Safety Victoria, 2021).

Risk factors for family violence among older people include stress (including carer stress, which may be described to attempt to justify or excuse the abuse), limited awareness of support networks, history of family violence, mental health challenges, physical health, substance use, dependence of the adult using violence on the victim, debt or financial hardship, gambling and negative attitudes (such as agism) (Collins et al., 2020; Qu et al., 2021). Ageist attitudes have been shown to be associated with a greater endorsement of

intergenerational support and a stronger belief that family members are entitled to an older persons' assets for their provision of regular assistance (Qu et al., 2021).

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

4.4.2.3 Domestic violence in rural/remote areas

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

Research on the distinct factors contributing to a higher risk of family violence among rural populations has highlighted several risk factors including geographic isolation, lack of transportation, lack of community resources, accepted and more available use of firearms, poverty, and lack of privacy/anonymity as being associated with a higher risk of family violence. Geographic distance increases isolation and victim survivor vulnerability, given that neighbours, witnesses, support and emergency services are located further away, and community resources, transportation and ability to seek help may be limited. Physical isolation may also underpin social isolation, which dually contribute to increased power and control of the adult using violence, resulting in an increased risk of family violence. Limited transportation and community resources further enhances risk and impacts the ability to seek help. The lower socioeconomic status and higher rates of poverty within rural settings, in conjunction with high rates of unemployment and lack of affordable housing may also impede the ability of a woman to leave an abusive relationship (Youngson et al., 2021). These factors are reflected in MARAM practice guidance, which acknowledges that victim survivors in geographically isolated areas may feel disconnected from their community or lack support networks as a result of tactics of the adult using violence or technological issues. As such, isolation is a major barrier in rural areas to access help when needed. MARAM emphasises that physical distance and transport can be a barrier for victim survivors in seeking assistance, and the adult using violence may block access to vehicles. Further, MARAM underscores the importance of considering proximity and hours to the local police station and access to transport during risk

management and safety planning, given the limited access to transport in rural communities (Family Safety Victoria, 2021).

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

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

The presence of firearms is another major risk factor for lethal family violence among women in rural settings, particularly in USA and Canada (Youngson et al., 2021). In these jurisdictions, firearms within certain rural communities may be viewed as culturally acceptable as they may be adopted in community practices such as hunting and protection. Research on domestic homicides in rural locations indicates that firearms are the most common weapons causing fatal injury and adults using violence in rural communities are more likely to make threats with a weapon and both stalk and threaten victim survivors with a gun compared to adults using violence in urban communities (Youngson et al., 2021).

While the applicability of these findings to the Australian context is unknown, these findings support other evidence that women experiencing domestic violence in rural locations are at a higher risk of experiencing family violence (Campo & Tayton, 2015). Further, MARAM emphasises that the question on access to weapons is always relevant, even in situations where ownership of a gun is common, such as for farming purposes and in rural and regional areas (Family Safety Victoria, 2021).

4.4.2.4 First Nations women

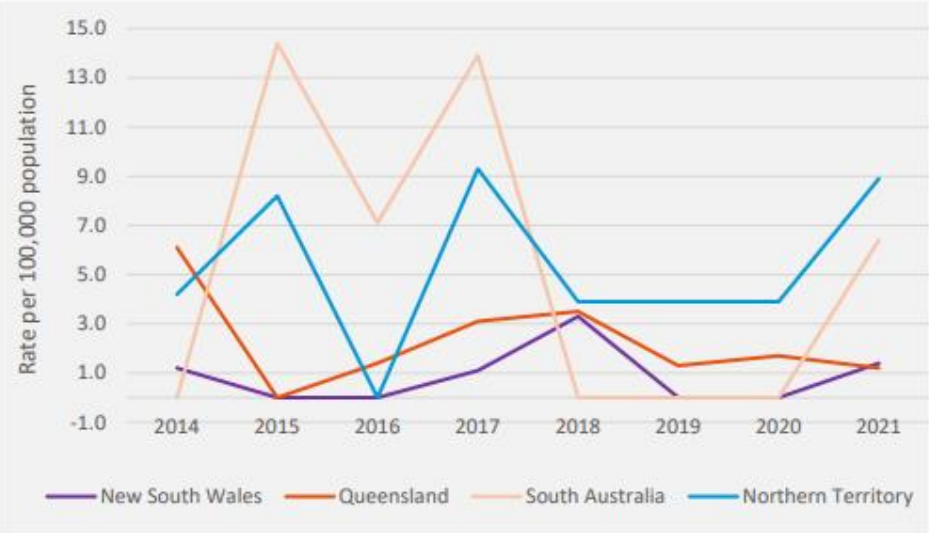
A 2022 ANROWS report noted a significant overrepresentation of Aboriginal and Torres Strait Islander peoples in the dataset of IPV homicides in Australia between July 2010 to June 2018, as both homicide victims and offenders (Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety, 2022). This is consistent with the MARAM Framework policy document's emphasis that Aboriginal and Torres Strait Islander peoples, particularly women and children, are disproportionately affected by family violence, including from family members who are not Aboriginal (Family Safety Victoria, 2018). Current evidence reported by the Australian Human Rights Commission also indicates that First Nations women are estimated to experience sexual

violence at a right three times higher than non-Indigenous women, and even higher rates of family violence (Australian Human Rights Commission, 2022).

In 2018, existing data indicated that the prevalence and severity of violence affecting Aboriginal and Torres Strait Islander peoples increased with an increase in geographic remoteness (Backhouse & Toivonen, 2018). The family violence homicide rate of Indigenous people in the Northern Territory in 2021 (8.9 per 100,000 population) was almost 17 times higher than the national female family violence homicide rate in the same year (0.5 per 100,000 female population) (United Nations Office on Drugs and Crime, 2022). Note that due to data availability limitations, sex-disaggregated victimisation rates are unavailable for Indigenous people in the context of family violence. Similar differences were observed in South Australia, where the family violence homicide rate of Aboriginal and Torres Strait Islander peoples was almost 13 times higher in 2021 (6.4 per 100,000 population) than the national female family violence homicide rate (United Nations Office on Drugs and Crime, 2022).

Figure 7 below depicts the trends in Aboriginal and Torres Strait Islander family and domestic violence-related homicide rates per 100,000 population, for NSW, Queensland, South Australia and the Northern Territory between 2014 and 2021.

Figure 7. Trend in Aboriginal and Torres Strait Islander family and domestic violence-related homicide rates per 100,000 population, selected states and territories (2014 - 2021)



Source: Australian Bureau of Statistics. Note: Aboriginal and Torres Strait Islander victim data are only published for New South Wales, Queensland, South Australia and the Northern Territory. Homicide and related offences exclude driving causing death. Caution should be used when comparing Aboriginal and Torres Strait Islander victim data across states and territories or time periods, due to variations in the proportion of victims with unknown Indigenous status.

Source: Gender Related Killings of women and girls (femicide/feminicide), United Nations Office on Drugs and Crime and UNWomen 2022

The 2022 Wiyi Yani U Thangani First Nations Women's Safety Policy Forum Outcomes Report highlights the clear need for a dedicated approach to address First Nations family violence given that the drivers of violence differ from those for non-Indigenous people and include not only gender inequality but also the ongoing impacts of colonisation and racism. First Nations women are disproportionately affected by gender-based violence resulting from intersecting discrimination (Australian Human Rights Commission, 2022).

A 2022 report noted several root causes of violence against Indigenous women, including historic and systemic patriarchal power structures, racism, exclusion and marginalisation maintained by the legacy of colonialisation, which have led to high levels of poverty, dire financial and social stress, and significant gaps in opportunities and well-being between Indigenous and non-Indigenous women (Office of the United Nations High Commissioner for Human Rights, 2022). Other compounding risk factors underpinning violence towards First Nations women include racism, poor housing, financial stress, alcohol and substance abuse, a loss of physical, social and emotional wellbeing, and contact with the justice system (Australian Human Rights Commission, 2022). Overcrowding, housing insecurity and homelessness increase the risk of family violence and exacerbate the impact of trauma. The long waiting lists for crisis, medium and long-term accommodation options alongside the lack of affordable and culturally appropriate public housing heightens the vulnerability of First Nations women and children to homelessness, which exacerbates the risk of family violence (Australian Human Rights Commission, 2022).

As noted by the Australian Human Rights Commission, violence perpetrated against First Nations women must be understood through the lens of the historical and ongoing impact of colonisation and trauma, including the dispossession of land, separation of families and communities, ongoing marginalisation from racism and discrimination and, in particular, the forcible removal of children. These factors are strongly linked with the experiences of family violence and act as both cause and effect of intergenerational trauma and violent behaviours (Australian Human Rights Commission, 2022).

The MARAM Framework principles acknowledge that services and responses provided to people from Aboriginal and Torres Strait Islander communities should take account of their experiences of colonisation, systemic violence and discrimination and recognise the ongoing impacts of historical events, policies and practices (Family Safety Victoria, 2018). MARAM also emphasises that Aboriginal and Torres Strait Islander peoples are disproportionately affected by family violence, with forms of violence extending to one-on-one fighting, abuse of Indigenous community workers, self-harm, injury and suicide (Family Safety Victoria, 2018). Consistent with the literature, MARAM emphasises that the history and ongoing impacts of colonisation, dispossession, structural and systemic violence, socioeconomic disadvantage, and racism are drivers of the elevated rates of family violence perpetrated against Aboriginal and Torres Strait Islander peoples and communities. The MARAM Framework policy document notes that the injustices experienced by Aboriginal people, including the dispossession of their land, cultural dislocation, oppression, intergenerational trauma, institutionalised inequality, and the wrongful removal of children from their families, both historic and current, have profoundly affected Aboriginal and Torres Strait Islander communities and contributed to the higher prevalence of family violence in this population (Family Safety Victoria, 2018).

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

facilitated abuse has particular implications for communities where exploitation of social isolation, language barriers, and deliberate cultural isolation occurs, particularly for communities such as Aboriginal and Torres Strait Islander peoples (Family Safety Victoria, 2021).

4.4.2.5 Migrant populations

The process of immigrant families trying to settle into a new cultural environment may lead to a redefinition of family roles, obligations and child-rearing practices, which can impact parent-child or intimate partner relationships and threaten internal familial cohesion and structure. A 2017 systematic review reported that at the individual level, parental trauma experiences, mental illness, substance abuse and history of child abuse were significant risk factors for family violence among refugee families (Timshel et al., 2017). In particular, parents who had been subjected to physical discipline in their own childhood had a higher risk of exerting violent behaviour towards their children, which supports the notion of intergenerational transmission of violence. In this regard, parents may respond to their traumatic pre-migration experiences by more firmly upholding their culturally determined child physical discipline practices or by exerting overprotective, restrictive, and controlling behaviours towards their children (Timshel et al., 2017).

Family-level risk factors included parent-child interaction, family structure and family acculturation[12] stress. Research on child maltreatment[13] among immigrant families revealed that single parenthood, large family size, and divorce/separation are risk factors for child maltreatment. At the societal level, low socioeconomic status was identified as a risk factor. Cultural-level risk factors included patriarchal beliefs. Immigrant women often face a set of additional barriers and challenges that require specific strategies to support them in situations of domestic violence. These are linked to social, structural and individual variables that determine whether women see events as abusive or not, and their ability to escape violent relationships (Timshel et al., 2017).

In consideration of specific barriers faced by immigrant women, a recent article noted that frameworks tend not to account for the additional barriers and challenges faced by immigrant women experiencing domestic violence or tend to do so in limited ways. Examination of specialised global literature revealed seven interrelated themes that hinder immigrant women's ability to escape abusive relationships:

- women are unlikely to access services in the country of destination if they were not likely to do so in their home countries
- service access can be restricted due to several factors such as ease of access (e.g. options for face-to-face or phone calls), language proficiency, and cultural pressures (such as fear of bringing shame to the family)

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

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

- women's relationship with their family can significantly impact their ability and willingness to seek help
- experiences of shame and the need to preserve individual and family reputation and honour
- the need to maintain relationships within the country of origin
- acculturation within the country of destination may lead to prejudice, discrimination, and increased control by husbands who fear losing power and react by becoming abusive
- religious practices can influence women's attitudes toward domestic violence (Graca, 2017).

The MARAM Framework policy document reflects many of these themes, including by:

- recognising that people from culturally and linguistically diverse backgrounds and faith communities are often disproportionately affected by family violence due to barriers in accessing services underpinned by their lack of familiarity with services available, rights under the law, fear of authority, and lack of culturally, linguistically and faith-appropriate and safe service delivery
- emphasising the need for services to recognise intercultural/interfaith relationships and the importance of considering the cultural/faith background of each family member when understanding barriers and developing service responses given the social and economic marginalisation of many people from culturally and linguistically diverse communities, especially those who have recently arrived in Australia
- noting that women without permanent residency and uncertain visa status, including asylum seekers, have limited access to support and services
- acknowledging that girls and young women from some migrant communities experience risk of forced and early marriage, dowry related abuse, overseas abduction and threats relating to their sexual relationships
- individuals from multicultural communities may face further physical and mental health challenges that are compounded by displacement and exposure to violence and trauma in their original country (Family Safety Victoria, 2018).

5.0 CONCLUSION

This rapid literature review found that MARAM remains largely consistent with evidence of best practices in the literature, including through its multi-agency approach, its adoption of a SPJ model, its use of a broad and consistent definition of family violence, and its conceptualisation of coercive control.

Research into the application of risk assessments in the family violence sector is still developing. The literature reviewed also identified the need for further research with regards to the real-world application of risk assessment approaches in the family violence context.

The literature highlighted a general shift toward more structured approaches to risk assessment from unstructured professional judgement, including the use of actuarial approaches and SPJ. Actuarial tools provide predictive validity for recidivism; however, their inability to differentiate between levels of risk and limited ability to support planning and risk management makes SPJ preferable in the family violence context. SPJ also allows for a more nuanced and individualised approach that can respond to individuals and changes in human behaviour.

A key finding from the literature is that having reliable, valid, and accurate risk assessment tools is ineffective if a comprehensive and coordinated approach to implementation and education is lacking. There is growing recognition that risk assessments do not exist in isolation. They are part of an ongoing process that informs appropriate safety planning strategies to mitigate risk.

Recent evidence confirms several serious risk factors associated with a victim being killed or almost killed that are consistent with risk factors represented in MARAM. These include actual or pending separation, intimate partner sexual violence, non-fatal strangulation or choking, stalking, and access to and/or recent use of weapons by adults using violence, which are consistent with serious risk factors represented in MARAM.

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

The literature indicates that empirically identified risk factors included in family violence risk assessment tools and frameworks are almost exclusively developed based on an analysis of intimate partner heterosexual relationships. There is a growing body of evidence indicating that particular groups and individuals experience discrimination and marginalisation, as well as specific family violence behaviours targeting identity or effect of marginalisation that increase the probability, impact and/or severity of family violence. These groups include Aboriginal and Torres Strait Islander peoples; migrants, refugees and people who are culturally and linguistically diverse; people with disability; LGBTIQA+ individuals; people with a mental illness; older people; women in pregnancy and early motherhood; people in regional, rural and remote areas; and young women. Based on the literature reviewed, this Review has

found that there are currently a lack of risk assessment tools that adequately address the diverse and intersecting needs of these groups. Nevertheless, the literature suggests that caution must be taken in amending risk assessment instruments, as research is continuing to question the appropriateness of tailoring assessment approaches and risk factors for particular communities, including the need to balance the use of culturally tailored instruments while ensuring that any tool used is scientifically rigorous and adequately tested. Tailoring an instrument to the needs of a particular group in the absence of underpinning evidence may impact its reliability and inadvertently disservice the very groups it aims to assist. The tailoring of instruments may also undermine the goal of achieving a common language and understanding of family violence risk.

There is also a paucity of literature on intersectionality in risk assessments, underscoring the need for further research on the application of an intersectional lens to risk assessment approaches. This lack of evidence implies that professionals working with these communities need to be cognisant of differences in culture, ethnicity, ability and other related structural factors when applying risk assessments with their clients. Although the SPJ model is underpinned by an intersectional lens, potential areas where MARAM practice guidance and tools may better account for intersectionality was further explored through consultation and is addressed in the final report.

Recent research highlights new manifestations or new ways of perpetrating family violence during the COVID-19 pandemic. Other research highlights the occurrence of PTSD in children affected by family violence. While MARAM contains a limited discussion of PTSD, consideration may be given to specifically addressing the occurrence of PTSD in adults and children in MARAM resources. This is revisited in the final report.

While MARAM resources cite some key statistics, consideration should be given to whether additional statistics, including those referred to in this report, would enhance MARAM resources, either through providing further information and context, or by expanding the evidence base of MARAM risk factors.

Several major themes emerged from this rapid literature review that were then further explored in consultation. This led to recommendations being made in the final report in relation to:

- MARAM's conceptualisation of family violence risk, and the prevalence and presentations of risk across communities
- impacts of family violence represented in MARAM
- MARAM's guidance about risk factors
- the determination of risk, the retention of SPJ, and risk management in MARAM
- ways for MARAM to further support alignment and collaborative practice
- ways for MARAM to further assist practitioners to adopt an intersectional approach to risk assessment
- ensuring MARAM is culturally appropriate and inclusive across communities
- ways for MARAM to support child-centred practice.

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