MONASH University

GROUP OF EIGHT AUSTRALIA

School of Social Sciences

Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF)

FINAL REPORT

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Members of Advisory Board

Over the course of the Review we met twice with an expert Advisory Board who provided feedback on the design of the Review, our program of stakeholder engagement and preliminary findings. Members of the Advisory Broad supported our outreach across many professional groups and organisations.

Members of the Advisory Board included:

- Antoinette Braybrook, CEO, Aboriginal Family Violence Prevention and Legal Service (AFVPLS)
- Dean McWhirter, Assistant Commissioner, Victoria Police,
- Kim Howland, Policy Advisor, Maternal and Child Health
- Fiona McCormack, CEO, DV Vic
- Jacqui Watt, CEO, No to Violence
- Rodney Vlais, No to Violence
- Emily Maguire, CEO, Domestic Violence Resource Centre
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- Associate Professor Jan Coles, Monash University
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- Maya Avdibegovic, Chief Executive Officer, InTouch Multicultural Centre Against Family Violence.

Table of contents

Table of contents (continued)

List of tables and figures

Tables

Figures

Abbreviations

AASW	Australian Association of Social Workers
ACT	Australian Capital Territory
AFM	Aggrieved Family Member
AFVPLS	Aboriginal Family Violence Prevention & Legal Service
ATSI	Aboriginal and Torres Strait Islander
B-Safer	Brief Spousal Assault Form
CAADA-DASH	Coordinated Action Against Domestic Abuse – Domestic Abuse, Stalking and Honour-Based Violence Risk Assessment Tool
CALD	Culturally and linguistically diverse
CLC	Community Legal Centre
COAG	Council of Australian Governments
CRAF	Common Risk Assessment Framework
CRARMF	Common Risk Assessment and Risk Management Framework
DA	The Danger Assessment
DA-I	The Danger Assessment – Immigrant Women
DA-R	The Danger Assessment Revised
DASH	Domestic Abuse, Stalking and Honour-Based Violence Risk Assessment Tool
DHHS	Department of Health and Human Services
DHS	Department of Human Services
DV	Domestic Violence
DV-MOSAIC	Method Of Assessment Of Domestic Violence Situations Or Domestic Violence Method
DVPC	Domestic Violence Prevention Council
DVRAG	Domestic Violence Risk Appraisal Guide
DVRCV	Domestic Violence Resource Centre Victoria
DVRIM	Barnardo's Domestic Violence Risk Identification Matrix
DVSAT	Domestic Violence Safety Assessment Tool
DVSI/DVSI-R	Domestic Violence Screening Inventory
EFG	Expert Focus Group
FG	Focus Group
FSM	Family Safety Meeting
FV	Family Violence
FVI	Family Violence Incident
FVT	Family Violence Team

Abbreviations (continued)

GP	General Practitioner
IFVS	Integrated Family Violence System
IPV	Intimate Partner Violence
IVO	Intervention Order
K-SID	Kingston Screening Instrument for Domestic Violence
LAP	Lethality Assessment Program
LEAP	Law Enforcement Assistance Program
LGBTIQ	Lesbian, gay, bisexual, trans, intersex and/or queer
MARAC	Multi-agency Risk Assessment Conference
MBCP	Men's Behaviour Change Program
MCH	Maternal and Child Health
MUHREC	Monash University Human Research Ethics Committee
NSW	New South Wales
NSW DVDRT	New South Wales Domestic Violence Death Review Team
NT	Northern Territory
ODARA	Ontario Domestic Assault Risk Assessment
PG	Practice Guide
RACGP	The Royal Australian College of General Practitioners
RACP	Royal Australasian College of Physicians
RAF	Common Risk Assessment Form
RAMP	Risk Assessment and Management Panel
RAST	Risk Assessment Screening Tool
RCFV	Royal Commission into Family Violence
RV & TF	Victoria Police Risk Vulnerability and Threat Factors
SA	South Australia
SARA	Spousal Assault Risk Assessment
UK	United Kingdom
US	United States
Vic	Victoria
VicPol	Victoria Police
VP-SAFvR	Victoria Police – Screening Assessment for Family Violence Risk
WA	Western Australia

Note regarding language

The preamble to the *Family Violence Protection Act 2008* [Vic] maintains that 'while anyone can be a victim or perpetrator of family violence, family violence is predominantly committed by men against women, children and other vulnerable persons'. Consistent with this, the Royal Commission into Family Violence (RCFV) notes that 'the significant majority of perpetrators are men and the significant majority of victims are women and their children' (2016 Summary and Recommendations: 7). The current CRAF, while recognising the diversity of victims, including men, and the many different types of family violence, employs a gendered lens, referring to women and children as victims and men as perpetrators. Consistent with this, and in recognition of the gendered nature of family violence, we employ similar gendered language throughout this Review report.

In the course of the Review, we consulted with women who have experienced family violence as key informants for understanding risk assessment and risk management. Throughout the Review report, we refer to those who have experienced family violence as victim/survivors, recognising both their experiences and their work to secure their own safety and that of their children.

Executive summary

The Family Violence Risk Assessment and Risk Management Framework (often referred to as the common risk assessment framework, or the CRAF) has been in use in Victoria since 2007. The CRAF is used by many different professional groups who come into contact with family violence in a range of services: its key objective is to prevent the repetition and escalation of family violence.

The Victorian Royal Commission into Family Violence recommended a review of the CRAF to ensure that it reflects best practice internationally. The Commission suggested that the review and redevelopment of the CRAF should aim to enhance processes of risk assessment for children, pay attention to more effective inclusion of all the forms of family violence covered by the *Family Violence Protection Act 2008* [Vic] and should incorporate a rating and/or weighting of risk factors to identify the risk of family violence as low, medium or high.

Overall, this Review found that the CRAF has worked effectively to build shared understanding of, and responsibility for, risk assessment of intimate partner violence as the most prevalent form of family violence. While acknowledging its limitations, those who consistently use the framework, testify to its utility in working with women on identifying and understanding their own risk and supporting the professional judgement of support workers in a range of professional contexts.

The current CRAF is grounded in well-established international evidence about known risks to women from male intimate partners. The CRAF is recognised nationally and internationally as a practice leader in risk assessment and it has spread more widely and lasted longer than many other similar tools. Recent and emerging research suggests that attention to new risks associated with smart technologies and the importance of coercive and controlling behaviours in risk assessment should be included in the redevelopment of the CRAF. Risk assessment beyond the context of intimate partner violence is much less developed and this limitation influences the utility and application of the CRAF in assessing diverse forms of family violence.

The Review provides a snapshot of the use, usability, strengths and limitations of the CRAF. Its recognised strengths are linked most strongly to building a shared understanding of risk and family violence across service providers. It was considered that the CRAF addresses risk assessment in cases of male perpetrated intimate partner violence reasonably well. However, it was identified that it is important to clarify the limits of risk in assessing the needs of victims and to develop more standardised understandings about what risk is being assessed, when assessment should happen, and the roles and responsibilities of different occupational groups in relation to risk identification and assessment. The aspiration of the CRAF to provide appropriate referral pathways and information sharing is not yet realised and there is considerable work to be done in developing, embedding and monitoring effective and optimal pathways for victim/survivors.

Executive summary (continued)

The recommendations of the RCFV and the changing service landscape will assist in the development of this aspect of the CRAF. Risk management strategies were considered critical but underdeveloped in the current CRAF. The data collection and quality assurance aspects in relation to governance of the CRAF were considered in critical need of development.

The Review found that:

There is strong support for the CRAF, based on its value as a common framework that articulates and highlights the risks posed by intimate partner violence and builds a shared sense of the responsibility to identify and respond to such risk. There was widespread acknowledgement that the CRAF needs redevelopment but that the existing CRAF is a strong foundation and the shared language and common approach should not be lost. This was evidenced in the survey results:

- 91 per cent of respondents indicated they would use the CRAF regardless of the authorising environment.
- Where its use was optional, 50 per cent of users strongly supported making it mandatory.

Although there is a strong commitment to the value of the CRAF amongst those who use it, the CRAF is used inconsistently across different professional groups. The data on usability highlights key tensions and challenges, including the divergent needs of different professional groups using the CRAF.

- The CRAF is used across a wide range of professional groups, but is often contingent on support of management, availability of training and alignment with core organisational objectives.
- Some participants pointed to the length of CRAF as a limitation while others provided suggestions for further guidance and specificity, which would make it lengthier.
- Lack of awareness, followed by lack of confidence and time limitations, were the most cited reasons for lack of use.
- Lack of confidence was generally linked to irregular use and/or lack of training.
- 80 per cent of respondents to the survey who use the CRAF are trained in its use.

There is a lack of clarity of role and responsibility for the governance of the CRAF, and it has not been embedded consistently in service and practice. Strategies to embed the CRAF must reflect the diverse demands, roles and responsibilities of different professional groups and be supported by a clear structure of governance, implementation and oversight.

Executive summary (continued)

- Lack of oversight and governance of the CRAF was a key issue at three levels:
  - Organisational
  - Interagency collaboration
  - Managing and implementing the framework as a whole.
- There has been a lack of monitoring of training, use and implementation with the result that some elements of the framework have not been fully or effectively implemented.
- There is strong support for making the CRAF mandatory through organisational funding and accreditation requirements and for creating an authorising environment.
- There is strong support for more systematic and targeted data collection on training and use of the CRAF.

Training is a key issue and different professional groups highlighted the need for greater access to training, increased resources to support training and training oversight.

- In-person training is overwhelmingly the preference of those who use the CRAF.
- There is currently no central register of those trained in the CRAF.
- Government funding for training was identified as critical to the extent of uptake of the CRAF.
- Effective redevelopment will require co-design of tailored training. packages for different professional groups to address the gaps in training.
- Workers were often signed up to the training levels available, rather than the level that was appropriate to their role.
- There was strong support for monitoring of training and for developing a framework of accreditation.

The extent to which the CRAF is aligned and embedded within relevant organisations varies. There is an opportunity to more fully integrate the CRAF within the management of organisations and with policy delivery.

- Only 45 per cent of respondents to the survey experience any management oversight of the CRAF.
- Where use of the CRAF was strongest it was embedded within the policy and procedures of organisations.

Victim/survivors indicated a lack of timely support and positive interventions to interrupt or stop the violence they were experiencing.

- Women described multiple interactions with health and other universal services where they were unable to access help or support despite having experienced physical violence. There was a strong sense that more timely and target support would have enabled better outcomes to be achieved.

Executive summary (continued)

- A lack of referral and risk management practice was highlighted, particularly in regional areas.
- Intimate partner homicides are recognised as the most preventable types of homicide because a history of family violence is a known risk factor. However, there is also strong evidence that victims more often than not are unknown to police prior to a fatality. This pattern was born out by the victim/survivors in the Review, who indicated they experienced an extended period of abuse before being able to access help and support. This finding emphasises the importance of risk identification and assessment by first respondents or generalist service providers.

The Review considered the RCFV's key recommendations in relation to the CRAF. These recommendations include the need for a weighted actuarial tool to assess levels of risk, the need for children specific risk factors, and the need for the CRAF to be more inclusive of diverse forms of family violence and diverse communities. In relation to these recommendations the Review found:

- There is cautious support for a weighted actuarial tool. It was widely recognised that risk assessment is complex and that an actuarial tool with weightings cannot alone resolve this complexity.
- There is overwhelming support for improving risk assessment practices around children and recognition that not enough is currently being done to assess and manage child-specific risk. Despite the support for better children's risk assessment, there were concerns about how to develop specific risk factors for children and overcome identified barriers to inter-agency collaboration.
- There is strong support for greater inclusivity in a redeveloped CRAF. Ensuring a more inclusive CRAF while continuing to adhere to a shared framework that recognises intimate partner violence as the main form of family violence is a key challenge. Another key challenge to achieving greater inclusivity is the paucity of evidence-based risk factors for family violence other than heterosexual intimate partner violence.

The Review makes twenty-seven recommendations aimed at enhancing the use and usability of the CRAF and more effectively embedding it across different professional groups.

Recommendations

1

Recommendation 1. The language of risk is important in building shared understandings of family violence. The CRAF should retain the language of risk as a primary lens. The language of risk assists in creating common understanding amongst family violence service providers. The language of risk is symbolically significant because it assists to highlight the seriousness of family violence. The language of risk can assist to overcome the resistance to discussing family violence that some people feel. The language of risk can also provide an effective means of communication between service providers and victim/survivors and be affirming and educative for victims of family violence.

Recommendation 2. Family violence risk and the needs arising out of family violence are different. Risk looks exclusively to the future while needs may arise from a prior history of family violence. Unmet needs, however, can contribute to the risk of family violence and compound the harms caused by family violence. Being clear about the difference between risks and needs and the way these intersect will be important in the redevelopment of the CRAF. The redeveloped CRAF should:

- Retain its primary focus on the assessment and management of family violence risk.
- Clearly articulate the difference between family violence risk and the needs that often arise as a result of family violence.
- Be clear that unmet needs linked to family violence can contribute to the risk of family violence and compound the harms caused by family violence.

In order to assist family violence service providers to identity victim/survivor needs the redeveloped CRAF should:

- Provide detailed practice guidance about the type of needs that often arise out of family violence and that can contribute to the risk of family violence.
- Include detailed information about relevant referral pathways, to for example financial, legal, medical, mental health, housing and drug and alcohol services, in order to better address the needs of victim/survivors arising out of family violence.

Recommendation 3. While the language of risk is important in creating shared understandings in an integrated family violence system there are ambiguities and uncertainties in the current CRAF about what risk is being measured and the appropriate language for categorising levels of risk. The redeveloped CRAF should be clear about the type of family violence risk that is being assessed and the way different levels of risk are categorised. The redeveloped CRAF should:

- Emphasise that the key objective of family violence risk assessment and management is to prevent the escalation and repetition of family violence.
- Make it clear that the key focus of the aide memoire and the risk factors it sets out is to assess the likelihood of violence reoccurring, injury or death.

Recommendations (continued)

- Amend the aide memoire to include the latest evidence about the risks of intimate partner homicide associated with coercive and controlling behaviours.
- Provide practice guidance that clearly states that diverse forms of family violence that do not necessarily involve the risk of physical violence or lethality can have a devastating impact on women's and children's lives.
- Amend practice guidance to provide detailed information on appropriate support and referral for women and children who are not assessed as at risk of physical violence.
- Amend the way that levels of risk are described. The current levels set out in the CRAF are 'requires immediate protection'; 'elevated risk'; 'at risk'. This is not consistent with the levels set out in the tool currently being trialled by Victoria Police or in the levels of risk that indicate the involvement of RAMPs. Consideration should be given to aligning the description of categorisation of levels of risk within the CRAF to be consistent with the description of (high) risk in the RAMPs.
- Provide comprehensive practice guidance on what constitutes the different levels of risk and emphasise the importance of temporal issues; include definitions of relevant terms such as 'imminence' in relation to the categorisation of risk.

Recommendation 4. There needs to be a community wide reorientation to focus on the behaviour of perpetrators as part of the process of offering greater support and understanding to victims/survivors of family violence. The redeveloped CRAF should:

- Contribute to this by including a perpetrator profile to assist in measuring the level of risk posed to victim/survivors in order to better manage perpetrator risk.

As the risk management of perpetrators is a relatively new field of study the optimum process for including a perpetrator profile, such as the information that should be included and the sources of that information, need to be explored. Prior to redeveloping the CRAF it will be necessary to:

- Conduct a comprehensive literature review on perpetrator risk assessment in family violence.
- Seek advice from men's behaviour change program practitioners and other relevant experts on perpetrator family violence risk and how the redeveloped CRAF might best capture this. The Perpetrator Accountability Expert Panel soon to be established in Victoria is likely to be a key resource for advice on the issues related to developing perpetrator profiles.

Recommendation 5. Victoria Police is currently trialing a family violence screening tool. A redeveloped CRAF should:

- Recognise the need for a rapid risk assessment screening tool for police.

Recommendations (continued)

- Take into account how the screening tool currently being trialed by Victoria Police (assuming it or a version of it is adopted) will fit within the redeveloped CRAF.
- Provide updated guidance on police risk assessment practices (assuming that the screening tool, or a version of it, is adopted).

Recommendation 6. Different professional and community groups have modified the CRAF to better suit their clients' or constituents' needs. In order to ensure that the redeveloped CRAF adequately reflects the needs of relevant professional groups and diverse communities, while maintaining a common approach to family violence as part of Victoria's integrated family violence system, the redeveloped CRAF should:

- Recognise the need for context specific tools, in particular the need for shorter screening tools for front-line services such as hospitals and in other contexts, such as emergency housing, where family violence is not a primary focus.
- Ensure that such tools maintain a common approach to risk.
- Recognise that such tools should be developed using the language appropriate to the specific community, professional groups or service providers.
- Take into account and consider for inclusion all the amendments to the CRAF tool suggested by participants in the course of the Review (see s 11.8).
- Ensure that there is a central register of all CRAF aligned tools.
- Review each of the modified CRAF tools set out in Appendix 4 with a view to better understanding the needs of particular professional groups and developing a suite of context specific tools.

Recommendation 7. The redeveloped CRAF should be systematically and regularly reviewed in order to ensure that emerging evidence about family violence risk is included and to map and audit any modifications:

- The review should take place every two years and at a minimum include the administration of the survey used in this Review (or a version of it).
- The review should include a mapping of all modifications of the CRAF including the rationale for such modifications, and ensure that such modifications are consistent with a common approach to family violence risk.

Recommendation 8. Victim/survivors often disclose to or present with signs of family violence injuries to non-specialist and mainstream services and frequently do not report to police. The redevelopment of CRAF should pay particular attention to its use and usability in health settings, such as by General Practitioners, in hospitals (particularly midwives and maternal health professionals) and in education settings:

- The redevelopment should pay particular attention to the type of screening tools required in first responder, mainstream and non-specialist organisations including the development of tailored professional protocols and relevant referral pathways.

Recommendations (continued)

Recommendation 9. DHHS regions and Victoria Police regions are not aligned. This creates difficulties in the coordination of and access to services for women in regional areas. The redeveloped CRAF should include:

- Tailored referral pathways for women in regional communities. These pathways should be underpinned by shared regional mapping between Victoria Police and DHHS.

Recommendation 10. Victim/survivors are clear that Family Court proceedings and orders are a key aspect of family violence risk. The current CRAF aide memoire does not include Family Court proceedings or orders as a potential risk factor. A number of stakeholders in the Review pointed out the risks associated with Family Court issues and the need for Family Court related issues to be included as a risk factor in the redeveloped CRAF (see s. 11.8). The redeveloped CRAF should:

- Include Family Court proceedings and orders amongst the risk factors listed in the aide memoire.

The redevelopment of the CRAF should:

- Examine the interaction between Intervention Orders and Family Court proceedings as part of developing risk management strategies, in conjunction with the Commonwealth.
- Consistent with the RCFV (recommendation 134), be undertaken in collaboration with the Council of Australian Government's Law, Crime and Community Safety Council.

Recommendation 11. Access to accurate legal information is important for all victim/survivors of family violence. It is likely to be particularly important for CALD women who might believe or be told by an abuser that physical violence against female partners is tolerated or that coercive control, and other types of abuse in intimate relationships, are normal and acceptable in Australia. CALD women may also be led to believe that reporting family violence will result in being forced to return to their country of origin where migration status is connected to an abusive partner. A redeveloped CRAF should:

- Stress the importance of and provide accurate legal (including relevant migration) information for all family violence victim/survivors and CALD women in particular.
- Include information about relevant referral pathways to affordable, accessible and appropriate legal advice and assistance.

Recommendation 12. Victim/survivors who participated in the Review were often subject to surveillance by partners and ex partners using smart phones. The redeveloped CRAF should:

- Pay attention to the emerging evidence about the role of technology such as smart phones in the surveillance and stalking of women.

Recommendations (continued)

- The aide memoire should specifically include technology facilitated controlling behaviours as a risk factor.

Recommendation 13. Victim/survivors who participated in the Review were clear that lack of financial resources made it difficult to leave violent relationships. Leaving a violent relationship produced serious financial implications, particularly housing related consequences, which were likely to be more serious when children were involved. Victim/survivor' testimony sharply outlined the connection between family violence risk and the needs that can arise as a consequence of or in the context of family violence. The redeveloped CRAF should:

- Remain focused on risk but acknowledge and articulate the links between family violence risk and family violence need.
- Ensure that victim/survivors' needs, other than the need for safety, are acknowledged.
- Provide pathways to referrals that can address victim/survivors' needs. (see also Recommendation 1 and s. 7.3).

Recommendation 14. Currently there are three levels of training for the CRAF. These focus on risk identification for mainstream service providers that may encounter victim/survivors of family violence, risk assessment for preliminary or generalist risk assessment and specialist risk assessment. The Review found that many of those who had been trained were unable to identify which level of training they had undertaken. The redevelopment of CRAF should:

- Review each of the three levels of training and ensure there is clear alignment of each of these with the needs of the targeted professional groups and/or end users.
- Provide more distinct training levels and ensure each level is uniformly named in all delivery iterations (see also s. 11.4).

Recommendation 15. Most people who answered the survey agreed with the statement that 'the CRAF practice guide assists me to understand what steps need to be taken after completing it'. Most also agreed that it assists them to know what next steps need to be taken after completion. This contrasts with the data from the focus groups, the findings of the RCFV and the Coronial Inquest into the death of Luke Batty – which all point to the need for greater specificity around risk management in particular.

The redeveloped CRAF should:

- Provide comprehensive practice guidance, including but not limited to when to do a risk assessment, how often to do it and how to document the assessment. The guidance should be tailored to the different professional groups who use the CRAF.
- Include comprehensive practice guidance on referral pathways, appropriate information sharing protocols and prompts for interagency collaboration.

Recommendations (continued)

- Include comprehensive practice guidance on safety planning. Sections of Domestic Violence Resource Center's recent publication 'Gathering Support: Safety for Women' provide useful up to date resources and information with regards to developing such plans.

Recommendation 16. The Review found that most service providers complete the CRAF assessment in hard copy. The survey found that a significant minority of people, approximately 30 per cent, would prefer to complete a digital version. In addition to supporting this preference a digital version may support greater information sharing between agencies. A redeveloped CRAF should include a digital version of the CRAF.

Recommendation 17. Reviewing and monitoring the CRAF as well as its implementation and relevant training in its use across workforces is crucial. Consideration should be given to developing a cross-government CRAF body, with responsibilities across relevant government departments to oversee training and implementation across organisations, diverse professional groups and workforces and to monitor the implementation and use of the CRAF (see also s. 8 and Recommendations 6, and 7).

Monitoring and oversight of training in the CRAF as well as its implementation and use should include:

- An initial review of CRAF trained personnel in all relevant professional groups and the development of a central training register.
- A systematic assessment of training needs in consultation with relevant professional groups across a five-year period and the development of a rolling training plan to meet these identified training needs.
- Development of tailored training packages with relevant Colleges, aligned with CRAF training and accredited through these professional bodies.
- The development of tailored training at the correct level for diverse professional groups (including first responders, generalist services, and specialist family violence services) to ensure workforce practices, objectives and outcomes are aligned.
- An annual review of CRAF training objectives and outcomes across the whole of Government.

Recommendation 18. The Review found cautious support for an actuarial tool as recommended by the RCFV. However, it was widely recognised that risk assessment is a complex process, and that an actuarial tool with weightings alone will not resolve this. In the redeveloped CRAF the materials and programs that support the use of the CRAF such as the Practice Guides and training should make it clear that the CRAF is a holistic framework rather than just a risk assessment tool.

Recommendations (continued)

Recommendation 19. Currently, family violence risks to children are not well understood and responses are inadequate. A taskforce of relevant agencies and experts should be convened to examine existing risk assessment practices for children and to consider and develop specific evidence based family violence risk factors for children. It should examine the range of children's risk assessment practices and build a framework that supports interagency collaboration. The taskforce of children's family violence risk factors should:

- Ensure that family violence is recognised as a serious risk to children in families where such violence occurs.
- Develop an integrated framework for accountability and responsibility for children's risk assessment and management, which encompasses child protection, the Family Court, family services and specialist family violence services.
- Ensure that funding addresses the needs of both adult and child victims of family violence.
- Develop a clear CRAF related training protocol for workers supporting children that ensures children's risk is assessed and managed in the broader context of family violence risks.

Recommendation 20. Currently there is no strong evidence base for family violence risk assessment factors beyond heterosexual intimate partner violence. Internationally most family violence risk assessment tools and frameworks address only heterosexual intimate partner violence because this is the most prevalent form of family violence and the type of family violence that most is know about. In order to address this significant gap in identifying, assessing and managing the risks posed by different forms of family violence in diverse communities the redevelopment of the CRAF should:

- Include research to develop or build an evidence base on risks factors specific to diverse populations including ATSI, CALD and LGBTIQ, children, adolescents, older people and people with disability.
- Proceed in close consultation with specialists that address the risks and needs of diverse communities in order to capture emerging knowledge about specific risk factors for diverse communities.

Recommendation 21. ATSI organisations consulted in the Review were clear that the redevelopment of the CRAF needed to be undertaken in partnership with ATSI communities and should take into account the work already undertaken to develop an 'Aboriginal CRAF'. The development of a 'draft Aboriginal contextualised Common Risk Assessment and Risk Management Framework' is listed in the Mid-term evaluation of the Indigenous Family Violence 10 Year Plan as an achievement. To be more inclusive of ATSI people the redevelopment of the CRAF should:

- Be undertaken in partnership with Victorian ATSI communities.

Recommendations (continued)

- Take into account and build on the draft Aboriginal CRAF (see Appendix 4 *Aboriginal Common Risk Assessment and Risk Management Framework: participant handbook*).

Recommendation 22. There was recognition by participants in the Review that the intersection of disability and family violence is important, but not well understood. The additional vulnerability of those with disability to particular forms of coercion and control was recognised as well as barriers to accessing services. Concern was raised about specific risks such as coercion and control by methods such as over or under medicating and/or withholding physical aids. The redeveloped CRAF should:

- Include specific and targeted questions for people with disability.
- Include specific risk factors for people with disability (see s. 11.8).

Recommendation 23. Review participants revealed a number of specific family violence risk factors and issues for CALD women. A redeveloped CRAF should:

- Include visa status issues as a specific risk factor (s. 11.8).
- Recognise that alongside isolation, which is currently included as a risk factor, entanglement may be a risk factor for CALD women that should be included in the aide memoire (s.11.8).
- Consider including the risk factors set out for immigrant women in the Danger Assessment-I (see s. 10.2)
- Include specific and targeted questions for CALD women.
- Be underpinned by continued and increased support for specific CALD family violence services as well as continued and enhanced training in CALD issues for mainstream family violence services.
- Be underpinned by the effective training for and support of interpreters with a broad understanding of the CRAF.

Recommendation 24. There was general acknowledgement amongst Review participants that the CRAF does not reflect risks relevant to older persons. Risk factors specific to older people consistently identified included financial abuse, coercive and controlling behaviours, and neglect. A redeveloped CRAF should:

- Recognise the need to develop skills within the sector that facilitate the identification of such risk factors for older people and apply the CRAF to older people.
- Review the modifications to the CRAF to enhance family violence risk assessment for older people and consider the relevance of these to a redeveloped CRAF (Appendix 4).
- Consider modifications to the CRAF training to better include family violence against older people.

Recommendations (continued)

Recommendation 25. The limitations of the CRAF in relation to the LGBTIQ community were broadly recognised. It was widely considered that the standardised approach was harmful to the LGBTIQ community, many of whom might not aware that what they are facing is family violence. Specialist LGBTIQ services are aware of the need to alter and supplement risk factors currently included in the CRAF. Participants within the LGBTIQ focus group noted the lack of inclusion of factors such as threats to 'out' a person, use of gender to belittle and target, homophobia, lack of support from other family members, and homelessness as potential additional pressures or risk facing an LGBTIQ victim/survivor. A redeveloped CRAF should:

- Include LGTBIQ specific risk factors (see s. 11.8).
- Consider the risk factors for same sex relationships included in the DA-R and the relevance of these in a redeveloped CRAF (see s. 10.2).
- Recognise the need to develop skills within the sector that facilitate understanding of how to identify such risk factors and apply the CRAF to LGTBIQ people.
- Consider modifications to the CRAF training to better include family violence against LGTBIQ people.

Recommendation 26. The nature, extent and impact of adolescent family violence are under researched and largely unknown. Internationally there are no evidence-based risk assessment tools for adolescent family violence. The greater availability of adolescent family violence services will assist to build an evidence base about this form of family violence. To ensure that the redeveloped CRAF can better identify and respond to the risk posed by adolescent family violence the redevelopment should:

- Adopt a partnership approach to building a service paradigm/s and responses for adolescent family violence with those services working with adolescents and adolescent family violence.
- Adolescent family violence programs developed by DHHS (2014) and programs offered by Kildonan Uniting Care should be supported and evaluated as potential models for addressing adolescent family violence (see Appendix 4).

Recommendation 27. The CRAF is a key component and strength of Victoria's Integrated Family Violence System. In order to continue to build and maintain integration in the family violence system and consolidate and enhance shared understandings about family violence risk, the CRAF redevelopment should be undertaken in partnership with the diverse organisations and professional groups that are relied upon to identify, assess and manage family violence risk across Victoria.

Terms of reference: The CRAF Review

2

The Department of Health and Human Service (DHHS) commissioned this review of the Family Violence Risk Assessment and Management Framework (or CRAF) as a first step towards reforming the Victorian Integrated Family Violence System (IFVS). The Review required gathering evidence of what is currently known nationally and internationally about dynamic risk assessment and management for family violence. It required an assessment of 'best practice future directions for client outcomes in family violence risk identification, assessment and risk management'. The Review was also required to provide advice on future directions for the redevelopment of the CRAF. It includes a comprehensive literature review of current best practice in family violence risk and need identification, assessment and management.

The Review was tasked to investigate:

- the use of the CRAF and/or its component parts (including tools aligned to the CRAF) by both specialist family violence and universal/generalist/statutory services
- the perceptions of different professional groups of the efficacy and usability of the CRAF in relation to identification, assessment and management of the risks of family violence
- the efficacy of strategies to embed the CRAF (and/or its components) across intake, screening, assessment and referral processes, and to provide ongoing support and risk management
- client perceptions of and with risk assessment and risk management in different settings and of responses that assist them to improve their safety, health, wellbeing and social participation. (DHHS 2016)

The research contract with the Monash research team was executed on 1 April 2016.

2.1 The Review team

The Review was undertaken by Monash University academics including Professor Jude McCulloch, Associate Professor JaneMaree Maher, and Drs Kate Fitz-Gibbon, Marie Segrave and James Roffee. The team of researchers are part of the Gender and Family Violence: New Frameworks in Prevention research program based in Criminology and the Centre for Women's Studies and Gender Research in the School of Social Sciences. The program aims to develop an evidence base for reforms aimed at effectively implementing a more risk-sensitive approach to family violence and reducing the associated harms to women and children.

SECTION 3

Project method

3

3.1 Literature review

The project team has reviewed key national developments and recent recommendations arising at the state and federal level in relation to family violence response and prevention. Particular attention has been paid to the recommendations of the Victorian RCFV and the Coroner's findings in the inquest into the death of Luke Geoffrey Batty. Examples of best practice from international jurisdictions, including the United Kingdom (UK), North America and the United States (US), have also been collated.

The literature was identified and gathered from key databases and national and international refereed journals, as well as through internet search engines, including Google Scholar, which assisted in the capture of policy uptake of specific schema. Given the rapidly changing national and international landscape in the area of family violence, preference has been given to literature and policy documents published since 2011.

Available academic literature and policy guidance offer limited discussion of relevant models and/or best practice relating to family violence beyond intimate partner violence. This gap includes elder abuse and adolescent abuse that takes place within the family or abuse among specific population groups such as Aboriginal and Torres Strait Islander (ATSI); culturally and linguistically diverse (CALD); lesbian, gay, bisexual, trans, intersex and/or queer (LGBTIQ); older people; and people with a disability. This limitation creates significant challenges for redesigning or redeveloping the CRAF to address the RCFV recommendations to broaden its effectiveness in responding to diverse forms of family violence. In light of this, the project team sought to ensure diverse stakeholder engagement to identify relevant indicative models, forms of practice and knowledge to inform best practice about assessment and prevention across diverse forms of family violence.

3.2 Stakeholder engagement

The stakeholder engagement plan was approved by DHHS on 18 April 2016. The project team approached all key sector contacts with information about all phases of the study. This outreach drew on DHHS contacts, Domestic Violence Victoria and its networks, and research team contacts throughout the state. The appointment of the Advisory Board (first meeting on 6 May 2016, second meeting on 2 June 2016) has been critical in providing expert guidance and securing outreach, support and engagement. The Monash Gender and Family Violence webpage (CRAF Review–related content) was approved by DHHS on 28 April 2016 and has provided key information about contacts for each of the Review phases, the survey and details of the focus groups. A Community/Stakeholder Forum was held on 6 June 2016, at which preliminary findings were discussed and feedback was solicited.

Project method (continued)

There was an extremely high level of engagement by stakeholders, particularly given the short timeframe of this Review (see Appendix 1). The participation of over 1100 people from 127 organisations and relevant workforces, including specialist family violence services, primary health care, maternal and child health nurses, community support workers, those working in family and children's services, governmental officers from the departments of Justice, Education, and Premier and Cabinet as well as DHHS, and non-government organisations who provide family violence and family support services. This extensive engagement reflects the widespread hope in the sector for, and commitment to, the enhancement and redevelopment of the CRAF to achieve maximum effect in preventing and responding to all forms of family violence.

3.3 Research methods and approach

1) **Ethics approval:** Ethics approval for the project was required from three ethics committees: Monash University Human Research Ethics Committee (MUHREC, as the primary ethical review committee), notification to DHHS Ethics Committee (and secondary approval as per the National Guidelines), and Victoria Police Research Coordinating Committee.

   Two levels of ethics clearance were required: low-risk ethics approval was required for the survey, stakeholder focus groups and expert interviews; and high-risk ethics approval was required for engagement with victim/survivors.

2) **Survey:** The survey included 92 questions, comprising multiple choice, scaled responses and open questions. The survey was submitted to DHHS for review on 7 April 2016 and was approved for release on 27 April 2016. A pilot release that allowed for 10 responses was collated to assess feedback and usability. Further, minor modifications were made after Advisory Group Meeting 1 was held to allow for participants to upload CRAF-related and/or modified tools.

3) **Expert interviews and focus groups:** Semi-structured questions based on DHHS tender documents, emerging themes from the literature review and the RCFV recommendations were developed. These questions were refined after the initial focus groups and interviews were conducted. In addition, trend data from the focus groups was used to aid discussion and focus questions where relevant. Where themed focus groups were convened (for example, around children, justice or police), questions were focused on aspects most relevant to the knowledge and practice base of the participants (see Appendix 3).

   There were participants who were unable to attend any focus groups. These participants were given the opportunity to respond via email to the semi-structured questions that had been used to guide the focus group discussion. This data was coded and analysed using the same approach as was used for other interview and focus group data.

Project method (continued)

4) **Victim/survivor participation:** The victim/survivor participation within the project was carefully managed to ensure appropriate and adequate recognition of participant's needs. These key informants were critical to the Review to ensure that risk and response were understood from a victim-centred/oriented perspective. All participants were recruited through family violence support services and had received service support prior to their participation. The focus of this phase was on the experiences of risk assessment and service response: participants were not required to discuss their experiences of family violence. Facilitators with expertise in understanding the trauma and impact of family violence were used, service supports were present and participants had control over the timing and location of their engagement.
5) **Community/stakeholder forum:** An open forum was held on 6 June for the presentation of the preliminary findings from the project and to allow for feedback on the findings and open discussion. All those who engaged with the Review in its various stages were invited to the forum.

Research limitations

There are limitations to the research method. Those who chose to answer the survey or engage in a focus group were likely to be familiar with the CRAF. Those who are not aware of or do not use the CRAF are therefore less likely to be captured by the data. The data on non-use of the CRAF and the reasons for non-use is limited. It may also be the case that those who chose to be involved in the Review had a higher level of commitment to the CRAF than those who chose not to be involved. In addition, there was also limited engagement from some professional groups. For example, there was no participation among those involved in prenatal care, which is significant given that pregnancy is a risk factor for family violence. Despite this caveat, the evidence from which the Review draws its findings is strong. It includes multiple perspectives, engages with a wide range of professional groups and experts, and employs a number of different modes of data collection.

3.4 The data collected and analysed

The data collection was completed on 8 June 2016. The total data set comprised the following:

Table 1: Total data set of the Review

Data type	Number completed	Total number of participants
Focus groups	21	262
Expert interviews	7	10
Survey	N/A	836
Victim/survivors	5 individual interviews, 3 focus groups	24

Project method (continued)

3.5 The process of data analysis

All the materials collected throughout the Review were analysed thematically by the research team. For the qualitative aspects of the study in Phases 1 and 2 (expert interviews, focus groups, and open-ended survey), data was transcribed, and then organised and managed using the nVivo software, prior to analysis. Throughout the report, we identify specific quotes from our research activities according to the category and number (Expert Interview # EI, Focus Group # FG and number, and Open survey response) (see Appendix 3).

The interview and focus group data gathered in Phase 3 – with victim/survivors as key informants – was transcribed and coded separately. Descriptions attached to these quotes are generic and any identifying details are altered to maximise security and privacy for these participants.

For the quantitative component of the survey, Qualtrics software was used to host the survey. The analysis was conducted using a combination of Qualtrics and Stata software. The survey analysis is divided into two parts: quantitative and qualitative.

- **For the quantitative analysis**, we are focused on trends regarding the use of the CRAF, how embedded it is within different organisations, and other components of attitudes, experiences, benefits and limitations of the CRAF. This analysis is based on the data of approximately **576 respondents** who answered the question: ***do you use the CRAF to assess risk?*** Respondents could answer yes, no, or unsure. Using the data from these responses allows a critical and methodologically robust connection to be drawn between the respondents' attitudes towards and experiences of the CRAF and whether they do or do not (or are unsure if they do) use the CRAF.
- **For the qualitative analysis,** which primarily pertains to the final four open-ended questions, we include *all* responses in the analysis, as these questions were intended to be open to anyone who has a view on the CRAF.

The survey data was utilised to identify broad trend data, to guide conversation within the focus groups, and to update and seek feedback and guidance from the expert Advisory Group. This use of quantitative data allows for more detailed accounts of practice, preferences and future challenges in relation to the use of the CRAF framework to assess risk to be probed within the qualitative aspects of the project.

The CRAF

4

The CRAF is a key element in the Victorian IFVS. It was developed in 2007 in consultation with over 500 stakeholders (DHS 2012). It was the first such framework in Australia and a foundational element of the Victorian family violence reforms of the mid-2000s.

The CRAF is recognised as a positive component of Victoria's family violence system (RCFV 2016 Summary and Recommendations: 5; 19). It is designed to enable professionals and organisations to 'identify family violence; provide helpful, supportive and timely responses to victims; and contribute to holding perpetrators accountable for their actions' (DHS 2012: 3). The framework is also designed to 'ensure that the focus of intervention and support remains on the safety and wellbeing of each individual woman and her children' (DHS 2012: 4). The CRAF aims to keep women and children safe from the risk of family violence by identifying, assessing and managing the risks they face. It is used by a wide range of professionals who come into contact with victims of family violence.

Many different professional groups use the CRAF, comprising those:

- in mainstream settings who encounter people they believe might be experiencing family violence
- who work with victims of family violence and play a role in initial risk assessment, but for whom responding to family violence is not their primary professional activity or responsibility
- who are specialists in family violence, working directly with women and children who are victims of family violence.

The Framework's underpinning approach is that:

- family violence is a fundamental violation of human rights
- physical or sexual violence within the family is a crime that warrants a strong justice response
- responses must recognise and address the power imbalance in family violence incidents
- family violence is gendered
- the safety of women and children is paramount
- perpetrators of violence should be held accountable
- family violence affects the entire community and services must respond appropriately to those from diverse backgrounds
- family violence is unacceptable in any community or culture
- responses are strengthened by the integration of services
- the whole community is responsible for preventing family violence. (DHS 2012)

The CRAF (continued)

The approach to understanding family violence is set out in the CRAF Practice Guides. The approach to risk assessment in the CRAF is known as 'structured professional judgement'. It combines a practitioner's professional judgement, the victim's own assessment of her level of risk and evidence-based risk factors.

Twenty-six risk factors are set out under three headings: victim, perpetrator and relationship. These factors include 16 highlighted (asterisked) factors that identify an increased risk of 'the victim being killed or almost killed'. Each of these factors is explained in each practice guide (DHS 2012: 26–8). These risk factors are listed in the aide memoire that is set out in the comprehensive risk assessment Practice Guide 3 (DHS 2012: 95). Throughout the Review, this aide memoire list was often referred to as a risk assessment tool. The tool is not designed as a checklist; rather, it is designed to aid decision-making about risk and to form the basis of a conversation with the victim. The identification and management of risk is supported by three Practice Guides, which are accompanied by materials about the framework. Practice Guide 1 is aimed at identifying family violence and is targeted at professionals in mainstream settings such as education, health, and drug and alcohol services. Practice Guide 2 concentrates on preliminary risk assessment and is aimed at professionals who work with victims of family violence but for whom family violence is not their core (or only) business. These professional groups include police, courts, corrections, and child protection. Practice Guide 3 is directed at comprehensive risk assessment and is for specialist family violence professionals.

The CRAF has six key components:

1. a shared understanding of risk and family violence across all service providers
2. a standardised approach to recognising and assessing risk
3. appropriate referral pathways and information sharing
4. risk management strategies that include ongoing assessment and case management
5. consistent data collections and analysis to ensure the system is able to respond to changing priorities, and
6. quality assurance strategies and measures that underpin a philosophy of continuous improvement. (DHS 2012: 17)

SECTION 5

Background to the CRAF Review

5

Family violence has recently been the subject of unprecedented attention at the state and national levels in Australia. In 2011, the Commonwealth, in partnership with all states and territories, launched the *National Plan to Reduce Violence against Women and their Children 2010–2022*. In 2014, the Victorian Premier, Daniel Andrews, announcing the RCFV, declared that family violence was 'the most urgent law and order emergency occurring in our state and the most unspeakable crime unfolding across our nation' (Andrews 2014).

Improved risk assessment and management has become a key focus of strategies for reducing family violence and its impacts. In May 2008, the federal government established the National Council to Reduce Violence against Women and their Children. The Council's 2009 report, *Time for action*, points to the importance of risk assessment and management in protecting women and children from family violence. In 2015, the Special Taskforce on Domestic and Family Violence in Queensland released its final report, *Not now, not ever*, which made 140 recommendations to improve responses to, and reduce, domestic and family violence. The Report (2015: 12) found that Queensland has 'a plethora' of risk assessment methods and tools, which contributed to inconsistent practice. It recommended that the government should design a 'best practice common risk assessment framework to support service provision in an integrated response, and designed for use by generalist and specialist services' (2015: 31). It also recommended that a newly developed Queensland CRAF should include specialist and generalist services, promote early intervention and support 'adherence to strong referral pathways' (2015: 228). The Council of Australian Governments (COAG) Advisory Panel Report on *Reducing violence against women and their children* (2016) discusses risk assessment frameworks and the identification of high-risk family violence perpetrators. It finds variability in risk assessment practices across Australia and notes that a national approach would create greater opportunities for data collection, research and risk assessment tool validation and improvement. It recommended that a national risk assessment framework be developed to provide a more consistent, integrated response to violence against women and their children, and that this should consist of an agreed set of indicators and risk factors as well as guidance on appropriate referral pathways for women and their children.

In Victoria, the Coronial Inquest into the death of 11-year-old Luke Batty (2015) by his estranged father made 28 recommendations relevant to the CRAF (see Appendix 7). The killing of Luke Batty and a series of intimate partner homicides in Victoria were the driving factors behind the establishment of the RCFV.

Background to the CRAF Review (continued)

5.1 The CRAF Review and the RCFV

The RCFV tabled its *Report and Recommendations* to the Victorian Parliament on 30 March 2016. The seven-volume RCFV Report was a culmination of 13 months of inquiry. Volume 1, Chapter 6 of the report is devoted to risk assessment and management. The Royal Commission made 227 recommendations. The first four of these are directed at risk assessment and management. The RCFV's first recommendation states:

> *The Victorian Government review and begin implementing the revised Family Violence Risk Assessment and Risk Management Framework (known as the Common Risk Assessment Framework, or the CRAF) [by 31 December 2017] in order to deliver a comprehensive framework that sets minimum standards and roles and responsibilities for screening, risk assessment, risk management, information sharing and referral throughout Victorian agencies. The revised framework should incorporate:*
>
> - *a rating and/or weighting of risk factors to identify the risk of family violence as low, medium or high*
> - *evidence-based risk indicators that are specific to children*
> - *comprehensive practice guidance.*
>
> *The framework should also reflect the needs of the diverse range of family violence victims and perpetrators, among them older people, people with disabilities, and people from Aboriginal and Torres Strait Islander, culturally and linguistically diverse and lesbian, gay, bisexual, transgender and intersex communities.*

The second recommendation is about strengthening the authorising environment for the CRAF. The third recommends a sustained workforce development and training strategy as part of a family violence industry plan. The fourth recommends that the government prioritise and facilitate the roll-out of Risk Assessment and Management Panels (RAMPs). Consistent with the COAG Advisory Panel Report (see above), the RCFV recommends that the Victorian Government work with the Australian Government Law, Crime and Community Safety Council to develop a national risk assessment framework and tool. A comprehensive list of RCFV recommendations relevant to the CRAF are set out in Appendix 6.

The RCFV recommendations are taken as signposts to future directions in the redevelopment of the CRAF. The RCFV report in its entirety is also significant for this Review, and the planned redevelopment of the CRAF. The RCFV recommendations propose a whole-of-government and community program of activities that will substantially reform Victoria's family violence system over the next five years. Redevelopment of the CRAF will require detailed assessment of where it is best located in this changed environment, how the framework can effectively address the needs of diverse victims of family violence and different types of family violence, and how to best support the different professional groups that use the CRAF.

Family violence and intimate partner violence

6

Family violence in Victoria is defined broadly to include *any members of a family* who are the subject of behaviours defined as violent (Section 5, *Family Violence Protection Act 2008* [Vic]). Family can include same-sex partners or step relatives. Family violence can be intergenerational, involving violence by adolescents against parents, or violence by adult children against parents. Family violence can also occur between siblings. However, the RCFV argues that the 'strategy to address family violence must continue to recognise that most family violence incidents occur in the context of intimate partner relationships' (2016 Summary and Recommendations: 7). Although family violence manifests in a number of different ways, the term is most commonly used in association with IPV committed by men against their current or former female partners. Overwhelmingly, specialist women's and men's family violence services focus upon IPV.

The CRAF focuses primarily on identifying, assessing and managing family violence, particularly IPV, and preventing its repetition and escalation. Between 2002–3 and 2011–12, in Australia, 488 women were killed in intimate partner homicides nationally (Cussen and Bryant 2015). Each week in Australia at least one woman is killed by a man, typically an intimate (ex)partner. Family violence is one of the leading preventable causes of death and injury among Australian women under 45 (VicHealth 2004). The circumstances of intimate partner homicides indicate that they are the most preventable type of homicide given the histories of abuse that usually precede such killings (Bugeja et al. 2013; Dearden and Jones 2008), suggesting that, in a number of these past cases, a well-designed, widely used and well-implemented risk assessment and management framework may have prevented the deaths.

The risk factors included in the CRAF tool are based on evidence used to identify elevated risk of IPV. These risk factors are typically based upon knowledge garnered from intimate partner death reviews carried out nationally and internationally, and were refined in collaboration with the specialist family violence services sector at the time of the CRAF's development. The CRAF has the potential to play a significant role in protecting the lives, safety and wellbeing of women and children.

6.1 Death reviews

Domestic and family violence death reviews provide key evidence on the risk factors for domestic violence fatalities and have been used internationally to inform the development of risk assessment tools (David 2007). While Australia has not adopted a national approach to reviewing family and domestic violence deaths, over the past decade reviews have been undertaken at the state level to various degrees and frequencies.

Family violence and intimate partner violence (continued)

A review of reports produced by Australian death review committees and Coroner's Courts in the past 10 years, as well as a 2016 intimate homicide case review published by the Domestic Violence Resource Centre Victoria (DVRCV 2016), reveals commonalities in risks for lethality. Reviews conducted in Queensland, New South Wales (NSW) and Victoria highlight the prevalence of coercive and controlling behaviours prior to a male-perpetrated intimate homicide (McKenzie et al. 2016; NSW Domestic Violence Death Review Team 2015; Ryan 2014). In these studies, coercive and controlling behaviours, including verbal abuse, psychological controlling behaviour, social control and isolation, strategies to restrict employment opportunities and financial abuse, were found to be a leading risk factor. Stalking, including technology-facilitated stalking, was also noted by the NSW Domestic Violence Death Review Team (2015: ix) to be a key risk factor of male-perpetrated intimate homicide. A previous history of family violence, relationship separation, threats of harm and/or pregnancy were also identified consistently across these reviews as a key risk factor (DVPC 2016; McKenzie et al. 2016; NSW Domestic Violence Death Review Team 2015; Ryan 2014; Walsh et al. 2012).

The most recent review undertaken in Australia, by the ACT Domestic Violence Prevention Council (DVPC 2016), found that victims were more often than not unknown to the police prior to the fatal incident. The DVPC Report found that it was more common for victims to have had interaction with a service provider, such as a health or legal professional, than with police, highlighting the importance of risk assessment among 'first responder' and/or generalist service providers. The Report stated:

> There is a need for better awareness about the risk factors from 'first responders' because while such contact may not directly relate to domestic and family violence, they nonetheless provide an opportunity for early intervention … the health system should play a key role in screening for, and responding to, family violence. (DVPC 2016: 3–4)

This finding is similar to that of the 2012 *Victorian Systemic Review of Family Violence Deaths* which found that there were 'opportunities to strengthen' education about risk in health care settings given the number of victims who were in contact with a health professional prior to their death (Walsh et al. 2012). Other relevant findings in fatality reviews include the value of timely access and referrals to services and the need for more effective information-sharing practices (DVPC 2016; Field 2013).

SECTION 7

Risk and family violence

7

7.1 Understanding risk

German sociologist Urlick Beck posited the rise of a 'Risk Society' in his influential book of the same name published in 1992. Over the past 40 years, risk has become a central focus of governments, organisations and individuals. Since the late 1980s, criminal justice systems have increasingly sought to address the risk of reoffending. Risk involves a number of key elements including danger or threat, futurity and uncertainty. Risk assessment aims to prevent future harm. It is uncertain because future behaviour cannot be predicted with precision (Mythen 2014). Risk assessment in the family violence field is primarily aimed at assessing the future likelihood of harm and/or fatality based on information pertaining to past acts of family violence.

7.2 The language of risk

The language of risk is important in supporting the CRAF component of 'shared understanding'. The shared understanding component of the CRAF was consistently identified as a strength in focus groups, with the language of risk seen as a key aspect of this. Risk provides a lens through which to communicate about family violence across different professional groups, to women and to society more broadly. The use of the term 'risk' in relation to family violence is symbolically significant because, until recently, family violence was considered a private matter and not taken as seriously as violence committed in other, more public contexts (McCulloch 1985). A court worker argued that the language of risk 'undercuts some of the resistance to understanding or talking about family violence' (FG10). Despite much progress, there is still evidence that family violence, and the associated risks for women and their children, are not taken as seriously as other types of violence (see, for example, Bond and Jeffries 2014; Fitz-gibbon, McCulloch and Maher 2016). The language of risk used in the CRAF signals the recognition of and intolerance towards family violence risk. The language of risk can also be affirming for women insofar as it enables them to view their situation in a different and more empowering way. As one participant described, the language of risk can be 'an amazing education tool' (FG20) for women experiencing family violence.

Risk, however, is 'a complex beast' (FG10). While the language of risk may promote a foundation of shared understanding, what constitutes risk, what risk is being measured, what denotes elevated risk and how risk is measured may be confusing, ambiguous or inconsistent (see Table 2 below).

Recommendation 1. The language of risk is important in building shared understandings of family violence. The CRAF should retain the language of risk as a primary lens. The language of risk assists in creating common understanding amongst family violence service providers. The language of risk is symbolically significant because it assists to highlight the seriousness of family violence. The language of risk can assist to overcome the resistance to discussing family violence that some people feel. The language of risk can also provide an effective means of communication between service providers and victim/survivors and be affirming and educative for victims of family violence.

7.3 Family violence risk versus family violence needs

In responding effectively to family violence, it is necessary to address the risk associated with that violence and its escalation, and the needs created for victims by that violence. Risk and needs are different phenomena, however, and this distinction should be clearly articulated and understood in the redevelopment of the CRAF.

The importance of distinguishing family violence risk and the needs that may arise from family violence was underlined throughout the focus groups. One participant noted that:

> CRAF needs to clarify the relationship between risk assessment and needs assessment – what is the contribution to risk to the woman from not meeting certain needs e.g. mental health support, disability support? (EFG)

Another commented:

> I think as time has gone on too, there's sort of been kind of a muddling of whether it's a risk assessment or a needs assessment tool, and of course when you do a risk assessment it will be too to some level a needs assessment, but in its primacy it is actually a risk assessment. So I think there is a shift in people's understanding regarding that as time has gone on ... people are thinking it should be developed more into something that looks like a needs assessment tool, but it's actually meant to be a risk assessment and a risk management framework. And they're different things. (FG16)

Assessing the risk of family violence is *not* the same as assessing the needs that arise out of family violence. As one participant put it:

> You assess the risk based on what's happened in the past but it [risk] looks to the future. Someone may not have any future risk but have suffered tremendously previously [so] ... they've got a need still. (FG19)

In many cases a history of family violence will not point to risk of future family violence. The perpetrator might be deceased, infirm, incarcerated or have moved on. Women and their children may, however, have ongoing needs arising out of their past experience of family violence. These needs may be profound and long term and include physical injuries, mental health issues, substance abuse, and employment, housing and financial insecurity (Franzway et al. 2015).

Where the CRAF does address needs, it is designed primarily to meet women and children's need for safety and protection from family violence. Other needs not linked to these types of risks are not the focus of the CRAF. Needs arising from the experience of family violence, other than the need for safety and protection, may be present, and failing to meet such needs may add to the risk of family violence. In its redevelopment, the CRAF should be amended to highlight that victim/survivors may have needs arising from the experience of family violence even where it is assessed

that there is minimal future risk of family violence. The redeveloped CRAF should also clearly state that, where it is assessed that women and children are at risk of future violence, their needs arising from the experience of family violence are likely to extend beyond the need for safety and protection. Appropriate referral pathways to address the various needs arising out of family violence should be identified and supported (see also the discussion of risk and needs by victim/survivors s 9).

Recommendation 2. Family violence risk and the needs arising out of family violence are different. Risk looks exclusively to the future while needs may arise from a prior history of family violence. Unmet needs, however, can contribute to the risk of family violence and compound the harms caused by family violence. Being clear about the difference between risks and needs and the way these intersect will be important in the redevelopment of the CRAF. The redeveloped CRAF should:

- Retain its primary focus on the assessment and management of family violence risk.
- Clearly articulate the difference between family violence risk and the needs that often arise as a result of family violence.
- Be clear that unmet needs linked to family violence can contribute to the risk of family violence and compound the harms caused by family violence.

In order to assist family violence service providers to identity victim/survivor needs the redeveloped CRAF should:

- Provide detailed practice guidance about the type of needs that often arise out of family violence and that can contribute to the risk of family violence.
- Include detailed information about relevant referral pathways, to for example financial, legal, medical, mental health, housing and drug and alcohol services, in order to better address the needs of victim/survivors arising out of family violence.

7.4 Measuring risk

The various ways of measuring risk sit on a spectrum from objective to subjective. The CRAF uses a structured judgement approach to assess risk. This approach sits between clinical and actuarial decision-making. Clinical risk assessment is more subjective in that it is based on professional discretion justified on the basis of qualifications and/or experience. Actuarial decision-making is more objective in that it involves the integration of statistical evidence into assessment and is determined via scales or matrices with attributed values to produce an overall risk score. Each of the three major approaches to calculating the risk of family violence – clinical, structured judgement and actuarial – has advantages and disadvantages (Robinson and Moloney 2010). Support for and concerns regarding the RCFV Recommendation 1 for 'a rating and/or weighting of risk factors to identify the risk of family violence as low, medium or high' are discussed under findings (see s. 11.5)

Risk and family violence (continued)

Some types of risk are more readily calculable and validated than others. The risk of repeat police call-outs to Family Violence Incidents (FVIs) are, for example, calculable and able to be validated because there is a substantial database from which risk factors relevant to repeat police call-outs can be ascertained (see below). Actuarial tools are based on patterns discerned from past data. There are patterns associated with family violence and family violence homicides. However, not all family violence or family violence homicides conform to these patterns. An actuarial tool is not capable of anticipating risk that does not conform to an identified pattern. Actuarial tools are built around datasets associated with terms such as reliability, calculation, probability and validity. While these terms are reassuringly scientific, risk assessment is inherently uncertain and amounts to 'an art rather than a science' (Humphreys, Healey and Diemer 2015: 3; see also Plunkett 2015). A woman's assessment of her own risk of family violence, though clearly subjective, has been found to be as good a predictor of risk as more formal risk assessment approaches (RCFV 2016, Chapter 6: 95). The risk of lethal IPV may not be able to be accurately calculated in the short or medium term from an analysis of the risk factors pertaining to IPV because the dataset of intimate partner homicides in Victoria and/or Australia is not large enough. It may take a decade to validate a risk assessment tool (RCFV 2016, Chapter 6: 129).

Table 2: Type of family violence risks currently addressed or recommended in Victoria, including levels of risk and the means by which risk is measured

	Victorian Risk Assessment and Management Panel (RAMP)	**CRAF**	**RCFV recommendation**	**Victoria Police Screening Assessment for Family Violence Risk (VP-SAFvR Part A and B) – Currently being trialled**
What type of risk is being addressed?	Risk of serious harm or lethality	Violence re-occurring; a victim being injured or killed	N/a	The risk of police call-out to subsequent family violence incidents
How is the level of risk categorised?	Serious and imminent risk	Requires immediate protection; elevated risk; at risk	Low, medium or high (recommendation 1 and 85).	Part A: 4+ Twice as likely to have a subsequent family violence incident. Part B: 4+ Severe Family Violence* – cases then categorised by FVT as high/very high, moderate or standard.
How is risk being measured?	Structured professional judgement	Structured professional judgement	Actuarial tool, may include professional judgement override	Actuarial tool with professional judgement override

*Defined as three or more FVIs or a violent offence involving either the same dyad or a child related to the index perpetrator over 12 months

Risk and family violence (continued)

Some participants believed that there was a need to clarify the type of risk the CRAF is intended to assess:

> I think there is that ambiguity about what type of risk it is, what CRAF is meant to assess, what type of risks. I think when you class at risk of lethality or at risk of serious injury – for example, at my end, where we are a family violence council, we're working with people who might still be in relationships . . . and there's a small percentage of them that are at really high risk. The others are either chronic risk – and the risk can be devastating, whether it's financial or it's emotional, but it's not high risk of lethality. So for us, the CRAF sort of hovers there, but it's not necessarily a tool that's terribly – I mean, it's telling us, 'This woman is not in that dimension, but there's very high risk for other things to happen.' So I suppose we need to be specific about the language of CRAF, so that if everyone is going to be using it, it's more clear what it's saying and what it's not saying, or what it can predict. (FG21)

Beyond the issue of clarity there was tension about what the CRAF currently addresses and what it could potentially address:

> [I]t comes back to the question is it all about and understandably around lethality and serious injury? Or do we want to serve a system that will still have some specialist response to women and children whose lives are still really controlled by men even though there might not be that risk in the immediate term of lethality. So a lot of those low risks, yeah there is emotional abuse, social abuse, economic abuse. That's as important so still got to go somewhere. But that's a broader systems issue which you are not going to be able to solve. (EI6)

The point made about the 'broader systems issue' highlights the reality that the ability to respond to victim/survivors experiencing diverse forms of family violence largely depends on the resources and services available to respond to such family violence.

A focus group participant expressed the view that:

> So CRAF is really about assessing the risk of being murdered or being nearly murdered. This is a lethality tool. So it's not meant to be a tool that helps us think about every single form of family violence and helps us acknowledge what's happening for that person. I mean is that what – I don't know if you have an answer for that or not, but if it helps frame this conversation, are we talking about the future of a tool that looks at the risk of that or are we talking about broadening it? But I'll just put that out there that I would want it to be a tool that looks at lethality and risk of serious injury, because otherwise it just becomes this really huge tool of like, is family violence present or not? Well obviously. Obviously family violence is present for so many people, but we kind of need this to be a tool that helps us figure out how to, if they need to go into a refuge or need to – I would be keen for it to stay that way. (FG2)

Risk and family violence (continued)

Maintaining the focus on preventing homicides and serious physical violence while supporting victims facing different types of family violence risk is a key challenge in the redevelopment of the CRAF. While preventing lethal outcomes is critical, it is also recognised that family violence not involving physical violence or the risk of lethality can have a devastating impact on women's and children's lives. Significantly there is increasing evidence that coercive and controlling behaviours that do not include physical violence are a leading risk factor in male-perpetrated intimate homicide (see discussion of death reviews s. 6.1).

Speaking about the varied language used to identify level of risk, one participant maintained that those using the CRAF do not categorise risk levels as set out in the guide – that is, 'requires immediate protection, elevated risk or at risk'. One participant argued that the 'CRAF has not actually achieved the same language, which is one of the goals it was meant to do, and is a good idea, but we need to look at that' (FG2). There was not much reference to the terms used to describe the level of risk in the CRAF throughout the focus groups, suggesting that these terms are not in wide circulation. Police interviewees expressed concern about the RCFV recommendation to categorise risk into high, medium or low:

> I'm not quite sure why the Royal Commission would ever use the terminology 'low risk', absolutely a no-no. I'm surprised they even used that term. We decided that very early on that we could never use 'low risk' because you say 'low risk', what's that saying to a victim and what does that say in terms of a decision later on that we made a 'low risk' assessment? How can you ever say things are low risk for a victim? (EI2)

Issues related to temporality and levels of risk are significant. For example, immediacy of the risk is one criterion for measuring risk level. However, as one expert CRAF trainer put it:

> There's not a definition for imminence, so I had this problem, 'What are we going to do about this in training? There's actually no definition,' and different professional cultures have really different ideas, so to police imminence is right now, means he's standing over you with a machete in his hand. And family violence [workers] says imminence would be within the next week. (EI1)

The lexicon deployed around measuring the level of risk thus needs to be consistent and the type of risk being measured needs to be clearly articulated.

Recommendation 3. While the language of risk is important in creating shared understandings in an integrated family violence system there are ambiguities and uncertainties in the current CRAF about what risk is being measured and the appropriate language for categorising levels of risk. The redeveloped CRAF should be clear about the type of family violence risk that is being assessed and the way different levels of risk are categorised. The redeveloped CRAF should:

- Emphasise that the key objective of family violence risk assessment and management is to prevent the escalation and repetition of family violence.

- Make it clear that the key focus of the aide memoire and the risk factors it sets out is to assess the likelihood of violence reoccurring, injury or death.
- Amend the aide memoire to include the latest evidence about the risks of intimate partner homicide associated with coercive and controlling behaviours.
- Provide practice guidance that clearly states that diverse forms of family violence that do not necessarily involve the risk of physical violence or lethality can have a devastating impact on women's and children's lives.
- Amend practice guidance to provide detailed information on appropriate support and referral for women and children who are not assessed as at risk of physical violence.
- Amend the way that levels of risk are described. The current levels set out in the CRAF are 'requires immediate protection'; 'elevated risk'; 'at risk'. This is not consistent with the levels set out in the tool currently being trialled by Victoria Police or in the levels of risk that indicate the involvement of RAMPs. Consideration should be given to aligning the description of categorisation of levels of risk within the CRAF to be consistent with the description of (high) risk in the RAMPs.
- Provide comprehensive practice guidance on what constitutes the different levels of risk and emphasise the importance of temporal issues; include definitions of relevant terms such as 'imminence' in relation to the categorisation of risk.

7.5 Perpetrators

The CRAF tool is not a perpetrator risk assessment tool and is not used by workers in Men's Behaviour Change Programs (MBCPs) to assess perpetrator risk. It is used primarily in specialist women's family violence services. However, when survey respondents answered the question about why they use the CRAF, the most common selection was 'to better identify risks by perpetrators' (62%), followed closely by 'to assist victims' (60%).

The RCFV states that '[o]ur way forward involves placing perpetrators in full view' (2016 Chapter 18: 242) and increasing perpetrator accountability. One expert stated:

> [L]et's actually pivot our attention and stop him; interrupt his behaviour, support her and the kids, try and keep everybody safe but let's actually hold him accountable. Which is absolutely the opposite to where the whole system started. You know, it was always about women having to go into refuge and kids being removed and mother being blamed and all that sort of stuff. (EI1)

Our data revealed considerable demand within the sector for the redevelopment of the CRAF to bring the perpetrator into view. One focus group participant commented:

Risk and family violence (continued)

> I don't think it's a weakness of the CRAF but I guess one thing that's very evident to me is there is no proper tool still for perpetrators. That I feel if the man reports this or the police, it's always about filling in the gaps and I think that's really tricky then when you're just working with the perpetrator, in that you're hearing things that are really concerning which the woman or the survivor or women's services don't know about. And like I said, I don't see it as a weakness of the CRAF, I just see it as a gap there that we're not always assessing the man. (FG15)

Of the 26 risk factors listed in the CRAF aide memoire, the majority – 18 – are listed under the heading 'risk factors for perpetrators'. It was thought by some that 'Risks associated with the perpetrator's motivation, intention and means for using severe and lethal violence are particularly simplified in the CRAF aide memoire' (EFG).

There is some indicative survey data about the extent to which the CRAF enables or supports assessing risk related to perpetrators specifically. The survey also prompted respondents to express their views on the benefits and limitations of the CRAF for assessing risk posed by perpetrators. From a list of five potential benefits (where respondents were able to select multiple responses) the majority of responses were:

Table 3: Benefits of the CRAF for assessing risk posed by perpetrators

Captures key points of risk	**N=247 (out of c. 576)**
Enables initiation of conversation and support strategy	N= 172 (out of c. 576)

However, in an open-ended survey question (answered by n=87) about key limitations to the extent to which the CRAF captures risk, respondents consistently identified the lack of perpetrator information. These responses highlighted that:

- Perpetrator information is missing (such as 'where is the perpetrator currently?', 'if the perpetrator has a criminal history or if the perpetrator is likely to observe the law or not', 'history of offending behaviour'/previous family violence relationships and intervention orders if known/public abuse/more detailed assessment of controlling behaviour which, in the absence of other risk factors, can still be a very high indicator of risk).
- The assessment is limited by who provides information as it is 'based on discussion with the victim not the perpetrator so it limits the capacity to assess risk'.
- Some types of perpetrators are not well captured, such as women or family members, other than male partners.

Currently, the perpetrator risk factors are assessed using information provided by victim/survivors, which will be limited if the perpetrator is not 'in full view' of the woman. There is, however, a *Framework for Comprehensive Assessment in Men's Behaviour Change Programs* that aligns with the CRAF (see Appendix 4).

Risk and family violence (continued)

The survey also captured data on modifications of the CRAF within organisations across Victoria. While only 15% of all respondents using the CRAF indicated that they use a modified tool, modifications related to perpetrators were the third most common (following children-related modifications [35%] and CALD-related modifications [18%]).

While the CRAF focuses on assessing and managing risk for victim/survivors, it does not focus on reducing or closely monitoring the risk posed by perpetrators. The primary focus is on keeping the victim/survivor safe from that risk. As one expert put it:

> So the difference of putting this bubble around her so that she can stay safer at home if possible and her children and let's do everything that we can and we do the RAMPs to put this bubble around her. It's really, really important but we want to say but what does it mean to actually put a bubble around him? (EI6)

Risk management of perpetrators is a relatively new field of study (RCFV 2016 Chapter 6: 99). Development in the field of perpetrator risk management requires a web of relationships to identify, track, and manage perpetrator risk and to coercively intervene where necessary. A Victoria Police expert noted:

> I would say that again police can probably do an initial quick and dirty dangerousness assessment but at some point you need to be looking to your Corrections, your men's services, all of that to be doing that thorough clinical assessment of dangerousness and then feeding that back through the other parts of the system. And I think we've come kind of a pretty long way with that in relation to victim vulnerability, we've still got a fair way to go in that in relation to perpetrator dangerousness. (EI2)

The implementation of RCFV recommendations in relation to information sharing and multiagency collaboration (see Appendix 6 for the relevant RCFV recommendations) will facilitate the inclusion of a perpetrator risk profile or 'overlay' (EI6) in a revised CRAF risk assessment tool. Holding perpetrators to account will require that family violence service systems have clear roles and responsibilities. The police, courts and corrections are integral to perpetrator risk management. The RCFV states that the CRAF practice guidance material needs to be reviewed 'to place greater emphasis on monitoring perpetrator behaviour' (2016 Summary and Recommendations: 20).

Recommendation 4. There needs to be a community wide reorientation to focus on the behaviour of perpetrators as part of the process of offering greater support and understanding to victims/survivors of family violence. The redeveloped CRAF should:

- Contribute to this by including a perpetrator profile to assist in measuring the level of risk posed to victim/survivors in order to better manage perpetrator risk.

Risk and family violence (continued)

As the risk management of perpetrators is a relatively new field of study the optimum process for including a perpetrator profile, such as the information that should be included and the sources of that information need to be explored. Prior to redeveloping the CRAF it will be necessary to:

- Conduct a comprehensive literature review on perpetrator risk assessment in family violence.
- Seek advice from men's behaviour change program practitioners and other relevant experts on perpetrator family violence risk and how the redeveloped CRAF might best capture this. The Perpetrator Accountability Expert Panel soon to be established in Victoria is likely to be a key resource for advice on the issues related to developing perpetrator profiles.

7.6 Victoria Police current and future risk assessment practice

The police are a critical frontline response and entry point to the justice system for those experiencing family violence. Since 2001, Victoria Police has demonstrated leadership in family violence, introducing a range of reforms such as a Code of Practice and the country's first Family Violence Command. During the 2007 development of the CRAF, Victoria Police was consulted and included as one of the key workforces that would integrate the framework into its practices. Focus group discussions revealed a perception among some specialist professionals that Victoria Police no longer uses the CRAF and that it has its own approach. During the interviews, key experts from Victoria Police maintained that the police use the L17 Form, which reflects the 'standardised approach' set out in the CRAF, and includes the same risk factors as those in the CRAF tool (see Appendix 4).

Victoria Police interviewees expressed concern that the L17 Form, and the CRAF more generally, is inadequate for police assessment and management of risk: in practice the form is used as a risk identification and referral tool only. It was said that general duty police often lack the education to use the form appropriately. Victoria Police interviewees pointed out that the L17 is most often completed back at the station, as it is too time consuming for officers to complete at the scene of an incident (see RCFV Chapter 6: 13–14 for discussion of the L17). Reflecting similar concerns, some Victoria Police members participating in the focus groups supported the introduction of an actuarial tool that enables scores to be immediately tied to referral actions. A key expert in Victoria Police maintained that:

> From the police I'd spoken to certainly, that they felt in terms of the leadership, these people who are leading groups of police were saying, 'We feel like we're not giving our officers the tools they can use to do this reliably or be confident in their decision-making' essentially. So they don't go home at the end of the shift and feel the decision they made was based on something that's real, they were essentially just using their gut feeling, which is never a good thing in risk assessment. So all of that got us to this [the trial – see discussion below].

Risk and family violence (continued)

Victoria Police is in the process of implementing a trial of a tiered tool for screening family violence incidents. One police expert observed that:

> [W]e need to better connect the risk identification that the L17 does for us now into risk management actions. The vehicle for doing that for us we believe is through a weighted kind of risk assessment, if you score this or above you do this, if you score this or below you do this. So that's where we would like to head to and that's where this new tool that we're experimenting with is a toe in the water around that process.

Victorian police experts explained that the screening tool is being developed in an effort to enhance police responses to family violence and to better support police risk assessment practice.

The trial begins in mid-2016 in partnership with Women's Health West. It is a three-year project that will be subject to an initial evaluation in December 2016 (RCFV 2016: Chapter 6: 110). The trial has arisen in the context of increasing demand for police response to family violence (RCFV 2016: Chapter 15). The tool is an actuarial tool developed on the basis of two years (2013–14) of data from 44,436 L17 Forms to predict 'the likelihood of a perpetrator or victim being involved in a further police family violence incident in the next 12 months' (RCFV 2016: Chapter 14: 16; McEwan 2015). One police expert explained the process of developing the tool as follows:

> What they've done is pulled a number of years' worth of police L17 team data and tried to draw a research base connection between what's been identified in the initial risk assessments and the likelihood of future family violence occurring through police reports … And from that basis tried to develop a set of indicators and a set of screening questions that we would use with frontline police that would then lead to a decision as to whether or not you do a fuller risk assessment and a referral to a family violence team and everything like that. All of which is then guided by giving direction to frontline members to say that if you've got risk factors in these categories you need to take these actions; you need to do a referral, you need to look at criminal processes, you need to refer to a family violence team, you need to get in this kind of level of specialisation.

The tool includes two instruments:

1. [T]he Victoria Police Screening Assessment for Family Violence Risk: Part A (VP-SAFvR: A): for frontline police would be completed at the scene of a family violence incident and would determine whether the officer would go on to collect additional in depth information about the incident and refer the case to the police FVT [family violence team] for further assessment and preventative response.
2. The Victoria Police Screening Assessment for Family Violence Risk: Part B (VP-SAFvR:B): would be used within the FVT to organise cases into those that require a standard preventative follow-up from the FVT and those that require a more intensive level of risk assessment and management. (McEwan 2015, Shea, and Ogloff: 4)

Risk and family violence (continued)

Part A includes 14 questions that are scored from an interview with the Aggrieved Family Member (AFM) (6 items), from police observation or interview (3 items) and from the Law Enforcement Assistance Program (LEAP) (5 items). A score of 4+ based on the information provided by the AFM, observed by police and taken from LEAP will lead to a referral to the FVT. It is estimated that 57% of all family violence incidents will lead to a referral to an FVT (McEwan, Shea and Ogloff 2015: 4). In line with international best practice, a score below the referral threshold can be overridden by an officer's professional judgement.

Part B will be used by the FVT to screen cases for allocation within the team. It assists with identifying cases more likely to experience 'Severe Family Violence' (defined as three or more FVIs or a violent offence involving either the same dyad or a child related to the index perpetrator) over 12 months (McEwan, Shea and Ogloff 2015: 5). Part B consists of 10 items and a total score range of 0–12. It is estimated using a score of 4 + that 30% of all FVIs will receive a comprehensive risk assessment and priority case management plan from the FVT. For cases that meet the 4 + threshold, the FVT will complete the B-Safer tool (see s. 10 2), which is used to further clarify 'case prioritisation'. At this point, cases are categorised as high/very high, moderate or standard. The level assigned to the case informs the appropriate response. For cases where the risk is classified as 'standard', a standard policing response is recommended, which can include a family violence safety notice. For cases prioritised as moderate or high/very high, the FVT take carriage of the risk and information management strategies.

While some of the risk indicators in the tool appear to be gendered and relevant to IPV specifically – such as the question, 'Is the AFM/respondent pregnant or have they recently given birth?' – those who developed the tool maintain that 'it works equivalently well for intimate and non-intimate family violence, with female perpetrators and ATSI perpetrators' (McEwan et al. 2015: 4–5).

As pointed out, the data used to develop and validate the tool was taken from previously completed L17 Forms. The RCFV heard evidence questioning the accuracy of the information recorded on the L17s (Chapter 14: 13–16). If the L17s were not accurately completed to reflect the risk of family violence, then the risk the tool is intended to address – repeat police attendance for FVI – may not be a robust indicator of family violence risk and may not capture the risk present for victims who continue to experience family violence but do not re-engage with police. Some of the widely accepted risk indicators for severe family violence and lethality, such as strangulation, are not included in the screening tool. Although the tool in Part B does include the question to the AFM, 'Has the respondent ever been physically violent towards the AFM or anyone else?', this is much more generic than a specific question on strangulation. A question about strangulation is, however, included in the Vulnerability and Threat Factors Assessment undertaken by the FVT when the Part B scores a 4+. The screening tool also does not consider the victim's own level of fear, pointing to another area where this tool departs from the body of literature on evidence-based risk factors for IPV.

Risk and family violence (continued)

The Royal Commission (2016 Chapter 6: 108) indicates that the Victorian IFVS has benefited from the police being aligned with the CRAF. A number of experts expressed concern about the implications of the police trial for common risk assessment, arguing that it is 'the classic example of the CRAF drift'. Another said:

> I can understand it. I can definitely understand because they [the police] have to deal with the demand pressure. It's massive so there's a sense of urgency, which they experience which other aspects of our system don't. So I can understand, but they are jumping ahead a bit in a way.

Police, on the other hand, held the view that:

> So this [the tool] hasn't walked away from the CRAF it's just put something at the front end. So all the rest of it just sits there, all it's saying is we want to have a screening tool that then will dictate whether we do a full CRAF or we don't. So ultimately, depending on the volume and how that mirrors out in terms of the levels of risk, we're still doing the CRAF, nothing's changed. (EI)

The potential force-wide adoption of the tiered tool may represent a challenge in terms of ensuring that Victoria continues to benefit from a shared approach to risk identification, assessment and management. It will be important to ensure that a common base and principles are maintained even if tools for assessing risk vary (see s. 8, Appendix 4). This is particularly important in the context of the identified need for greater interagency cooperation.

Recommendation 5. Victoria Police is currently trialing a family violence screening tool. A redeveloped CRAF should:

Recognise the need for a rapid risk assessment screening tool for police.

- Take into account how the screening tool currently being trialed by
- Victoria Police (assuming it or a version of it is adopted) will fit within the redeveloped CRAF.
- Provide updated guidance on police risk assessment practices (assuming that the screening tool, or a version of it, is adopted).

SECTION 8

Modifications to the CRAF tool

8

Throughout the Review, it was clear that developments are occurring across Victoria in relation to risk assessment that are linked to the CRAF and will be relevant to its redevelopment. The CRAF framework, although acknowledged as in critical need of redevelopment, is generally identified as offering a useful starting point in the response to family violence. The framework that surrounds the Practice Guides and aide memoire addresses dynamics, patterns, and variations that underpin common forms of family violence and are influential in all forms of family violence. However, as discussed in s. 11.3 and s. 11.4 below, the CRAF Practice Guides and the aide memoire were not always considered appropriate or fit for use in the workplace context. Some organisations, including Victoria Police (see s.7.6), and professional groups have responded to this challenge by developing 'fit-for-purpose' tools specific to their own workplace. As there has been no mapping of the application and embedding of the CRAF, alternative tools have been developed or have emerged according to need, location and, in some instances, the commitment of individuals within organisations to build awareness of family violence and the need for effective responses as well as to better suit the experiences of diverse populations.

In the Review, all tools addressing family violence risk identification or assessment that were identified by participants were requested or sought, and collated where they were publicly available. Thirty tools or CRAF tool modifications were identified. The list (see Appendix 4), however, is indicative only. There are two barriers to developing a comprehensive list of family violence risk identification or assessment tools: the first is that it is likely that professionals and/or groups are using tools that are related to the CRAF but are not identified as CRAF tools and therefore would not have become apparent as part of the Review. The second is the ambiguity around CRAF training, as discussed at s. 11.4.

8.1 Modifications to enhance usability

The proliferation of tools that offer support for professionals and community members in identifying, assessing and responding to family violence risk is clear testament to the growing recognition of, and community-wide commitment to, shared responsibility for family violence prevention and response. Modified tools, such as the Victoria Police screening tool, currently being trialled, are often shorter tools designed for use in frontline services. However, this pattern of unregulated redevelopment and modification, in conjunction with the lack of data collection, analysis and quality assurance, creates the potential for key aspects of risk identification and assessment to be lost or diluted. There was widespread agreement that effective, evidence-based risk assessment is critical and requires considerable skill and training. A landscape of tool development that lacks standardised forms of assessment or a common understanding of risk could create greater risks for women and children. It also undermines the shared language and understanding that was seen as a key benefit of having a common framework and which is arguably necessary to support common risk assessment and, critically, interagency collaboration.

Modifications to the CRAF tool (continued)

8.2 Modifications to address client or local needs

It is clear that many modifications of the CRAF have evolved to ensure better risk assessment for clients. Key areas of modification identified in the Review include risks specific to children (see s. 11. 6); the addition of specific cultural factors that influence risk assessment (see, for example, inTouch Risk Assessment Tool, Appendix 4); the development of the *Aboriginal Common Risk Assessment and Risk Management Framework: participant handbook* (Appendix 4); and additional context-specific items such as visa status. The addition of questions about technologically enabled abuse was common. These modifications have arisen in part because knowledge about family violence has developed markedly in the nine years since the CRAF was introduced. Regular systematic review of the CRAF would capture changes in knowledge about family violence and allow for appropriate modification of the CRAF at more regular intervals.

8.3 DHHS CRAF aligned frameworks and/or practice guides

Throughout the Review, a number of DHHS guides, information and training packages were discussed in the focus groups: these are outlined in detail in Appendix 4. From the data, many of these initiatives were regarded as offering useful information and resources that augmented specific gaps identified in the CRAF, such as issues related to elder abuse and adolescent violence. However, there was no clear indication of whether or where these initiatives were in use. The redevelopment of the CRAF should draw on the expertise and work represented in these initiatives, while ensuring that the core objectives of the CRAF are maintained.

Recommendation 6. Different professional and community groups have modified the CRAF to better suit their clients' or constituents' needs. In order to ensure that the redeveloped CRAF adequately reflects the needs of a range of professional groups and diverse communities, while maintaining a common approach to family violence as part of Victoria's integrated family violence system, the redeveloped CRAF should:

- Recognise the need for context specific tools, in particular the need for shorter screening tools for front-line services such as hospitals and in other contexts, such as emergency housing, where family violence is not a primary focus.
- Ensure that such tools maintain a common approach to risk.
- Recognise that such tools should be developed using the language appropriate to the specific community, professional groups or service providers.
- Take into account and consider for inclusion all the amendments to the CRAF tool suggested by participants in the course of the Review (see s 11.8).
- Ensure that there is a central register of all CRAF aligned tools.
- Review each of the modified CRAF tools set out in Appendix 4 with a view to better understanding the needs of particular professional groups and developing a suite of context specific tools.

Modifications to the CRAF tool (continued)

Recommendation 7. The redeveloped CRAF should be systematically and regularly reviewed in order to ensure that emerging evidence about family violence risk is included and to map and audit any modifications:

- The review should take place every two years and at a minimum include the administration of the survey used in this Review (or a version of it).
- The review should include a mapping of all modifications of the CRAF including the rationale for such modifications, and ensure that such modifications are consistent with a common approach to family violence risk.

Women's voices: Their identification of risk and responses

9

Dying all at once is better than dying every day. (Victim/survivor)

A woman's assessment of her own risk (alongside evidence-based risk factors and structured professional judgement) is one of the three elements of risk assessment in the CRAF. Women's own assessment of their risk of family violence is recognised as a significant predictor of that violence internationally (Weisz, Tolman and Saunders 2000; Robinson, Pinchevsky and Guthrie 2016). Women's voices in relation to effective risk assessment are therefore critical on all fronts. The inclusion of women's understanding of and response to risk within the CRAF is recognised as a current strength of the framework:

> I think what's a strength is it's client led. So basically you're providing education to women along the way, or victims, but also you're being led by them so if they're not ready to do something at least you're putting in interim support plans and what have you. It's respecting where the woman is up to a lot of the time as well. (FG4)

> I think the thing about a good risk assessment conversation, as opposed to a tick-the-box exercise, a good risk assessment conversation will actually also be educative for a woman, because it allows her to reflect on her own circumstances and that's why the approach is so important. (FG13)

9.1 Our research informants

Given the centrality and high value of women's own risk assessments, this CRAF Review was informed by interviews and focus groups with women who have directly experienced family violence and worked to achieve their own safety. Twenty-four women participated in this phase of the study; they ranged in age from their early 20s to late 40s. The majority of these women had children (ranging in number from one to five, and in age from eight months to their early 20s). The women lived in metropolitan and regional centres around Victoria. Around half of these women had left the relationships in which they had experienced violence over five years ago; the other 12 women had left these relationships within the previous 18 months. Eight of the women were born overseas and migrated to Australia where they experienced abuse.

9.2 Women's key concerns about their risks and risk assessment

For these women, a number of key aspects of risk were perceived as critical. All of these illuminate and reinforce central findings from the stakeholder group that risk is dynamic, but that risk assessments as they are currently undertaken are primarily static, leaving a significant gap in terms of pathways to safety and security.

Women's voices: Their identification of risk and responses (continued)

Prevention is unavailable when women identify risk

These women were clear that timely interventions were largely unavailable to them, no matter what forms and extent of evidence or injury were presented. All of the women had experienced physical violence. Women described multiple interactions with services such as general practitioners, phone counselling services and police where there was clear evidence of family violence but they were unable to access help or support. While a number of women indicated that they might not have been ready to begin the process of securing their own safety at the time, there was a strong sense that if someone 'took you by the shoulders' and supported your risk assessment and response, better outcomes could have been achieved and at an earlier stage. A number of women had experienced such positive interventions: one woman received an unsolicited and direct referral from an immigration officer to a specialist CALD family violence service, while another was supported by her children's primary school teacher to attend police and given the number of an appropriate referral service – but these instances were atypical. In the majority of cases, women described a lack of response to their initial disclosures of violence and were deeply distressed that an escalation of the violence was necessary before a clear safety plan could be initiated:

> *Well one of the things I definitely thought about was at times when maybe the police were needed to be called and that there was never any follow-up. You know in my situation it was my dad and they would come and nothing would really happen. They'd leave and no-one would ever come and check in or make sure anyone was okay. They kind of just stayed out of it and that always sat funny with me, feeling like maybe more follow-up needed to happen in terms of that. They didn't really treat it as – well it was abuse really and they didn't really treat it that way because it was a domestic matter I guess.* ***(Experienced abuse as a child; reflecting on this experience in early adulthood)***

> *No, in the beginning absolutely not, especially from services such as GPs [general practitioners] and things like that. There was no support there. I was quite stigmatised actually. I felt like that often at times and especially when it came to my children also being able to access services through GPs. That stigma was put on to me and it was all my fault that the kids were experiencing what they were experiencing.* ***(Left the relationship around eight years ago)***

> *I was seeing a gynaecologist and a GP and there were tell-tale signs of bruising, unexplained passing out and severe changes in sleep patterns. But nobody wanted to discuss it, especially my GP who was from my own ethnic background.* ***(Left the relationship around 10 years ago)***

The importance of the response of non-specialist family violence professionals such as General Practitioners is highlighted in these quotes. The most recent death review of intimate partner homicides (see s. 6.1) indicates that is was more common for victims to have an interaction with a health or legal professional than with police, emphasising the importance of the role of non-specialist services in identifying family violence.

Women's voices: Their identification of risk and responses (continued)

The women's experiences illuminate other data gathered and reflect the broader findings of this Review, which highlight the lack of risk management practice in the Victorian IFVS and the need for clearer referral practices and pathways for women who come into contact with specialist and mainstream services. It should be noted however that an adequate implementation of the CRAF backed up by referral to adequately resourced services could potentially have facilitated more timely and supportive intervention for these women. As each of the women quoted above had experienced physical violence the failure to adequately intervene to prevent the risk of future and compounding harm was not a result of the current design of the framework but rather of failure to ensure optimal implementation in the risk assessment and risk management components. This finding reflects the failure to ensure effective embededness and use across diverse workforces.

There were particular challenges highlighted for women living in regional Victoria. Movement between towns or regions to secure safety was common, yet these moves created significant challenges in terms of accessing services or following up processes related to intervention orders (IVOs) and court proceedings. One woman described the systematic and committed work of one police sergeant in a regional town, who kept in contact with her after she moved and advised her on how matters were proceeding in relation to criminal charges against her ex-partner. However, other stories reflected the loss of information and service contacts as well as social networks when these moves occurred.

These difficulties may occur even when women move but stay within the same region. The mapping of regions by DHHS and Victoria Police is not identical: thus, women may have to access justice services in one town and family violence services in another. Such divergence creates significant potential for further risk, as services may not be in an area women commonly visit. Consideration should be given to aligning these regions across all state entities involved in family violence risk and response.

Recommendation 8. Victim/survivors often disclose to or present with signs of family violence injuries to non-specialist and mainstream services and frequently do not report to police. The redevelopment of CRAF should pay particular attention to its use and usability in health settings, such as by General Practitioners, in hospitals and in education settings:

- The redevelopment should pay particular attention to the type of screening tools required in first responder, mainstream and non-specialist organisations including the development of tailored professional protocols and relevant referral pathways.

Recommendation 9. DHHS regions and Victoria Police regions are not aligned. This creates difficulties in the coordination of and access to services for women in regional areas. The redeveloped CRAF should include:

Women's voices: Their identification of risk and responses (continued)

- Tailored referral pathways for women in regional communities. These pathways should be underpinned by shared regional mapping between Victoria Police and DHHS.

The risk of Family Court Orders and proceedings

Women considered that access orders in relation to children appeared to ignore family violence intervention orders, creating a critical area of risk for them. In addition, prior criminal histories of violence and imprisonment were not linked with initial family violence risk assessments, resulting in extremely risky situations for women and their children. A clear gap in the CRAF is that information about Family Court Orders is included in relation to children on the comprehensive assessment-recording template, but is not included as a key risk factor for women in the aide memoire:

> *Unexpected risks? There has been a lot, to be honest. As a result of the Family Court Orders themselves, having to exchange at access points and things like that, there was times when I was put at risk. Again, I have to go back and make the orders for the exchange to occur at police stations, which still happens to this day. I think most of it stems from what's occurred through the Family Court and overriding the intervention orders that were in place, which has allowed for me to be put at risk, because their dad was allowed to attend sporting events and things like that, where I obviously am.* ***(Left the relationship around 12 years ago)***

Recommendation 10. Victim/survivors are clear that Family Court proceedings and orders are a key aspect of family violence risk. The current CRAF aide memoire does not include Family Court proceedings or orders as a potential risk factor. A number of stakeholders in the Review pointed out the risks associated with Family Court issues and the need for Family Court related issues to be included as a risk factor in the redeveloped CRAF (see s. 11.8). The redeveloped CRAF should:

- Include Family Court proceedings and orders amongst the risk factors listed in the aide memoire (see s.11.8).

The redevelopment of the CRAF should:

- Examine the interaction between Intervention Orders and Family Court proceedings as part of developing risk management strategies, in conjunction with the Commonwealth.
- Consistent with the RCFV (recommendation 134), be undertaken in collaboration with the Council of Australian Government's Law, Crime and Community Safety Council.

Women's voices: Their identification of risk and responses (continued)

Visa and service related issues for CALD women

Mirroring the stakeholder data, visa abuse is increasingly recognised as a risk for specific groups of women. For the eight women who migrated to Australia, threats of being left in Australia without their children or being sent back 'home' were commonplace. One woman described making multiple calls to service lines but being unable to access appropriate information to assist her. Language barriers, coupled with the fact that the abuse was related to visa issues and was at that stage primarily psychological, meant that her questions were not effectively answered. Her daughter was later hospitalised due to a stress-related crisis. This event, where social workers and family services became involved, was the turning point in her search for assistance.

The lack of timely response highlighted by women reinforced misinformation around legal rights. If women's disclosures were not validated by services or those they informed, it created a great sense of uncertainty about whether there was any help available. The lack of response seemed to support what they were told by abusive partners; that they had no legal rights in Australia over their children, their own safety or their residency.

Recommendation 11. Access to accurate legal information is important for all victim/survivors of family violence. It is likely to be particularly important for CALD women who might believe or be told by an abuser that physical violence against female partners is tolerated or that coercive control, and other types of abuse in intimate relationships, are normal and acceptable in Australia. CALD women may also be led to believe that reporting family violence will result in being forced to return to their country of origin where migration status is connected to an abusive partner. A redeveloped CRAF should:

- Stress the importance of and provide accurate legal information for all family violence victim/survivors and CALD women in particular.
- Include information about relevant referral pathways to affordable, accessible and appropriate legal advise and assistance.

Perpetrator use of technology and surveillance

Multiple forms of technological abuse are used by perpetrators, as identified in recent DVRCV research conducted as part of the Smartsafe project (DVRCV 2015). Threats around intimate pictures being released were commonplace: this was a particular concern for women for whom modesty was a cultural expectation. All of the women who had recently left abusive relationships experienced phone surveillance of their activities via GPS and tracking. Perpetrators sometimes checked phones while women showered, leading to dangerous situations and limiting their options for safety.

Women's voices: Their identification of risk and responses (continued)

Recommendation 12. Victim/survivors who participated in the Review were often subject to surveillance by partners and ex partners using smart phones. The redeveloped CRAF should:

- Pay attention to the emerging evidence about the role of technology such as smart phones in the surveillance and stalking of women.
- The aide memoire should specifically include technology facilitated controlling behaviours as a risk factor.

Women fear long-term financial penalties, which limit their actions to secure safety

Women's concerns about their financial security and ability to feed their children influenced every aspect of their decision-making. Initial financial support, sometimes obtained from agencies and sometimes from family and friends, was critical in enabling them to leave the abusive relationship. Even for women who had left their abusive partners some time ago, the long-term financial effects were still profoundly concerning. One woman commented:

> *I think where I am at right. I started my working life when I was 39. Until then it was reasonably – at least financially it was a privileged lifestyle. When I decided that this was it, I'm going to do it on my own, I was bankrupt, penniless, homeless, and out on the streets. The society doesn't really acknowledge the struggle to survive after a huge experience of domestic violence.* ***(Left the relationship around 10 years ago)***

Community attitudes are changing around responses to violence, but this work needs to continue. As one woman recalled:

> *Quite a few people just found it was too hard to be around me, or didn't want to come to the house, or didn't want to come to court because they were too scared about themselves and putting themselves at risk, where I was, he's going to go me not you.* ***(Left the relationship two years ago)***

In these women's reflections of how they understood and responded to family violence risks, the uncertain and dynamic nature of those risks was evident. Many women needed to leave the relationship in which they had been abused many times before they were able to access the necessary elements of service response, safety and resourcing. Women's perspectives address the security and wellbeing of their children at all times, meaning that the present and future are always front of mind as they seek out pathways to leave dangerous and damaging situations. When women are forced to choose between safety on the one hand, and food and shelter on the other, it is clear that risk assessment frameworks are not working effectively. Women's accounts make it clear that patterns of escalation and frameworks for timely and effective response to present and future risks need consistent review and redevelopment.

Women's voices: Their identification of risk and responses (continued)

Recommendation 13. Victim/survivors who participated in the Review were clear that lack of financial resources made it difficult to leave violent relationships. Leaving a violent relationship produced serious financial implications, particularly housing related consequences, which were likely to be more serious when children were involved. Victim/survivor testimony sharply outlined the connection between family violence risk and the needs that can arise as a consequence of or in the context of family violence. The redeveloped CRAF should:

- Remain focused on risk but acknowledge and articulate the links between family violence risk and family violence need.
- Ensure that victim/survivors' needs, other than the need for safety, are acknowledged.
- Provide pathways to referrals that can address victim/survivors' needs. (see also Recommendation 1 and s. 7.3).

SECTION 10

Review of national and international architecture

10

There is no single 'best practice' tool or approach to actuarial or structured risk assessment in family violence generally or IPV in particular. A review of international practice in comparable jurisdictions reveals that a suite of risk assessment tools has been developed in recent years. Given the rapidly changing nature of risk assessment practices in this sector, there is a paucity of empirical research evaluating the outcomes of international risk assessment practices for IPV (Northcott 2012). In the broader field of family violence, risk assessment programs (specifically including children as victims of family violence, for example) are even rarer. The speed with which tools are implemented, reviewed, modified and reintroduced does not lend itself to meaningful evaluation or impact assessment.

10.1 National risk assessment

Across Australia, there are a number of risk assessment tools and frameworks in operation (see Appendix 5). Following the Victorian approach, the Northern Territory (NT) and Western Australia (WA) have both adopted a common risk assessment framework. WA introduced the Common Risk Assessment and Risk Management Framework (CRARMF) in 2011 and, in 2015 introduced a revised second edition. Based on the Victorian CRAF, the CRARMF includes an actuarial tool that incorporates professional judgement. All government agencies as well as non-government, mainstream and specialist services use the Framework. It is used to refer individuals to the Family and Domestic Violence Coordinated Response Service which provides an integrated service risk assessment, triage and management response (Department for Child Protection and Family Support 2013).

As in Victoria and WA, in the NT the Common Risk Assessment Form (RAF) includes an actuarial tool alongside professional judgement, and comprises a checklist of risk factors related to the offender, victim, children and intimate partners. The RAF identifies risks occurring in the 'past month' as well as 'in the past', and categorises risk as standard, medium and high. All cases categorised as high risk are referred to a Family Safety Meeting (FSM). The need for a common framework in Australian jurisdictions that do not currently adopt a state-wide approach, such as the Australian Capital Territory (ACT) and Queensland, has emerged as a key recommendation from recent domestic violence system and fatality reviews (DVPC 2015; Special Taskforce on Domestic and Family Violence 2015).

In NSW, police, government and non-government agencies use the Domestic Violence Safety Assessment Tool (DVSAT). Designed in July 2015 for IPV, the DVSAT is an actuarial tool that includes 25 questions about the victim, the partner's background, the relationship and children (NSW DVDRT 2015). Once the tool has been completed, the DVSAT then relies upon a professional judgement to determine the level of threat and action required following the actuarial risk identification process. The aim of the tool is to achieve consistency in police risk identification practice, enhance information sharing between government agencies and improve intra-agency accountability (NSW Police Force 2015).

Review of national and international architecture (continued)

In 2015, the findings of the NSW DVDRT (2015: 65) were used to support an earlier recommendation made to amend the DVSAT to include questions on whether the AFM and perpetrator continue to live together and whether there are any criminal, family law or other relevant legal proceedings pending. The NSW DVDRT (2015: 65) found that both of these questions identified key points of risk where victims required 'timely advice and support'.

The South Australian (SA) Police Risk Assessment Form was revised in 2014 and includes an actuarial tool and professional judgement. While the name of the tool implies police exclusivity in use, the form is described by the Office for Women as a 'common risk assessment' approach and is used by police, government agencies and service providers (Office for Women 2015). The form assesses high risk and imminence of serious harm or death for the victim, with high-risk cases being referred into an FSM (Australian Bureau of Statistics 2013).

Tools used specifically to guide police risk assessment in the Australian context include the Tasmanian Police Family Violence Risk Assessment Tool (RAST). The RAST was introduced in 2004 as part of the government's 'Safe at Home' initiative (Brown 2011). Tasmania Police undertook the design and development of the RAST in partnership with the Department of Justice. The tool assesses the risk of experiencing future violence and includes a 34-item checklist with two categories of risk factor:

- a set of high-risk factors (each attracting a score of 3)
- a set of other risk factors (each attracting a score of 2).

Based on the sum of scores, risk of future violence is assessed as low, medium or high (Winter 2006). Where necessary this weighting can be overridden and professional judgement used to determine the final risk score. A review of the tool undertaken by the Tasmanian Institute of Law Enforcement Studies (2009) found that it had 'modest predictive utility'.

The extent to which state-based risk assessment frameworks and tools directly link to and/or support risk management processes is explored in further detail in section 10.3.

10.2 International risk assessment

In lieu of profiling a singular 'best practice' approach to risk assessment drawn from the international arena, the following section details key risk assessment tools and approaches currently used in the US, North America and the UK. These jurisdictions are chosen due to the comparability of their family violence response systems as well as the high level of worldwide engagement with these risk assessment approaches in the past decade. The tools detailed here typically focus on IPV with the exception of the final two approaches, the Safe and Together Model by David Mandel and Barnardo's Domestic Violence Risk Identification Matrix, which are both child centred.

Review of national and international architecture (continued)

The Danger Assessment (DA)

The DA tool was developed in the US by Jacquelyn Campbell to identify and address the likelihood of life-threatening injury or death faced by a female victim of IPV. The DA is a structured clinical assessment tool, initially designed for use by emergency hospital personnel to assess the likelihood of intimate partner homicide. It has since been adapted in a range of settings, including by specialised domestic violence workers, criminal justice practitioners and health care professionals. It has, however, been extended in recent years; and while it is still unique to high-risk cases, it does assess recidivist as well as fatal offending. Yet it does not contain a case management component or any safety planning (Dutton and Kropp 2000).

The DA comprises two parts:

1. A calendar for the victim to indicate frequency and severity of domestic violence incidents experienced over the past 12 months using a 5-point Likert scale to measure the severity of the abuse experienced.
2. A 20-item checklist of risk factors relating to risk of intimate partner homicide. (Nicholls et al. 2013; Northcott 2012)

Described as 'one of the better tested tools' (RCFV 2016: 120), the DA involves the victim in both parts of the assessment and takes approximately 20 minutes to complete (Campbell, Webster and Glass 2009). The calendar exercise encourages women to reflect on their victimisation, in order to raise 'the consciousness of the woman and reduce the normal minimization of' violence (Campbell et al. 2009). The checklist section of the DA is scored by counting the number of risk factors present, with a higher score indicating a greater likelihood of risk of intimate partner homicide (Campbell et al. 2009). The scoring component is organised as follows:

- 0–7 risk factors present = variable danger
- 8–13 risk factors present = increased danger
- 14–17 risk factors present = severe danger
- 18 and above risk factors present = extreme danger. (Campbell et al. 2009)

The risk factors individually are not differentially weighted and any combination of the factors is calculated using the above scale. This approach mirrors that favoured by the RCFV (2016), which recommended a revised CRAF tool with rating or weighted calculation of risk factors.

In 2008, a revised version of the DA was introduced – the DA-R – which applies specifically to measuring risk of repeat offending in female same-sex relationships (Glass et al. 2008). The DA-R is unique in that the majority of risk assessment tools internationally have not been designed to measure risk of IPV in the LGBTIQ community (Nicholls et al. 2013). Additionally, Messing, Glass and Campbell (2013) have produced the DA-I, a risk assessment tool specifically designed for immigrant women.

Review of national and international architecture (continued)

The DA-I consists of several risk factors included in the DA 20-item checklist, as well as additional risk factors unique to the experiences of immigrant women victims of domestic violence, such as whether a partner has prevented the woman from learning English, going to school or receiving job training, as well as whether he has reported her to child protection, immigration or other authorities (Messing et al. 2013).

These adaptations of the original DA aimed at addressing risks faced by vulnerable communities are important in light of the findings of the RCFV (2016), which highlighted the need for a revised CRAF to respond effectively to a diverse range of family violence victims and perpetrators, among them the elderly; people with disabilities; and people from ATSI, CALD or LGBTIQ communities. Like the revisions of the DA, in recent years in Victoria, supplementary risk assessment materials have been developed to address vulnerable communities whose risks were unaddressed by the CRAF (RCFV 2016). This has included the development of additional guidelines for risk assessment for the elderly and disabled persons, as well as the development of Aboriginal-specific training materials, which were piloted in 2013–14 and overseen by the Indigenous Family Violence Partnership Forum (see RCFV 2016: 107).

Lethality Assessment Program (LAP)

The LAP was developed from the DA and is an 'innovative' risk assessment program that encourages collaborative responses between frontline police and domestic violence service providers (Messing, Campbell and Wilson 2015: 1). Through the program, all frontline police administer a 'Lethality Screen' at the end of an IPV incident investigation, following which, if the victim is categorised as at 'high-risk' of being killed by their partner, they are connected with the local domestic violence organisation which undertakes the second stage of the program – development of a safety plan. The 'lethality screen' is a quick risk assessment tool comprising an 11-item questionnaire, which focuses specifically on determining risk of being killed by an intimate partner (Messing et al. 2015).

Evaluations of the LAP by Messing et al. (2014: i) found that the program 'demonstrates promise as an evidence informed collaborative police-social service intervention that increases survivors' safety and empowers them toward decisions of self-care'. Further studies by Messing et al. (2015) reinforced this evaluation, noting that women victims felt that the tool assisted them to adopt protective strategies and seek help from domestic violence services. When considered within the context of high workload demands and resource deficits, and in common with the Domestic Violence Screening Inventory (DVSI/DVSI-R), the brief nature of the lethality screening tool ensures that it incorporates risk assessment into the policing role while minimising any additional workload for frontline police.

Review of national and international architecture (continued)

Domestic Violence Screening Inventory (DVSI)

The DVSI was developed in the United States as a quick risk assessment tool, which uses 12 factors (social and behavioural) to produce a numerical score that measures the likelihood of imminent risk of violence (RCFV 2016: 120; Kropp 2008). Adopting an actuarial approach, the tool was originally designed and used by probation services to determine risk of perpetrator reoffending. For this reason, the tool is perpetrator focused. The tool collects offender information in four areas:

1. criminal history
2. history of domestic violence, and alcohol or substance abuse treatment
3. history of domestic violence restraining/protective orders, including violations
4. other static and dynamic factors. (Hisashima 2008: 1)

Based on the assessment of these four areas, the DVSI provides a 'risk score' which is used to determine 'the offender's risk level relative to other offenders' (Northcott 2012: 22). The higher the score, the higher will be the risk of reoffending (Nicholls et al. 2013). To date, the DVSI has not been tested for validity (RCFV 2016).

Method Of Assessment Of Domestic Violence Situations Or Domestic Violence Method (DV-MOSAIC)

The DV-MOSAIC was developed in the US as an electronic threat assessment tool to be used primarily by law enforcement (De Becker and Associates 2000). The tool assesses the threat of future violence, escalated violence and homicide perpetrated by a man upon a female intimate partner. The DV-MOSAIC comprises 46 questions and considers over 100 individual 'risk' features that produce two scores: an Information Quotient score and a risk rating. The method is designed to draw on information from criminal justice records and victim interviews (Roehl et al. 2005). The DV-MOSAIC is intended to inform an educative conversation between the risk assessor and the victim and to provide the opportunity for a victim to better understand their own risk (Brown 2011). The DV-MOSAIC is used by several state police departments in the US. An evaluation of the DV-MOSAIC conducted by Roehl and others (2005) found that it was more accurate in predicting the likelihood of a severe assault than a victim's own prediction of their risk.

Kingston Screening Instrument For Domestic Violence (K-SID)

The K-SID is an initial screening tool developed in the US in 1990 for justice professionals, including the courts and probations officers, to inform supervision, release and parole decisions for domestic violence offenders (Brown 2011). The tool comprises 10 questions and an offender poverty status scale, which is used to answer the income-focused risk factor question. Based on the completion of the questions, a person's assessment is scored from 0 to 10, to allocate a low (0–3), moderate (4–6), or high or very high (7–10) risk (Brown 2011; Roehl et al. 2005). The K-SID is used in the US by some state-based criminal justice professionals to make decisions on probation, incarceration and probation orders (Brown 2011).

Review of national and international architecture (continued)

Ontario Domestic Assault Risk Assessment (ODARA)

Developed in Canada by the Ontario provincial police and the Ministry of Health, ODARA is a 13-item tool that adopts an actuarial approach to determining the risk of repeated IPV. The tool is designed for use by frontline responders to an IPV incident, primarily police. Like the DVSI, it is focused on assessing the perpetrator's risk of reoffending as opposed to the risk of harm to the victim (Northcott 2012). By identifying those perpetrators who are at greatest risk of reoffending, the tool is used to inform decision-making relating to arrests and charging (Nicholls et al. 2013). ODARA has been praised as providing a 'more efficient and timely' approach to risk assessment (Northcott 2012: 23; Kropp 2008) and has been positively assessed as assisting police to 'appropriately classify perpetrators into various risk categories' (Nicholls et al. 2013: 93).

In February 2012, New Zealand Police announced that all frontline staff would begin using ODARA when responding to family violence incidents (McNeilly 2012).

Domestic Violence Risk Appraisal Guide (DVRAG)

The DVRAG was developed in Canada as an actuarial risk assessment tool to assess the risk of re-assaults among male IPV perpetrators (Guo and Harstall 2008). The tool consists of 14 weighted items taken from ODARA, including the PCL-R (the Psychopathy Checklist-Revised). The score indicates the likelihood of recidivist offending. Used by professionals in corrections settings, the DVRAG relies largely upon the professional's access to correctional, clinical and/or criminal justice data on the offender. The tool itself 'takes more time and is more in-depth' to complete than ODARA (Brown 2011).

Spousal Assault Risk Assessment (SARA)

SARA was developed in Canada and favours a structured professional judgement approach. SARA is now used in approximately 15 countries, including Canada, the US, Spain, Norway and Sweden (Helmus and Bourgon 2011; Northcott 2012). The SARA tool includes 20 items designed to determine the risk of IPV and risk of death (Northcott 2012). The 20 items are grouped into five areas:

1. criminal history
2. psychosocial adjustment
3. spousal assault history
4. index offence
5. other considerations. (Kropp et al. 2008)

For each item the factor is scored on a 3-point scale (no/absent, possibly/partially applies, and yes/present). Based on the professional's assessment of these 20 items, a person is ranked as low, medium or high risk of causing future harm to their intimate partner (Nicholls et al. 2013; Northcott 2012).

Review of national and international architecture (continued)

The tool is designed for a wide range of professions and has been used by justice professionals, victim's advocates, corrections personnel and mental health professionals (Nicholls et al. 2013). In the US and North America, SARA has been used most commonly to assist decision-making in sentencing, pre-trial release and other corrections matters (Kropp et al. 2008).

The SARA tool has been favourably evaluated as exhibiting good validity rates (Kropp 2008; Roehl et al. 2005) and as providing an 'effective tool' for risk assessment, management and prevention (Belfrage et al. 2011). Research has also noted its 'ease of use' (Northcott 2012: 21) and versatility across multiple professional settings (Nicholls et al. 2013). The tool has, however, attracted criticism, largely centred on whether the risk factors included need to be updated and the (im)practicality of gathering risk-related information from a number of professionals (Helmus and Bourgon 2011; Northcott 2012). The manual provides that information about risk should be collected by mental health professionals from other professionals, including psychology and general health practitioners (Nicholls et al. 2013; Northcott 2012). To date, the validity of SARA for assessing the risk of female or juvenile offenders has been the subject of limited evaluation (Helmus and Bourgon 2011), and the tool has been predominantly evaluated using Caucasian populations (Roehl et al. 2005).

The Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) was developed as a shorter version of SARA specifically for use by frontline police. Retaining the structured professional judgement approach, the B-Safer tool comprises 10 items and categorises risk as low, moderate or high. Initial pilots of the B-SAFER conducted in Canada and Sweden found that the tool contributed to a reduction in recidivism for 'high-risk' offenders (Kropp 2008; Storey et al. 2014). Most recently, the B-SAFER was used to inform the development of a brief screening tool to be used by Victoria Police frontline officers (cross-reference Vic Police tool section).

Domestic Abuse, Stalking And Honour-Based Violence (DASH) Risk Assessment Tool

The DASH risk assessment tool has been used by all police forces in the UK since March 2009 under the recommendation of the Association of Chief Police Officers, and is also used by a range of other agencies across the UK. DASH is intended to ensure consistency in risk assessment and management practices across professions by providing a standardised risk checklist to be completed by frontline professionals (Richards 2009). The tool consists of 27 questions, the responses to which form the basis for the professional classifying risk to the victim as standard, medium or high (Richards 2009). This categorisation relies upon professional judgement, based on the risk-level descriptors provided in the DASH guidance outlined in Table 4 below.

Review of national and international architecture (continued)

Table 4: DASH Risk Assessment Categories

Standard level of risk	'Current evidence does not indicate likelihood of causing serious harm.'
Medium level of risk	'There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.'
High level of risk	'There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.'

(Table adapted from Richards 2009)

Like the CRAF, DASH does not include specific risk factors for children. Rather, children are dealt with through four questions that largely relate to the mother's perception of risks faced by her child/ren, including: 'Has [the perpetrator] ever hurt the children/dependants?' and 'Has [the perpetrator] ever threatened to hurt or kill the children/dependants?' (Richards 2009). Responding to this gap, in 2014 SafeLives developed a DASH checklist specifically for identifying risk of domestic abuse, stalking and honour-based violence in young people's relationships. That revised tool does not, however, consider the risks faced by children living within domestically abusive homes.

Safe and Together Model

The Safe and Together model, developed by David Mandel in the US, represents a child-centred approach to addressing family violence (Mandel 2013, 2014). The model focuses on the role of man as father and explores the connection between family violence and child protection. Safe and Together is aimed at service providers and professionals who work with male perpetrators of family violence, and is based on the core tenets that children are best kept safe and together with the non-violent parent and that violence is a parenting choice that men make which has a significant impact on the safety and wellbeing of the child (Mandel 2014).

The central aim of the Safe and Together model is to increase practitioners' understanding of the effects of domestic violence on children, and to use this understanding alongside observation of each family to evaluate risk and create a unique case management plan that will best assist the family.

Reflecting this aim, the program is based on three key principles:

1. To keep children 'safe and together' with the non-offending parent to ensure safety, stability and nurturance, and to allow for healing from the trauma of domestic violence.

Review of national and international architecture (continued)

2. To partner with the non-offending parent to develop a risk management plan that will be efficient, effective and child centred.
3. To intervene with the perpetrator to reduce the risk and harm to the child through engagement, accountability and the justice system. (Mandel 2013, 2014)

The approach provides a comprehensive assessment of risk, safety and protective factors for the child by examining perpetrator behaviour (Mandel 2014). It prescribes that risk should be assessed regularly to identify whether assigned interventions have been effective in reducing the level of risk faced by the child (Mandel and Selleck 2011).

Training for the Safe and Together model takes between 9 and 17 days and can be tailored to the needs and circumstances of the profession and setting (Mandel 2014). Specialised training packages have been developed for child welfare supervisors, legal practitioners and domestic violence advocates (Mandel 2014). The training provides participants with the skills needed to work with child victims and/or witnesses of domestic violence (Mandel and Selleck 2011). It also educates practitioners about the importance of making appropriate referrals to a range of services, including substance abuse, mental health and in-home services, as well as the need to work collaboratively with victim services. The Safe and Together training has been implemented across a number of US states and internationally in a range of jurisdictions including England, Scotland, Ireland and Singapore (Mandel 2013).

The Safe and Together model has been implemented in SA and is used by Families SA in its work with fathers who have perpetrated domestic violence (Junction Australia 2015). As of March 2014, 250 SA service providers had received training in the model (Junction Australia 2015). Elements of the Safe and Together model are also incorporated into the CRAF and related Practice Guides, which, among other things, reference the need for professionals to minimise risk to and vulnerabilities of children, identify the harm caused by living with family violence, and understand the impact of moving children away from the family home (DHS 2012: 30). A national forum on the Safe and Together model is due to be held later in 2016 in SA (Junction Australia 2015).

Barnardo's Domestic Violence Risk Identification Matrix (DVRIM)

Barnardo's DVRIM highlights the risks to children of domestic violence and is used in the UK to assess the risk facing children living in a family where domestic violence is present. The tool was first introduced in Northern Ireland in 2003 and was designed to 'inform clinical practice and decision making' with the 'child as its focus' (RCFV 2016 Chapter 6: 120). Like the CRAF, the DVRIM adopts gendered language that assesses male-to-female violence (Bell n.d.). The assessment of risk is age specific, such that risk is assessed as greater for younger children (Bell n.d.).

Further, risk assessment under this model also takes account of additional vulnerabilities, including culture, immigration status, language and literacy, temporary accommodation, recent trauma, disability and social exclusion (Bell n.d.). The DVRIM requires the professional to assess the evidence of domestic violence, risk factors and potential vulnerabilities as well as protective factors to determine the level of risk. The matrix has four scales that indicate the level of risk to the child: Scale 1 (minor), Scale 2 (moderate), Scale 3 (serious) and Scale 4 (severe) (Bell n.d.). The child's assessment along that scale determines the case management approach adopted and the nature of referrals made following initial assessment. To date, the DVRIM has not been subjected to validity testing.

10.3 National and international risk management practices

Mirroring the Victorian landscape, in recent years national and international risk management practices have been developed and implemented largely with 'high risk' cases in focus. This section offers an outline of interagency cooperation in risk assessment currently in operation in England and Wales, followed by a detailed discussion of the introduction of a multi-agency assessment program in Victoria in 2011 as well as a brief consideration of other Australian risk management approaches.

Multi-Agency Risk Assessment Conference (MARAC)

Developed and implemented in Wales in 2003, a MARAC is a multi-agency meeting at which statutory and voluntary agency representatives share information about high-risk victims of domestic abuse for the purpose of constructing a risk-focused, coordinated safety plan to support the victim and/or their children (Kirklees Council 2014; Plunkett 2014a). Meetings occur fortnightly to monthly (depending on demand) and can involve a range of agencies including health, police, education, child safety, probation, housing, and drug and alcohol services (Manchester Domestic Abuse Strategy 2010; Safe and Sound n.d.). The overarching aim is to better protect families at high risk of death or serious harm from domestic violence (Plunkett 2014a).

The MARAC model provides an opportunity to facilitate, monitor and evaluate information sharing between agencies to ensure that appropriate actions are being taken to reduce the risk of further violence and increase the safety, health and wellbeing of very high-risk or high-risk victims and their children (Kirklees Council 2014; Safe and Sound n.d.). To ensure that a risk-focused, coordinated safety plan is implemented, the agencies involved jointly construct and monitor the safety plan in order that all victims and any children receive support and advice as required (Kirklees Council 2014; Safe and Sound n.d.).

The level of risk present is evaluated using a combination of risk assessment, professional judgement and victim perceptions. Most agencies will use the CAADA-DASH MARAC Risk Indicator Checklist (Richmond upon Thames Community Safety Partnership 2012; Safe and Sound n.d.; Steel et al. 2011). Consent must be obtained from the victim prior to their case being discussed at a MARAC.

Review of national and international architecture (continued)

Where gaining consent will increase risk or lead to an unjustifiable delay in the case, the victim's information will still be discussed at a MARAC if the case involves a strong likelihood of serious threat to the victim or their children (Kirklees Council 2014).

The MARAC model was developed in response to a lack of systematic risk assessment surrounding domestic violence in the UK. The strategy introduced the concept of a shared risk assessment framework applied across the service system (Plunkett 2014a). MARACs are currently in operation across England and Wales and, between September 2009 and September 2010, dealt with approximately 45,000 cases (Steel, Blakeborough and Nicholas 2011). Initial empirical evaluations have found that the model can improve women's safety and reduce recidivism by up to 60% (COAG Advisory Panel 2016). The MARAC model has also now been implemented in Sweden (Olofsson 2014).

Victorian Risk Assessment And Management Panel (RAMP)

Introduced in 2011, RAMP is the result of an initiative by DHHS to develop a coordinated, multi-agency approach to strengthening family violence risk management (Northern Integrated Family Violence Services n.d.; Plunkett 2014b). RAMP is aimed at increasing the accountability of violent men, and improving service system integration in cases of family violence (O'Halloran n.d.). Based on the central idea that sharing information about individual cases is crucial to the prevention of domestic violence (Oakes 2014), RAMPs deal with cases where there is a risk of lethality or serious injury or harm. RAMP is underpinned by the same pillars as the CRAF, and is aimed at ensuring best practice identification and responses to victims of family violence (DHHS 2015).

RAMP pilots were established in Greater Geelong and Hume in June 2011 (Widmer 2015). Over the 17-month trial period, 55 families were referred to a RAMP (Widmer 2015). These 55 families included approximately 90 children. The cases were managed in 26 meetings (total combined across both regions). The majority (70%) of cases were only discussed once, while 30% of cases were considered across multiple meetings (Widmer 2015). The majority of RAMP cases are police referred and consent is given by the woman experiencing violence (Northern Integrated Family Violence Services n.d.).

In 2014, the statewide implementation of RAMP was announced (Oakes 2014). Representatives on the panel can include women's domestic violence services, Victoria Police, Corrections Victoria, DHS Child Protection, Child FIRST, Women's Domestic Violence Crisis Service, men's behaviour change programs, local hospitals, Maternal and Child Health Services, Centrelink, Office of Housing, and mental health, alcohol and drug services (Plunkett 2014a). Other services may be required on a case-by-case basis, including Aboriginal community services, culturally specific services, health and disability services, youth services and educational institutions (Plunkett 2014a, 2014b).

Review of national and international architecture (continued)

Panel meetings are held monthly (or more frequently if needed), with invitations extended to other agencies that may be able to provide information about particular cases (Plunkett 2014a). During the meetings, participating agencies present information about the case from their internal records and the panel works together to develop an action plan to reduce the level of risk to affected family members (Northern Integrated Family Violence Services n.d.). Cases are then reviewed and discussed at subsequent meetings. RAMP has developed a RAMP referral tool. The tool contains CRAF risk indicators as well as other perpetrator risk factors (RCFV 2016 Chapter 6: 113).

The RCFV (2016: 84) concluded that 'RAMPs are a very positive development – likely to promote and strengthen integrated responses to family violence', and recommended their statewide roll-out, including to regional areas across the state.

Other Australian risk management approaches

The past five years have seen an increase in the number of state-based risk management approaches designed to better oversee risk assessment practices and manage risk in 'high-risk' domestic violence cases.

Notably, in 2007 the South Australian Government introduced FSMs as part of the Family Safety Framework. Meetings are held on a fortnightly basis across the state and include representatives from SA Police, victim support services; mental health services; housing, drug and alcohol services; community health; women's health; aboriginal health; department of Correctional Services, child protection, Families SA and other relevant non-government organisations (Office for Women 2015). The aim of the meetings is to conduct an up-to-date risk and needs assessment and develop strategies to maximise the safety of the victim involved (Office for Women 2015). An evaluation conducted in 2008 found that between August 2007 and September 2008 45 FSMs were held in the three trial sites, during which 65 referrals were received (Office of Crime Statistics and Research 2008). Referrals were received from domestic violence specialist services, SA police and health services. The evaluation found that victims felt safer following their FSM due to an improvement in support and responses (Office of Crime Statistics and Research 2008).

Most recently, in June 2016, the NSW State Government announced a $300 million funding commitment to support the ongoing work of the Safer Pathways program. Introduced in 2014, the It Stops Here: Safer Pathways program is a victim-centred approach, which includes Safety Action Meetings for high-risk domestic and family violence cases. These meetings support service coordination and information sharing for cases involving victims who are assessed through the DVSAT as being under serious threat (Department of Justice 2014). The program was trialled in September 2014 in two sites (Orange and Waverley) and since mid-2015 has been committed to 28 sites across NSW, the implementation of which will continue up to 2019 (Department of Justice 2014). Like RAMPs, the NSW Safety Action Meetings are held regularly and involve representations from key government and non-government agencies (Department of Justice 2014).

Review of national and international architecture (continued)

At each meeting, safety action plans are developed for individual cases, which are then coordinated and implemented by a Local Coordination Points secretariat system (Department of Justice 2014). This process of high-risk management has been supported by legislative amendments to privacy laws in NSW that allow those involved to share information about perpetrators and victims (Department of Justice 2014, see *Domestic Violence Information Sharing Protocol*).

These examples both mirror the approach adopted in Victoria through RAMP, and, as in Victoria, they raise questions about the availability and effectiveness of risk management strategies for cases that do not fall within the 'high-risk' threshold. Nationally, there are no discernable systematic approaches to the risk management of such cases.

Findings 11

11.1 Strong support for the CRAF

Summary of finding: There is strong support for the CRAF, based on its value as a common framework that articulates and highlights the risks posed by family violence and builds a shared sense of the responsibility to identify and respond.

> I think that one of the benefits of the tool is opportunistic. So it actually gives people an absolute framework. They can ask questions that they wouldn't have otherwise asked in their day-to-day practice. It's a very useful tool to actually assist people to come to terms with the fact that they might have actually been experiencing family violence or that they can actually talk about it … So I think that it is actually a very helpful thing. (FG20)

> I think CRAF gives all of us – if you do the training and you put it into practice – I think CRAF has been a great tool to help us. (FG17)

There is strong support for the CRAF, based on its value as a common framework that articulates and highlights the considerable risks posed by family violence and builds a shared sense of the responsibility to identify and respond. This support was evident in the survey findings, where 91% of respondents indicated that they would use the CRAF regardless of authorising environment or organisational requirements. Common open-ended responses embodied this support: for example, 'it is comprehensive and a good basis for assessing risk', which was indicative of the value assigned by many to the CRAF. While there was also widespread acknowledgement that the framework is in need of redevelopment, the existing CRAF was recognised as a critical base for such progress.

Top three themes in open survey responses: the value of the CRAF

- It is useful for/supports workers, # 'Good way of eliciting a discussion surrounding family violence…'.
- It is good for clients, # 'I think it is a useful tool to use with women to assist them to recognise their risk, particularly when they have become "numb" to the level and severity of risk to themselves and to their children'.
- It is useful in myriad ways, beyond just risk assessment, # 'It is useful to have the risk framework in mind when working with women and children'.

Of all respondents, 93% indicated that the CRAF is useful in their organisation. Where the CRAF is optional in their organisation, 50% strongly support its mandatory use. This finding indicates that there is strong support for the RCFV recommendation 2 that the relevant minister be empowered to require the alignment of risk assessment frameworks across prescribed organisations.

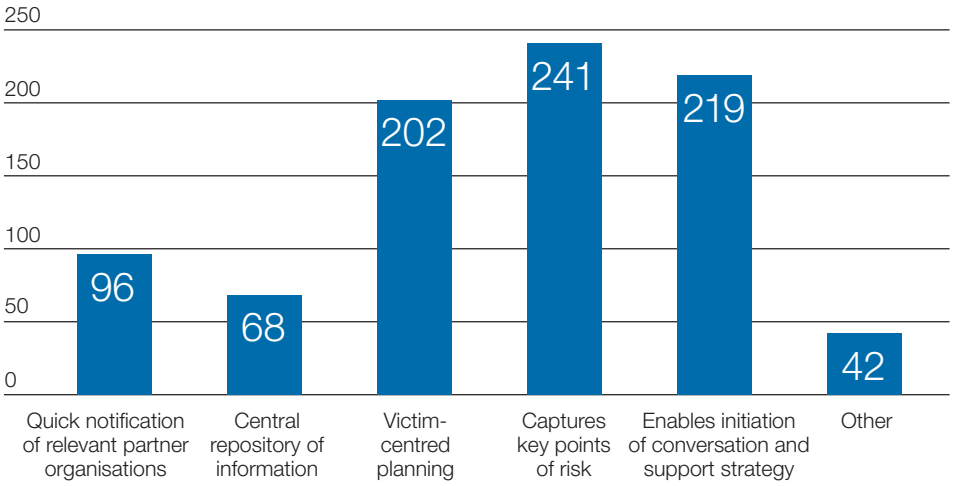
Findings (continued)

Given the diversity of survey respondents (further discussed in s.11.2), this support for the CRAF crossed many different professional groups and services, including primary health, legal and court services, family services, child services and police. In all these contexts, the CRAF was seen to support workers to consider, understand and, where appropriate, assess family violence risk indicators. There was also strong support for the framework that surrounds the CRAF Practice Guides, with these materials generally cited as very good at explaining the scope, types and complexity of family violence.

Value for victims

The survey asked respondents to identify, based on their experiences, the specific benefits of the CRAF for victims (see Figure 1).

Figure 1: In your experience, what are the benefits of the CRAF for victims, if any? (N, multiple response option)



This data reflects the widespread support for the CRAF, in particular because it:

- captures key points of risk to victims
- enables a conversation to begin that is underpinned by a support structure
- is victim centred
- outlines pathways for risk management; although, as discussed below, these referral pathways require more development.

Critically, the CRAF was identified as a tool that supports victims in terms of pathways and their own recognition and understanding of family violence. Prevalent among the 'other' responses was the comment that the CRAF enables women to recognise, accept and/or be more aware of their own circumstances and experiences in relation to common and legal definitions of family violence. This 'educative' aspect of the CRAF for victim/survivors, as well as for workers and organisations, was strongly affirmed in the focus group data.

Findings (continued)

A key indicator of the strength and value of the CRAF is its widespread take-up and survival over the period of nine years since its introduction. Overall, it is recognised nationally and internationally as a practice leader in risk assessment. (WA, for example, followed the Victorian CRAF tool in developing its own risk assessment framework: see 10.1). As the review of international literature indicates, the CRAF has spread more widely and lasted longer than many other similar tools. Its use across a wide range of workforces is testament to its value.

Overall, while there was acknowledgement that assessment and understanding of risk is still a complex process, with diverse approaches adopted by practitioners and across different professional groups, the CRAF was identified as a key platform for recognising risk and supporting professionals and the community to respond to family violence. The sentiment that the CRAF needs to be redeveloped, but not discarded, was expressed frequently.

> **Summary of key challenges:** There was widespread acknowledgement that the CRAF framework needs redevelopment and review but that the existing CRAF is a strong foundation, and that the shared language and common approach should not be lost.

11.2 Use of CRAF across a range of workforces

> **Summary of finding:** The use of the CRAF across a range of workforces is inconsistent although there is a strong commitment to the value of the CRAF among those who use it.

> People wouldn't use it if they couldn't see the benefit of it, when it's used correctly it benefits the whole situation and how everyone, whatever the organisation did and how they actually responded, what they think they need to provide for that client… So if we've done our CRAF assessment then that helps guide the questions that [primary care] workers might look at and then they've got their own little questions as well. (FG20)

Data on the use of the CRAF across different professional groups gathered for this Review is provisional and indicative as there is no register of implementation of the CRAF.

> And that's one of the issues. One that we'll probably cover later on is how it's actually implemented in organisations as well. We don't know what happens after the training. (FG9 – Specialist Family Violence Services)

The data presented here is drawn from survey data and focus group evidence. An effect of the survey method used to collect data in this Review is that the respondents were likely to be CRAF users or those who were aware of the CRAF, so they would already have a high level of awareness of the CRAF. The great diversity in focus group comments reported below reinforces the overall finding that use is inconsistent generally, with strong commitment to use and value the CRAF among those who do know and use it.

Findings (continued)

> I have to admit I've never seen this document before it got emailed to me yesterday. (FG4 – LGBTIQ)
>
> It is slowly being implemented but there's still that sense of inconsistency in its presence. (FG1)
>
> We only use the risk factor sheet. We don't use the rest of the paperwork because we've got our own incredibly lengthy intake. (FG13 – Regional)

Patterns of CRAF use according to workforce/organisation

The survey asked participants what type of organisation they belonged to and about their use of the CRAF. An important qualification in the interpretation of this data is that modifications of the CRAF are widespread (discussed further in S.8), and there was considerable focus group evidence that different professional groups may be using forms or aspects of the CRAF that have a particular link to their work, but not identifying this practice as CRAF related or informed. In the later discussion of training and knowledge of Practice Guide Levels (s. 11.4), this issue is further considered.

Of the survey respondents, 56% indicated that they used the CRAF and this use was spread widely across a range of organisations. The professional groups that most often reported use of the CRAF were in the following sectors: health services (primary and secondary), government (including state, local and council), community and family services, and family violence organisations. Maternal and child health nurses who responded indicated universal use of the CRAF in line with the mandated screening protocol introduced in 2009 for these primary health practitioners. In the focus group data, use of the CRAF was identified in many other sectors including courts, corrections, legal services, housing and homelessness, and drug and alcohol service providers.

The survey data that reveals use across a range of professional groups was echoed in the diversity of participants in the stakeholder focus groups. There is considerable variation in the types of organisations using the CRAF and the different ways in which it is, or may be, used within those organisations. From the focus group data, this diversity in usage was linked to factors such as the availability of training, the commitment and support of management, and the alignment and efficacy of the CRAF in terms of what organisations and different professional groups identified as their core objectives.

> The thing about the CRAF is that we are all using CRAF [but this] doesn't mean that we're using it the same way. (FG13)

Overall, while the CRAF is well recognised across all service sectors, documented through the diversity of workforces that participated in the Review, its use is often referred to as 'haphazard' (FG1), inconsistent and context dependent.

Findings (continued)

As the survey found, use of the CRAF is highest in specialist services. Those working in family and community services also indicated high levels of knowledge and use of the CRAF.

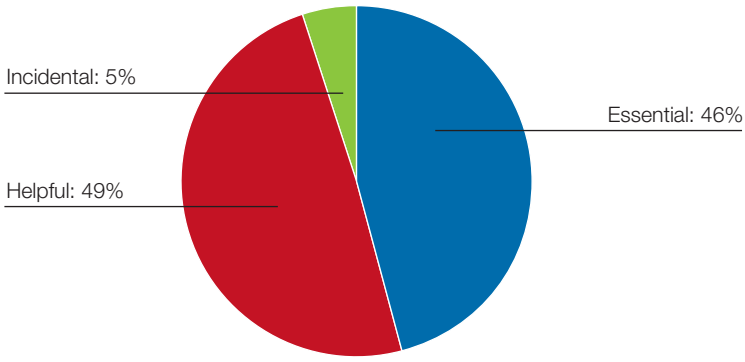
> When you work in – and I might be generalising – when you work in a family violence service, [CRAF] is your bread and butter. So you're going to be working with this. When you're in a generic service, it doesn't always present as family violence. So I wonder whether there needs to be different – I don't know, the way you deliver it, and the other thing is that when you work with women in generic services it may take a bit of time for them [to disclose] – this is my experience. (FG 1)

Patterns of CRAF use according to organisational purpose and role

The CRAF is used for a large number of purposes; the most frequently reported purpose was to better identify the risks posed by perpetrators (62%). It was also used by 60% of respondents to assist victims, and by 49% of respondents to target intervention and support.

The CRAF was characterised as essential (46%) or helpful (49%) for the majority of participants. Only one respondent indicated that it was not helpful in their work.

Figure 2: How would you characterise the role of the CRAF in assisting you in your work?



For respondents who use the CRAF, 53% indicated that they are required to do so in their organisation, while 47% indicated that it is optional in their organisation. Where CRAF use is optional, over half (53%) of those respondents indicated that it is strongly encouraged or encouraged in their organisation. This finding suggests that, once the CRAF is embedded in use by workers or within organisations, it becomes an integral and valued part of work practice, even when its use is not mandated. This finding is echoed in the strong support for the CRAF generally (s. 11).

Findings (continued)

Of those who indicated they use the CRAF, the prevalence and use of the framework and tool in their work practices varied:

- For 39% of respondents it is a primary case management tool.
- For 20% of respondents it is a secondary tool.
- For 42% it is a tool that is utilised when necessary/appropriate.

This delineation further reflects the variability of users, professional groups and agencies working with the CRAF.

When asked 'How often do you use the CRAF?', respondents indicated that usage was varied, as detailed in Figure 3 below. Just over half (51%) used the CRAF either daily or weekly.

Figure 3: How often do you use the CRAF? (%)

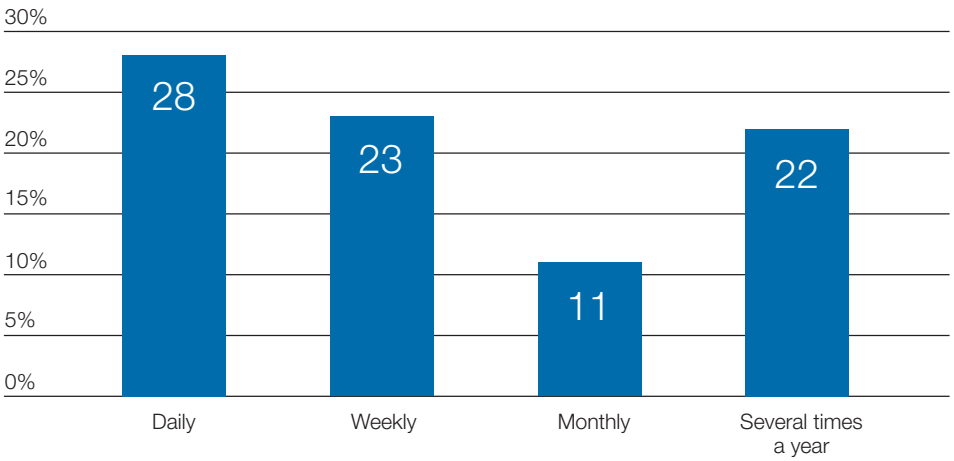


Figure 4 represents the responses to the question, 'When did you first become aware of the CRAF?', which was asked to elicit levels of awareness of the CRAF over time among different professional groups.

Figure 4: When did you first become aware of the CRAF?

#	Answer	Response	%
1	2016	8	3%
2	2015	46	17%
3	2014	41	15%
4	2013	34	12%
5	2012	27	10%
6	2011	28	10%
7	2010	31	11%
8	2009	18	7%
9	2008	16	6%
10	2007	27	10%
	Total	276	100%

Findings (continued)

The data above indicates a general annual increase in awareness since the CRAF's inception. However, given that CRAF training has varied in availability and offering and that there is often unmet demand, it is not possible to determine the precise reasons for this pattern. Likely factors are the transient nature of the workforce, the diversity in organisational needs, and the varied use and implementation by organisations and agencies.

Use and knowledge of CRAF practice guides

The CRAF framework identifies three different levels of risk assessment practice.

Level 1 Practice Guide. Identifying Family Violence sessions increase knowledge and understanding of family violence among those organisations and communities who may encounter women experiencing family violence. This level is aimed at those working in universal or generalist services and is most often offered as a two-hour session.

Level 2 Practice Guide. Risk Assessment (or 'Preliminary' or 'Generalist') training is for professionals providing non-specialist family violence support services to those who may be experiencing family violence (groups often identified include counsellors and maternal child health nurses, who are mandated to screen when delivering post-partum services). These professionals may undertake initial risk assessment with those experiencing family violence. Training is generally a four-hour session.

Level 3 Practice Guide. Specialist Risk Assessment (or 'Comprehensive') training is for specialist family violence professionals who have responsibility for ongoing risk assessment and risk management of those experiencing family violence (this training is directed at specialist family violence services and police). This is a day-long training program.

In addition, a fourth type/level of training, 'Train the Trainer', is offered, aimed at ensuring an ongoing roll-out of the CRAF across a range of workforces. This training was designed for those who have completed the specialist-level CRAF training and would like to become a facilitator for the Identifying Family Violence sessions.

Eighty-eight per cent of respondents who use the CRAF have been trained, reflecting considerable take-up of the training opportunities that have been offered. With regards to the Practice Guide level used, there was a high percentage (55%) of CRAF users who were unsure of which PG level they used. Of those who use the CRAF and are untrained (12%), 52% were unsure of what Practice Guide level they were using. This figure indicates that, despite training, there is generally a limited awareness of the Practice Guide level in use among those who use the CRAF. This finding is further discussed in s.11.4.1, where training is examined.

Findings (continued)

Recommendation 14. Currently there are three levels of training for the CRAF. These focus on risk identification for mainstream service providers that may encounter victim/survivors of family violence, risk assessment for preliminary or generalist risk assessment and specialist risk assessment. The Review found that many of those who had been trained were unable to identify which level of training they had undertaken. The redevelopment of CRAF should:

- Review each of the three levels of training and ensure there is clear alignment of each of these with the needs of the targeted professional groups and/or end users.
- Provide more distinct training levels and ensure each level is uniformly named in all delivery iterations (see also s. 11.4).

Modifications of CRAF in use

Where the CRAF is used, 73% of respondents use the original unmodified CRAF and 27% indicated using a modified version. Of those who answered that they use a modified CRAF version, modifications were often related to the specific needs of the service clientele.

Table 5: Modifications of the CRAF

Modification related to:	Percentage
Perpetrators	18
LGBTIQ people	6
CALD people	22
Seniors	6
People with disabilities	10
Children	35
ATSI people	11
Victims of adolescent-perpetrated violence	13
Other	13

Other modifications related to technology, spatial/location issues, male victims and safety planning. These modifications are further discussed in s. 8.

Summary of key challenges: There is no central register of implementation of the CRAF. This makes documenting the use of the CRAF across a range of workforces and different professional groups a challenge.

11.3 Professional perceptions of the usability of the CRAF

Summary of finding: The usability of the CRAF for mainstream and frontline professionals differs markedly from that for specialist family violence services.

The survey data provides information on the usability of the CRAF, as assessed by different professional groups. This quantitative data needs to be read in conjunction with the open-ended survey data, and the qualitative data gathered from the focus groups and interviews. The data on usability across groups highlights some key tensions and challenges. Some survey respondents, focus groups participants and expert interviewees pointed to the length of the CRAF as a limitation. Other participants provided many suggestions for greater specificity in relation to risk factors and step-by-step guidance though the framework that, if implemented, would make the aide memoire and Practice Guides lengthier. This divergence in opinions points to the different needs of different professional groups: usability for mainstream and frontline services is likely to differ markedly from usability for specialist family violence services.

Ease of use

The majority of respondents agreed (strongly agreed 27%, somewhat agreed 53%) that the CRAF assessment recording templates and risk assessment and safety planning tools are easy to use. The majority of respondents (70%) also agreed (strongly agreed 24%, somewhat agreed 46%) that the CRAF Practice Guides are easy to use.

In addition, the survey captured some qualitative data about the usability of the CRAF. A consistent response about the limitations of the CRAF related to its length and the time it takes to complete. With regards to limitations, many people wrote ‘time’ or ‘lengthy’. One person explained:

> Too many things to fill in when starting a service and CRAF is another i.e. it slows down my responsiveness . . . this is at the benefit of better assessment of risk so, it’s a drag but I see the value. (Open survey response)

Time was referred to in relation to both the length of the CRAF, and the limited time that professionals have with clients.

All respondents were asked about the reasons why the CRAF might not be used or be used inconsistently within their organisation. The lack of awareness of the CRAF was the most cited reason for its lack of or inconsistent use (49%), with a lack of confidence in its use being another frequently cited reason (42%). Time limitations were also seen as a key reason for inconsistent use (38%).

Other limitations were identified in the design of the CRAF document, including the CRAF not being available in a Microsoft Word format: when used in some workplaces, the document is often printed and not legible in black and white, and space for handwritten notes is minimal. This latter observation was echoed in the focus groups.

Findings (continued)

The majority of people agreed (32% strongly agree, 50% somewhat agree) with the statement that the 'CRAF prompts me to ask all the questions I need to assess risk'. However, these survey results need to be understood in the context of the qualitative data that indicated many suggestions for additional or amended risk factors in the aide memoire (see s. 11.8).

The majority of people (70%) agreed (21% strongly agree, 49% somewhat agree) with the statement that 'the CRAF practice guide assists me to understand what steps need to be taken after completing it'. Seventy per cent also agreed that it assists them to know what next steps need to be taken after completion. These answers contrast markedly with the qualitative data, the findings of the RCFV and also the inquest findings in the Batty case – all of which point to the need for much greater specificity in the CRAF around risk management in particular.

Recommendation 15. Most people who answered the survey agreed with the statement that 'the CRAF practice guide assists me to understand what steps need to be taken after completing it'. Most also agreed that it assists them to know what next steps need to be taken after completion. This contrasts with the data from the focus groups, the findings of the RCFV and the Coronial Inquest into the death of Luke Batty – which all point to the need for greater specificity around risk management in particular.

The redeveloped CRAF should:

- Provide comprehensive practice guidance, including but not limited to when to do a risk assessment, how often to do it and how to document the assessment. The guidance should be tailored to the different professional groups who use the CRAF.
- Include comprehensive practice guidance on referral pathways, appropriate information sharing protocols and prompts for interagency collaboration.
- Include comprehensive practice guidance on safety planning. Sections of Domestic Violence Resource Center's recent publication 'Gathering Support: Safety for Women' provide useful up to date resources and information with regards to developing such plans.

Digital or hard copy

Of the respondents who use the CRAF, 75% complete a hardcopy assessment and 25% complete a digital assessment. However, nearly half (47%) indicated no preference for hardcopy or digital, while 24% expressed preference for hardcopy and 29% would prefer to complete a digital version.

Recommendation 16. The Review found that most service providers complete the CRAF assessment in hard copy. The survey found that a significant minority of people, approximately 30 per cent, would prefer to complete a digital version. In addition to supporting this preference a digital version may support greater information sharing between agencies. A redeveloped CRAF should include a digital version of the CRAF.

Findings (continued)

Role and applicability of the CRAF

Overwhelmingly, 95% of those who responded to the survey maintained that the 'CRAF is essential or helpful in their work' and 84% stated that they felt confident (38% strongly agree, 46% somewhat agree) when using the CRAF. Of those who indicated that they were not confident in using the CRAF, the key reasons provided were irregular usage (77%) and lack of training (62%.)

Risk identification, assessment and management

Risk identification, assessment and management need to be connected through the clear signposting within the CRAF of pathways into family violence services. Mainstream services contended that workers will refrain from asking questions to identify family violence risk if there are no clear pathways to refer for risk assessment. One worker commented:

> From the social worker community, they felt very much . . . you can't open it up with all these questions unless you're then able to be responsive. And to be responsive you often need not only that all of system understanding of where to refer them but part of the system must be able to receive them . . . There's a fear of asking these questions, opening up something and then not being able to respond … And that was a really big problem. (FG14)

One expert stated that 'the current lack of guidance in the CRAF on responding effectively once questions are asked and family violence identified amounts to identify and refer, which I call seek and destroy' (EI).

It was widely agreed amongst those in focus groups that the CRAF is strongest on risk assessment. However, the CRAF needs to include comprehensive practice guidance on 'when to do a risk assessment; how often to do it; how to document the assessment and when and with whom to share the information' (Plunkett 2015: para 44). This guidance should be calibrated to relevant occupational groups to reflect the wide range of mainstream and specialist professions that use the CRAF.

One of the core components of the CRAF is 'risk management strategies that include ongoing assessment and case management'. Risk management 'involves the development of a case plan that seeks to mitigate the level of risk to the victims/survivors. This includes coordinated actions undertaken by multiple agencies' (Plunkett 2015: para 54). There are pages in the CRAF manual that address risk management and safety planning. However, there are no risk management practice guidelines. Reflecting this, there was widespread agreement that the CRAF does not effectively assist with the practice of risk management (see, for example, Batty 2015). According to one expert interviewee:

Findings (continued)

> All that risk assessment part, I think, has done a reasonably good job, albeit there are gaps . . . But I don't think it [CRAF] really ever did the risk management part well. It speaks to doing safety planning. It says, 'Do the risk assessment. Make a judgement. Decide whether risk is present and what the level of risk is and then do something about it.' But it doesn't tell you how to do that. So there's a really critical bit missing there. (EI1)

Another maintained that:

> How you operate where there's high risk and manage the risk to bring it down isn't consistent. Like everyone knows you've got to do something but how you make that – how you kind of develop the consistency around that. I guess that would be one of my issues would be making sure that we don't unhook risk management from risk assessment. (EI5)

Expert family violence practitioners interviewed ask the question, 'risk assessment and then what?' (EI7). Risk assessment without risk management has been described as a 'useless exercise' (Humphreys, Healey and Diemer 2015: 3). Some argue that risk assessment without risk management is worse than useless as it may increase the danger faced by a woman who, possibly for the first time, appreciates the risks present but is unable to access the necessary support to address that risk. The need to develop effective risk management practice guidance within the CRAF with clear identification of roles, responsibility and ongoing monitoring was considered key by focus group participants. As one observed:

> But until we start bringing it together around the client instead of around the system, we're never, ever, going to be able to have something that creates the potential for risk management rather than just risk assessment. I think the strongest point I can hope to make to this point is we must not just look at risk assessment, because risk assessment is just a risk at a point in time. Risk management is what is absolutely critical. We need to know what actions are needed to mitigate the risks we identify. Who's going to do them, by when, how do we work out that those actions are successful in reducing risk, or are they in fact exacerbating the risk? (FG1)

Another respondent argued that the CRAF needs to be more directly tailored towards currently available risk management options:

> More specific and tailored risk management guidance/practice framework that suits the range of risk management options currently available – Safe At Home, RAMP, refuge, outreach, sexual assault support – particularly a shared understanding of when it is unsafe for women to remain in their area and need to relocate for safety. (FG6)

Recognising and accounting for what risk management options are available will be particularly important in the post-RCFV landscape in Victoria, where the range of risk management options available will likely change over the next 12 months to five years.

Findings (continued)

The establishment of RAMPs provides new opportunities for developing the risk management component of the CRAF in high-risk cases. It is not, however, a panacea, as only a very small percentage of women – those judged to be at the highest risk of serious harm – will have access to these panels. Overwhelmingly, risk management will remain the task of specialist family violence services.

Summary of key challenges: the data on usability highlights key tensions and challenges, including the divergent needs of different professionals using the CRAF.

11.4 The efficacy of strategies to embed the CRAF in service and practice

Summary of finding: There is a lack of clarity of roles and responsibilities within the CRAF, and it has not been embedded consistently in service and practice.

> What is everyone's roles and responsibility in relation to their role in assessing risk and dangerousness, I think, throughout the system and then what are the system changes that need to be done? I think that's the big challenge. (FG6)

Three key strategy areas that emerged from the findings in terms of embedding the CRAF in service and practice, and assessments of efficacy: training, alignment of the CRAF with key organisational objectives, and governance and oversight.

Training

> I think training is one component about that and that high-level oversight and monitoring is also really important in that sustained focus of implementation. So you can go to our training session once but it needs to be sustained over time. (FG6)

As noted above, the survey data indicated that training in the CRAF is at a very high level among the respondents: of those who use the CRAF, 89% stated that they had been trained; while only 12% were using the CRAF without training. Those who were untrained came from a range of organisational types, including health services (primary and secondary), community service providers, family services, family violence organisations and police. The roles of those who were using the CRAF while untrained varied, with no specific pattern to absence of training. Of those untrained, just over a quarter (26%) had training scheduled in the near future.

Of those who had been trained to use the CRAF, 86% were trained by an external provider. This data suggests that the roll-out of the Train the Trainer program, designed to further embed risk assessment across relevant workforces, has not made a significant contribution to the number of people who self-identify as CRAF trained. The overwhelming majority of training was provided in person (to 96% of those trained); online delivery was only used in 4% of cases. Regardless of how training had been received, in-person training is overwhelmingly the preference of respondents (75% of respondents preferred training to be delivered in person rather than online). Some respondents (32%) indicated that they had received training updates and/or additional or more targeted training.

Findings (continued)

The focus group data diverged from this pattern, with online training provided through eCRAF (The Lookout.org) identified as a valuable platform for frontline professionals such as paramedics, emergency department professionals and other professional groups for whom time for training is not funded or readily available. This divergence is further discussed in the following section, s.11.4, on the alignment of the CRAF with key organisational goals.

The survey did not capture any evaluative components of training, as this was beyond its scope. The provision of CRAF training, in terms of numbers and satisfaction with training, was reviewed favourably in 2010 (Swinburne University of Technology, 2010) and 2012 (Key Distinctions 2012). In these reviews, information was gathered about training numbers within some targeted professional groups (such as maternal and child health nurses and other primary health professionals). However, a central register of those trained in the CRAF is not yet in place, which places significant limitations on the data on use and efficacy across the different professional groups that currently use, or ideally would use, the CRAF.

Table 6: Number of CRAF-trained workers in Victoria (provided by DVRCV)

Year	Number trained
2008–09	1,490 participants
2009–10	630 participants
2010–11	2,491 participants
2011–12	202 participants (Not under DHHS contract)
2012–13	4,000 participants
2013–14	1,050 participants
2014–15	659 participants in *Recognise and Respond* (Not under DHHS contract but with a grant from Perpetual Trustees we developed and delivered *Recognise and Respond*, including the CRAF)
2015–16	1,303 participants
TOTAL	**11,825**

Training challenges

As Table 6 indicates, large numbers of community and service workers, police and other professional groups have been trained in the CRAF (see also Swinburne University of Technology 2010; Key Distinctions 2012). However, as indicated earlier in s. 11.2, more specific information about who has been trained and whether that training has been implemented into workplace practice is not currently centrally collated.

Understanding the patterns of availability of CRAF training was complex. There was strong support expressed in the focus groups for its funded provision, initially through Department of Premier and Cabinet and subsequently through DHHS. Training was identified as critical to the CRAF's continuity and strength.

Findings (continued)

Many stakeholders agreed that the platform of a common language and common understanding around the risks linked to family violence had been built by the free provision of this training. However, the availability of CRAF training was said to be 'sporadic' and 'ad hoc'.

Focus group participants in regional areas, in particular, noted critical gaps in the training offered locally: long waiting lists and lengthy periods between training availability were impacting on their ability to achieve the levels of training that they considered to be optimal. A number of Regional Integration Coordinators indicated that they had sought additional funding from regional service groups to support training, but this pattern appeared to be context dependent: where regional health organisations, for example, were able to source additional funding.

> Can I just lead in with that training as well? Is that one of the issues that we have is that we cannot get staff [into training]. And so we've still got another cohort of staff that are going to start training and they'll say the waiting lists are — the demand is so high. So in our agency we're not using the CRAF because no one's ever trained in it. (FG16)

One clearly identified gap was in training in family violence expertise for private practitioners. Limited time is devoted to professional training in key workforces that are on the frontline of family violence responses (six hours in general medical training is often cited, for example). Therefore, changes in educational structures need to be developed in conjunction with current workforce training. To ensure that Victoria builds a comprehensive response to family violence prevention, building capacity and knowledge of family violence among private practitioners, including medical and psychological professionals, will require a review of primary training across all professions. This will need to be supported by the development of tailored CRAF Level 1 training packages that are part of the accreditation system in professional colleges (RACGP, RACP and other relevant professional colleges).

In 2012, additional funding was made available for some redevelopment of CRAF training materials. There have also been some specialist training packages developed for particular groups such as courts and magistrates.

While DVRCV is able to respond effectively to additional funding opportunities, such as the additional funding made available in the first half of 2016, the recommendation by the RCFV for greater workforce development and training points to the need for a systematic approach to CRAF training across relevant workforces.

Recommendation 17. Reviewing and monitoring the CRAF as well as its implementation and relevant training in its use across workforces is crucial.. Consideration should be given to developing a cross-government CRAF body, with responsibilities across relevant government departments to oversee training and implementation across organisations, diverse professional groups and workforces and to monitor the implementation and use of the CRAF (see also s. 8 and Recommendations 6 and 7).

Findings (continued)

Monitoring and oversight of training in the CRAF as well as its implementation and use should include:

- An initial review of CRAF trained personnel in all relevant professional groups and the development of a central training register.
- A systematic assessment of training needs in consultation with relevant professional groups across a five-year period and the development of a rolling training plan to meet these identified training needs.
- Development of tailored training packages with relevant Colleges, aligned with CRAF training and accredited through these professional bodies.
- The development of tailored training at the correct level for diverse professional groups (including first responders, generalist services, and specialist family violence services) to ensure workforce practices,, objectives and outcomes are aligned.
- An annual review of CRAF training objectives and outcomes across the whole of Government.

Alignment of the CRAF with key organisational objectives

> But working with a couple of good magistrates once you really get to know family violence well, well, it's in their blood really, was able to tailor and create a short CRAF session speaking about how the Family Violence Protection Act speaks in the language of risk, and risk assessment, and risk management. But if you actually pull apart the Protection Act you can see it in the text. And so it's making those links for magistrates around what you're doing successfully every day. You're doing risk management every day, and you're doing safety planning every day, every time you have an application for an intervention order by the nature of the questions that you're asking, the evidence that's being given, and the conditions that are being put on an order, and the conditions you might make around contact with children. So it's really absolutely bread and butter as it is for registrars who are actually having to translate that information onto forms, which then go to the magistrates. As it is for legal practitioners . . . understanding when they're talking to women to not shut down, but to allow them to tell their story and support them to make the best application they can. So it is always about tailoring the contextualising. And it absolutely can be applied anywhere in our system if you just really think about the positive relations that people are having. (FG9)

> I just wanted to say that I think that there's a lot of work that needs to be done to embed and implement CRAF and one of the things that I've been thinking about a lot lately is that we have the tool but we don't really work with organisations around housing, and there's a real lack of policies and procedures across organisations. So just taking courts, for example, I was recently invited to provide training to magistrates about advanced CRAF and harm risks to children in the context of missing their mother.

Findings (continued)

> And I just realised that magistrates don't really have clear processes for doing CRAF and it's again, it's very, sort of, optional or it depends on the individual magistrate about what they'll do, they don't have much time, they have five minutes per case, they see 70 cases in a day and so on. So it really depends on what's happening for that court, so really we need embedded practices and they need to be necessary, like that's through some – however you want to but they have to be done, have to be followed and whoever's developing a revised CRAF I think ideally needs to work with the different organisations that will be using it to work out how they will use it, I mean that should inform and actually also inform how it's developed. (FG6)

There was very strong consensus across the focus groups that the redevelopment of the CRAF recommended by the RCFV should involve attention to the needs and workplace practices of all professional groups that are currently or could be involved in supporting an overall, whole-of-government and community approach to risk assessment. In all of the focus groups, as in the victim/survivors stories captured in this research, there were examples of excellent and proactive risk identification and assessment practices that were embedded in organisations or undertaken by individuals such as teachers at primary schools or immigration officers. These stories were characterised by careful and appropriate risk identification and quick and effective referrals. Yet, as other data suggests, such practices and approaches are not universal or consistently supported across the wide range of professional groups and agencies that may offer services to people experiencing family violence.

While a range of reasons were offered for the mixed utilisation of the CRAF, a likely factor influencing this patchy or haphazard implementation was clearly the degree of alignment of the CRAF with the needs and/or role of the organisation/profession in terms of risk assessment and other organisational priorities. A risk assessment, which when done well would require at least 40 minutes of careful, structured conversation, cannot be administered by a GP or ambulance officer. A specific example reflecting these concerns raised by the respondents related to the roll-out of CRAF training to Victorian maternal and child health nurses. A universal screening question was introduced in 2009 to be conducted at the four-week Key Ages and Stages consultation. A program of CRAF training has supported this roll-out (Swinburne University of Technology 2010). However, as a significant number of focus group participants observed, if, for example, the maternal and child health nurse is working with the woman in her home, or with other older children present, the type of assessment required by the Level 2 Practice Guide from the CRAF may be inappropriate and/or potentially unsafe for all concerned.

Findings (continued)

> Speaking from a maternal and child health perspective, it's impossible to use the tool in a universal service. It's actually great from an enhanced perspective because you've got longer to spend with the family and you've got time to go through that process, but in a universal service where you've got between 30 and 45 minutes with a client to do a development check, do a women's health check, and potentially then address these sorts of questions it is just impossible to use. So it'd be great to see some sort of trimmed down tool that actually could be used from a validation perspective to then actually assist in your referral onto additional services. (FG15)

These interrelated issues of safety for woman and worker, and the suitability of the environment in which the tool is being used, were consistently raised as critical in determining whether it is possible to undertake risk assessment safely and effectively.

As noted in s. 11.3 on perceptions of usability, for the CRAF to effectively work as a common tool, modifications that clearly align the CRAF format or tool in use with the operations and objectives of professions and organisations need to be made. It was a strongly expressed view that any effective redevelopment would require the co-design of tailored training packages that 'spoke in their language' to all relevant professional groups.

Key aspects of an effective CRAF redevelopment identified in focus groups relevant to organisational alignment included:

A review of CRAF training levels and targeted workforces. Some stakeholders considered that Practice Guide Level 2 and Practice Guide Level 3 were not adequately distinguished, and that there was a significant gap between Level 1 'Identifying Family Violence', generally offered as a two-hour training package, and the expertise required for Level 2 (four hours' training). For some,the fact that this training was freely provided meant that it was on occasion substituted for a more general form of family violence training that would better align with the role of the organisation and/or the person undertaking the training.

A coherent focus on the interlinking of risk assessment and risk management. This would entail linking basic safety plans to all levels and types of training and ensuring that prompts and advice for interagency collaboration were built into the tool/aide memoire.

A structured training map with level-specific certifications, ensuring that all levels are completed in sequence. In the training sessions, diversity in participants' prior knowledge, training and experience has meant that considerable time was often required to establish some baseline shared understanding about the nature and dynamics of family violence before moving on to the risk assessment aspect.

Findings (continued)

Clear identification in all training of the Practice Guide level and how it fits into the overall framework for risk assessment. Given the pressures on the availability of training, it seems that workers have often been signed up for the level of training that was available, rather than the level that was most appropriate for their roles. Many respondents observed that risk assessment performed inadequately or out of context is likely to intensify the risks to women and their children rather than mitigate or manage such risks. Clarity around framework application, pathways at each of the different levels and links to services should be enhanced and regularly reviewed and improved.

> Well I was also just talking about professional groups in schools. So the different roles of teachers versus the welfare workers within schools and the level of assessment training that each should have. So we know that because they're such an important source of referral around child protection matters, and child protection matters involve family violence of some description. So their roles and responsibilities I think probably are a bit complicated because there's that dual issue around child protection versus a family violence response. (FG2)

Further discussion of the need to address family violence risk to children can be found in s. 11.6.

Governance and oversight

> I think what the framework doesn't do is provide good integrated practice guidance in applying the framework. It provides some basic framing; it provides some background information. We've tried to do that within the training, but it could be more systematised, I think, within the framework itself. (EI)

> I find it incredibly frustrating that it was held in a cross-government coordination agency, which is why it had the reach that it had. I think if it started somewhere else it would not have had that reach. (FG9)

Governance and oversight emerged as a key issue in the survey data, open-ended survey responses and the focus group data, in relation to three different levels:

1) at the organisational level
2) in interagency collaboration
3) in managing and implementing the CRAF framework as a critical whole-of-government and community response to the prevention of family violence.

Across all of the data collected, there was a widespread acknowledgement that there is a need and opportunity for stronger and more comprehensive oversight of the CRAF, in terms of training, implementation and ongoing use.

Findings (continued)

Management oversight within organisations

The survey asked participants whether there is management oversight of the CRAF in their organisation as an indicative measure of internal efforts to embed the consistent use of the CRAF. This oversight occurs in fewer than half of the organisations represented by the respondents (regardless of whether the CRAF was optional or mandatory in the organisational policies and procedures). Only 45% of respondents experience any management oversight of the completed CRAF.

The survey data was supported by the focus group data. Many participants observed that, without strategic processes of implementation and/or review, it was impossible to accurately know with certainty where and how CRAF was being used. While there was clear evidence that some organisations have mandated the CRAF and directed considerable resources towards effective risk assessment, others have not done so.

> I think coming at it from a bit of a different perspective is looking at the policies and procedures within organisations. And where they're strong and they include the CRAF as part of overall assessment, I think that helps support it. But where the policies are weaker or non-existent, then it causes a bit of difficulty in terms of providing guidance for staff members, workers. (FG3)

Internal and interagency collaboration

The survey data indicates that the sharing of CRAF information is limited, particularly between agencies and across jurisdictions. Over half of the respondents (57%) indicated that sharing information from the CRAF within their organisation is easy (24% strongly agree, 33% somewhat agree). Yet the frequency of interagency sharing of CRAF data was identified as low (see Figure 5 below).

Figure 5: Do you share the information or data you gather using the CRAF with other agencies?

Never	23%
Occasionally/sometimes	54%
Often	23%

Importantly, most (67%) respondents indicated that the CRAF prompts engagement with other organisations even if data is not shared (27% strongly agree, 40% somewhat agree). The overall level of agreement to this question is cautious, suggesting that there are limitations surrounding collaboration. So too, the majority of respondents (65%) indicated that using the CRAF is of benefit to interagency collaboration (31% strongly agree, 34% somewhat agree). This did not, however, reflect the extent of collaboration; considerable variation in collaboration between agencies was found in the focus group data, although there was consistent recognition that greater collaboration is crucial for more effective risk management practices to emerge.

Findings (continued)

The focus group respondents agreed that the CRAF is a support to interagency co-operation, but indicated that prompts for this practice need to be further enhanced and supported, both within the CRAF and by embedding the CRAF across the state. Again, clarity around organisational roles and referral pathways as well as the need for effective and targeted training were cited as critical. For example:

> Risk management must be guided by duty of care, and everything else is guided by privacy. So your risk management is a duty of care consideration, and case management is a privacy consideration. So I think that if you divide it out in that way, it gives those that have that decision-making power around privacy and sharing of information a capability of saying right these are the elements that – in pertaining to risk, and therefore duty of care overrides privacy. Those pieces of information can be shared with obviously the right people. These pieces of information around case management, which is around meeting client need, and they are obviously owned by the client and the client must give permission for any of that to be shared. So if you separate those two out you've got a much greater capability of ensuring that we manage risk, rather than it always being this concern around are we sharing something we shouldn't, and you've got practitioners now who are so worried that they're erring on the side of caution constantly and sharing nothing because they're too worried they're going to breach privacy. You know privacy is all well and good if it's pertaining to supporting a person to a better life. But if it's actually meaning that the risks are escalating and that they're actually becoming more and more in a place of danger, then privacy should not be a part of that. Because the person's not actually wanting that themselves. (FG1)

In relation to cross-jurisdictional collaboration, 32% of survey respondents have experience working across jurisdictions. Of those who have cross-jurisdictional experience, 81% was interstate and 7% international, while 12% have both interstate and international experience. The qualitative responses (n=42) regarding the key challenges in relation to cross-jurisdictional collaboration highlighted legislative differences as the main challenge (38%), followed by system differences that pertained to policy, framework, process and language (that is, the language of risk) (24%). A number of factors that specifically work against collaboration were also reported, albeit less often but which are still worth noting: these included professional privilege and issues of confidentiality, agency boundaries, and delays in information sharing. One respondent commented:

> The case I'm dealing with at the moment has got child protection, and they were dealing with multiple aspects of this family, but none of it was brought together. So if you don't centre it around the person and you centre it around your systems, you're never going to actually support the person to have the risk mitigated. You've got to have it around the person, whether it be the child or the adult or the young person, because we've got a whole set of different dynamics with young person's risk as well. (FG1)

Findings (continued)

Data collection, analysis and quality assurance

As identified, key components of the CRAF relate to data collection and analysis, and quality assurance. The focus group data revealed a widely held view that there is a pressing need for systematic and strategic governance protocols to be applied to the CRAF as it is redeveloped. In particular, there was strong support for:

- effective monitoring of training, including associated CRAF training packages, and for developing a framework of accreditation as a mechanism for further building the reach and effectiveness of the CRAF
- making use of the CRAF mandatory in terms of both organisational funding and accreditation, creating an 'authorising environment' in the terms proposed by the RCFV
- more systematic and targeted data collection about family violence and family violence trends and issues from relevant services.

As one participant observed:

> No tool by itself will ever be worth anything, but it's about getting a validated tool that can cope with low markers and high markers and people's variations. But then also what sits around that and how you embed it and the governance is then really important I think around ultimate decision-making with the woman around her level of risk and what happens afterwards. I think that's really important, and who does it and in what setting. (FG16)

Summary of key challenges: Strategies to embed the CRAF must reflect the diverse demands, roles and responsibilities of different professional groups.

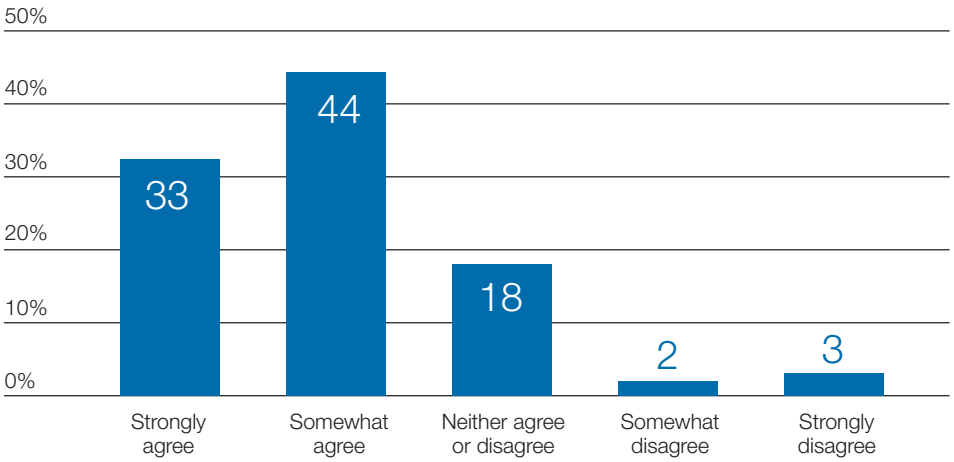
11.5 Need for a weighted tool

Summary of finding: There is cautious support for a weighted actuarial tool as recommended by the RCFV.

The quantitative and qualitative survey data and the focus groups and interviews all indicate cautious support for a weighted actuarial tool as recommended by the RCFV. As Figure 6 below depicts, the majority (at 77% strongly and somewhat agree) of respondents to the survey do support such a move; however, the responses lean towards somewhat agree, rather than strongly agree.

Findings (continued)

Figure 6: Q: Do you agree with this statement?: a weighted measure for risk would be useful (% of respondents)



The experts interviewed covered the range of levels of support and concerns about a weighted tool:

> You know, the structured professional judgement approach is better than intuition or better than just an actuarial tool. It is better to bring information to bear and use your own judgement and we would still argue that, I think, that that's critical. That even if there is an actuarial element built in, that it is not replacing the structured professional judgement approach. It will be dangerous if it does, I think. You'll lose that sense of shared – or that building of language that people can share.

> I wonder whether that actuarial element should only be used by skilled practitioners, because I think the danger of putting it in the hands of someone who is not, who maybe hasn't done any family violence training at all, who doesn't understand the coercive nature of family violence, it's too easy just to sort of go, to tick a box.

> An actuarial tool could seem like a quick fix for some, around, you know, if we just have that and we get people to weight, if the tool just weights the risk factors, then we're all covered off and we'll know what to do next. I just think we need to be really careful around that.

> I'm not against an actuarial tool but it cannot sit alone. It's got to sit inside with good training, professional judgement approach and a system that requires more than just going out with a piece of paper and ticking a box. Because we all miss, in unskilled hands, people will miss risk factors and women will die.

> I suspect that a way to think about it might be to say that an actuarial tool should only be used in the hands of skilled, trained family violence professionals. Now, that may be family violence specialists in police or it might be the women's services or it might be whoever. But that it is not a substitute for good family violence training and skilled practice.

Findings (continued)

It might help guide the structured professional judgement, but it won't replace it.

So it's not going to be as simple as having a checklist where you're going to cover everything off. A skilled practitioner will be doing that; what's changed? Has anything changed? Is there anything that we need to be really thinking about?

I think it's helpful but I also think it can be problematic too.

I've always wanted a weighted tool so that was really when I came into this sector in 2006, developing the CRAF – I'm going, 'it should be weighted'. You should know what's high risk and what's not.

I mean the evidence suggests that you get better – you do get a better risk assessment from a validated tool plus professional judgement rather than just professional judgement alone. I'm happy to go with that.

Police as a group tended towards stronger support for a weighted tool. Police comments included:

I think we definitely need some kind of actuarial tool, particularly when you look at things like going to RAMP.

You have to have some kind of structure. And I think it has to be across all sectors, so everybody knows . . . But in saying that, it depends on at what stage, from our [police] perspective, I think, that comes in. Because if you're expecting your frontline to do that, they're not going to have the capacity to do it like a family violence team would, potentially.

So it's not only about numbers, because that's actually about the depth of conversation. So the trouble with the actuarial tool – I mean, I support it and I think it [CRAF] should have one, but there are two concerns. One is, if everybody – somebody in a specialist family violence service adds up a four and some police person with a limited range of understanding and knowledge adds up a four, those are not the same conversations. And they're not the same level of knowledge and they're not the same level of what falls out of it. So sometimes a number disguises the depth of analysis, so I think that's quite a significant concern. And the other thing that can happen is that we'll lose corporate skill, because people will say, 'I don't have to think anymore; I just have to add it up' – for police – 'I just have to add it up and it'll tell me.'

I think there's pros and cons, but I just think it's the only way we can go.

If there's a rating, there'd be guidance around what that means, what you need to do. Maybe even guidance so if something else happens, like when to then retrigger another assessment to check whether if that rating is still relevant, so that you don't just keep on thinking low, but they've disclosed X, Y and Z two weeks later, and then you're not doing anything with that information (FG12).

Findings (continued)

A minority of non-police felt less ambiguous about the benefits of an actuarial approach. One stated:

> With the weighting, you wouldn't have to decide on the number. If this was set up electronically, you could have drugs and alcohol, boom, and the system work out what the weighting is, so that by the end of the exercise, you've got your weighting without saying that's a three and that's a four. If you've been choked or strangled, the system knows that's a 10 and at the end it could give you a score. So for the inexperienced, they just have to know tick A, B and C, and then numbers could all be happening behind the scenes. (FG15)

One concern expressed about an actuarial tool was in relation to the allocation of resources:

> I think we need to be really, really careful in developing the tool that the tool isn't the – to the rationale for the service being provided or not being provided. (FG15)

And another concern conveyed was about the application of a score to women's risk:

> I think that sounds like an awful idea, because when you're evaluating it, to be honest your risk assessment can change from today to tomorrow. So are we going to be giving – it's scoring. I just don't like the whole concept of it, I don't like saying, 'Well you're only a two out of ten so you're alright. (FG15)

The primary advantage of a weighted tool overall was seen to be giving greater guidance about the level of risk. The concerns expressed about a weighted tool can be summarised as follows:

- it may oversimplify the complex process of risk assessment
- it may create overconfidence in a score
- it may devalue professional judgement
- it may reduce the process of risk assessment to a tick box exercise
- the assessment would be more likely to be done to rather than done with the women
- allocation of resources and services may be based on a score
- an assessment of the level of risk at one point in time will not capture change in the level of risk over time.

Recommendation 18. The Review found cautious support for an actuarial tool as recommended by the RCFV. However, it was widely recognised that risk assessment is a complex process, and that an actuarial tool with weightings alone will not resolve this. In the redeveloped CRAF the materials and programs that support the use of the CRAF such as the Practice Guides should make it clear that the CRAF is a holistic framework rather than just a risk assessment tool.

Findings (continued)

Summary of key challenges: It was widely recognised that risk assessment is complex and that an actuarial tool with weightings will not alone resolve all concerns relating to the effectiveness of the CRAF risk assessment tool.

11.6 Need for evidence-based children's risk factors

Summary of finding: There was overwhelming support for improving risk assessment practices around children and recognition that not enough was currently being done to assess and manage child-specific risk.

> The family violence service system has been designed with the needs of women in mind. The child protection system has been designed with the interests of children in mind, but integrated family system tries to kind of bring all those in together and doesn't do that very successfully either. So we are working in silos, but the reality is we've got to stop. (EI1)

The RCFV indicated that children are the 'silent victims' of family violence. This sentiment was strongly echoed in all of the datasets produced by the Review. There was clear recognition that the CRAF is focused on adults and IPV. There was overwhelming support for improving risk assessment practices around children and recognition that not enough is currently being done. One focus group participant remarked:

> Inconsistent and insufficient approach to assessing risk to children. Risk to children should be assessed separately from the mother, and where possible, the child should be interviewed separately from their mother. Women often do not realise the extent of exposure and the effects of violence on their children. Children may not communicate all of what they have experienced to their mothers, especially if the perpetrator is seeking to diminish the mother–child bond. (FG6)

Strong support for building practice and response around children's risk factors

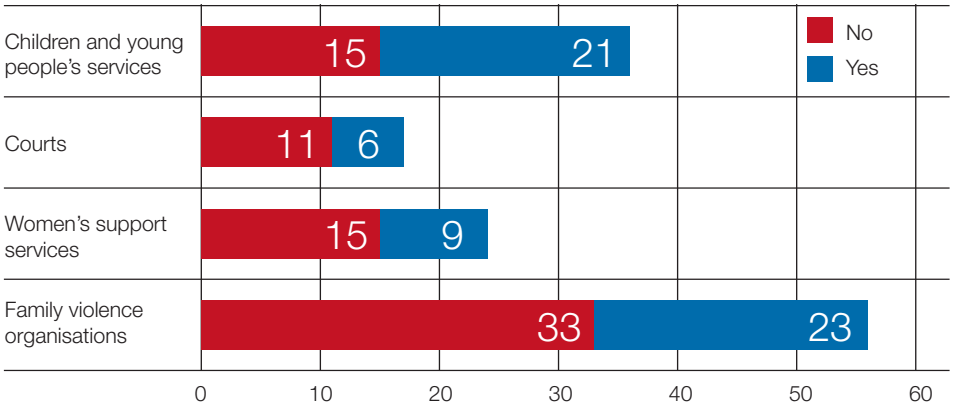
The survey revealed strong support for improving the CRAF's ability to refine and support risk assessment of child-specific risk. This finding was consistent with the focus group data. Further evidence of a strong sector-wide commitment to this needed change was the high level of involvement of child- and youth-specific organisations in the survey: 11% (n=64) were from such services and organisations. Among those respondents who work with victims (87% of total survey respondents), children are the second most prevalent group of clients. However, the responses by all research participants indicated very strong support across specialist and generalist services for enhancing risk assessment and risk management practices for children.

The survey data offered some indications that the current CRAF, despite its limitations, is of value in relation to assessing children's risk. Of those respondents from child- and youth-specific organisations, the majority (63%) use the CRAF.

Findings (continued)

When asked whether the CRAF assesses risk well for a number of key populations, the responses in relation to children were split: 154 agreed (56%) while 119 disagreed (44%).

Figure 7: Does the CRAF assess children's risk effectively?



The findings shown in Table 7 indicate that, overall, there is not a strong sense that the CRAF addresses the risk of children well. The focus group data reinforced this view.

Existing modifications to assess children's risk

In the survey data, the most frequently reported modifications made to the CRAF were in relation to children. In that group of 15%, these modifications have related most often to children (35%). In the open-ended survey descriptions of these modifications, one respondent explained:

> I find the *Assessing children and young people experiencing family violence* much more useful [than CRAF] – actually I have invented a combination of the two tools which sort of works for me. (Open survey response)

In 2012, the *Assessing children and young people experiencing family violence* framework was released. Colloquially called the 'Children's CRAF', this document mirrors the CRAF, offering a framework and associated practice guide. Training in the 'Children's CRAF' was also rolled out, although it was limited, and the focus group data suggested that the training may not have met the needs or expectations of those who participated. Overall, the limited roll-out and the number of queries about usability and support meant that the 'Children's CRAF' has not been widely adopted. Knowledge of its existence was not widespread. However, a number of research participants pointed to the value of the work done in the development of this framework and urged that it be used as a platform in the redevelopment and reorientation of the CRAF to effectively assess the risks of children. One expert interviewee stated:

Findings (continued)

> The thing about the children's guide is because everybody was so stretched and there was a sense of well we can't ask women and the men's services to do another thing. There was a real openness around how can you take bits of this but I don't think it's really be taken up. So I think it has been a little bit influential but not very. I think it's largely a resource that sat on the shelf to some extent so what does it mean then when you are doing a comprehensive risk assessment framework? (EI)

The survey offered a number of opportunities for respondents to provide detailed, open-ended responses, and this was where the strongest information regarding the importance of recognising children independently as well as co-dependently with their victim/survivor parent (most often, the child's mother) was consistently raised.

Suggested pathways and inclusions for the development of children's assessment

Below, we list the main issues arising from the qualitative survey responses (n=71) and focus group data in relation to the developments in practices and structures that are needed in order to effectively assess risk to children.

Table 7: Practices and Factors in Risk Assessment for Children

Item	Key finding/indicative comment
Children are always harmed by family violence	The harms suffered by children are serious and cumulative. These can include direct victimisation, witnessing victimisation and impacts due to the mother's compromised capacity to provide care and nurture. All forms of child development will be affected. *A good dad does not hurt that child's mother; all family violence harms children. (FG16)* *Like if the mother's at risk, the kids are at risk and I think that it needs to go together. I don't think it needs to be separate. (FG16)*
The need to be more child specific	Recognising that, while some risks are shared between women and children, others are distinct. *The CRAF combines women and children; however, the risks for a woman and a child are and will be different. I strongly believe that if we are to reduce the number of child deaths from family violence we need to separate the CRAF for women and children and view a child as an independent victim. This will also align with child protection and ensure less hostility between agencies and more focus on keeping all victims safe. (Open survey response)*
The pressing need for better interagency collaboration	Children's support services may not necessarily receive notifications or direct referrals about children in relation to family violence: their clients may present through different pathways, and privacy concerns and/or other factors may mean that existing knowledge about the risks to children is not shared between organisations. *Paediatricians are rarely involved in the health assessment of children who are known to have significant effects as a result of family violence – especially as GPs do not have to have paediatric experience and may not be equipped to deal with this area. (Open survey response)*

Findings (continued)

Item	Key finding/indicative comment
Better shared framework of accountability and responsibility	Development of interagency governance structures that clearly outline links between agencies such as police, child protection and family and children's services for child-focused family violence risk assessment and risk management is needed. *I think the idea of who is responsible is really unclear …. we're often seeing people when they've had a lot of contact with other services but we very rarely have a risk assessment for children when we're taking on the referral, so the family have often had lots of contact but there isn't – and people are saying, 'Well, you're the children service, you're responsible, aren't you, for doing a risk assessment?' But that's way down the track and if we start that process we can identify risk but we're often shocked that they haven't been. (FG3)*
Alignment of funding for adult and child clients	There is a lack of case funding for children associated with family violence cases. *We're not funded to see children, we don't assess children, there's too much risk in us actually doing risk assessments for children, so there's a fundamental resistance if you like that they need [to address] around how we, as a not funded children's agency, will pick up these risk assessment tools [and] start doing this CRAF-type assessment. (FG16)*
Development of clear pathways and referrals from children's risk assessments	Many research participants identified the lack of services for children as a critical influence on how and whether children's risk is assessed. A number of participants, including regional participants, suggested that worker reluctance to specifically assess children's risk arises from an unwillingness to do further harm where services are not available. *Let's be absolutely clear about that. So that's one of the issues, so people, they don't want to go there because then they're going to find out that they've got this incredibly traumatised bunch of kids and the mother knows that and they're going to say, 'Well sorry, we've got nowhere to take them. Goodbye, finish.' (FG3)* *Children are sitting there, they're not in a region, they've lost all their supports from where they've come from, they can't get linked into something where they're going because they don't know where they're going, so some of the issues around doing some of this stuff is, again, what do we do with the information because we don't know where that person's going, we don't know what's going to be available, so we can't actually put anything in place, and the staffing team don't feel confident to actually do that because again, they're coming from the perspective of we're family violence service, we work with women, we're not skilled to do that, it's not our role. We can wait until they get to the refuge. (FG3)*
Enhanced training to support workers	Training focused on child-specific needs has not been available, limiting worker confidence. *I think people do get scared of this idea, 'I'm going to re-traumatise a child,' but it is about training and it is about capacity building. (FG3)*

> If we start extending it to children, there is fear of authorities and statutory response around the welfare of children and so we actually have to be really mindful that the unintended consequence of seeing to through the child's eyes or however it will be … I've read most women are frightened to actually start to talk about these things for fear of losing their children. Fear of the authorities. Whether that is a reasonable fear or not. (FG14)

Findings (continued)

Concerns about children's assessment

Despite overwhelming support for improved children's risk assessment, key concerns were raised consistently about how to effectively embed family violence risk assessment, even if identified barriers to interagency collaboration and funding were overcome.

Concerns about further victimising or undermining maternal victims of family violence were consistently expressed: institutions such as the Family Court, Child Protection and family services have specific responsibilities that may create unintended adverse consequences if the risks of the mother and her children are assessed separately or distinctly. Women may not disclose family violence if they fear losing their children. As one focus group participant explained:

> I was just going to say, we're still I think perhaps just the way it has to be at the moment, but we still hold women accountable for the safety of the children and I think going to that point, if the risk assessment is, are we keeping the women and children safe? It's not talking about needs but I think what needs to happen is that there needs to be some assessment about the perpetrator and his capacity to stop his violence and abuse and his understanding of the impact that it's having on his children. I think that it's a community responsibility, so I don't know whether that's Family Court that need to do a bit more or we need to have some alerts where there's intervention orders that are being changed to give him contact with children. Family services will be doing some of that when they're involved with the perpetrator and his parent, men's behaviour change. I think there's a number of – possibly police, I don't know. I think there's a number of services that need to be able to keep that in mind. (FG16)

While a small number of models of risk assessment aimed specifically at children exist at the international level, a robust evidence base for child-specific risk factors is not yet available. The introduction of risk assessment tools for children will need to occur as part of a well-designed, long-term framework that includes review and evaluation. One focus group participant commented:

> How can we implement a CRAF around child-specific risk factors? We have to actually have a common understanding of what risk means in the context of family violence for children. (FG3)

Summary of key challenges: Despite overwhelming support for improved children's risk assessment, concerns were raised about how to develop specific risk factors for children and overcome identified barriers to interagency collaboration.

Findings (continued)

Recommendation 19. Currently, family violence risks to children are not well understood and responses are inadequate. A taskforce of relevant agencies and experts should be convened to examine existing risk assessment practices for children and to consider and develop specific evidence based family violence risk factors for children. It should examine the range of children's risk assessment practices and build a framework that supports interagency collaboration. The taskforce of children's family violence risk factors should:

- Ensure that family violence is recognised as a serious risk to children in families where such violence occurs.
- Develop an integrated framework for accountability and responsibility for children's risk assessment and management, which encompasses child protection, the Family Court, family services and specialist family violence services.
- Ensure that funding addresses the needs of both adult and child victims of family violence.
- Develop a clear CRAF related training protocol for workers supporting children that ensures children's risk is assessed and managed in the broader context of family violence risks.

11. 7 Need for a more inclusive framework

Summary of finding: Recognition that the CRAF does not adequately account for diverse experiences of family violence was widely noted and there was strong support for greater inclusivity in a redeveloped CRAF.

Consistent with the empirical evidence on the nature of family violence, the CRAF uses a gendered lens to describe victims and perpetrators of family violence. The Practice Guides, however, do refer to family violence 'outside the context of intimate heterosexual relationships' (DHS 2012: 22). The guides refer to the following populations: ATSI, CALD and LGBTIQ people, and children, adolescents, older people, and people with disabilities (22–4). In a section on factors impacting on victims' vulnerability to continued violence, the position of ATSI peoples, women and children from CALD communities, women in rural communities, women with a disability, older women, women with a mental illness, LGBTIQ people, as well as men in heterosexual relationships are all specifically referenced (30–41). The material in this section of the practice guidance provides 'suggestions for inclusive practice' (82). Yet the RCFV maintains that the 'practice guidance material that forms part of the CRAF needs to be reviewed to support the assessment of risk for all victims' (2016 Summary and Recommendations: 20). The risk assessment tool does not currently provide any prompts to remind or alert the user to the possibility of risk factors outside the context of 'intimate heterosexual relationships' or to take into account any of the particular vulnerabilities referred to above.

Findings (continued)

Recognition that the CRAF does not adequately account for diverse experiences of family violence was widely noted in the data, as captured in the following comments of two participants:

> The current CRAF does not appropriately recognise or acknowledge the increased vulnerability to and risk of violence toward diverse groups of women … it fails to account for the increased risks of violence experienced by these women. The revised CRAF must recognise the elevated risk of violence toward CALD women, women with disabilities and women from Indigenous communities so as to inform service providers' assessment and management of risk. (FG6)

> It [the CRAF] doesn't allow for you to mobilise and work with all people from all walks of life who experience family violence in all the different forms. It's a really hard task. (FG19)

Ensuring a more inclusive CRAF while continuing to adhere to a shared framework that recognises IPV as the main form of family violence is a key challenge.

The need for greater inclusivity of different populations was widely supported among stakeholders, yet the importance of the gendered lens was also emphasised. One expert interviewee observed:

> [I]t's just really important to keep that [gender] lens. Because we know the homicide rate and the high risk of serious injury from gendered intimate partner violence and the fact that there are particular dynamics and understandings we have about how that violence operates and what it looks like, which means that we can, to some extent, predict risk and we have some knowledge about how to respond. So, it's really essential that we don't muddy the water too much. (EI)

Another participant noted:

> One other thing I would say is that with CRAF as it is, it was actually based on evidence about women and if we are looking at expanding this as being a tool that can be used by anyone who's a victim of family violence, I think we need to make sure we include gender as some sort of risk factor. So if you actually look at the aide memoire right now, nowhere on there does it actually say, if the perpetrator is male and the victim is female, that's actually a really huge risk factor, that's the people who actually get murdered most frequently. So just gender actually needs to step into it if we are talking about broadening it to be used by more groups, which is a good idea. And then based on evidence from more people then. (FG2)

And another commented:

> I do think we have to recognise the complexity and the fact that, yes of course women are violent too, and what influence that and, you know, what influence a whole lot of other types of behaviour, and that the gender is just – it's a big part of it but it's only a part of it. (FG6)

Findings (continued)

The need to ensure greater inclusivity while also retaining the gendered lens gave rise to discussion in the focus groups on the merits of retaining a universal tool or, conversely, introducing a suite of tools that could better cater to the diversity of family violence. This idea of a 'suite of tools' was met with mixed views in the focus groups. Some participants suggested 'different levels and types of CRAF' (FG2), introducing 'a common tool and then it would have arms' (FG19); one remarked:

> I would hope there would be a suite of relevant tools as well as the CRAF document itself, relevant tools like cultural lens and children and things, anything that is relevant. (FG20)

This discussion about the need for multiple tools reflected a view that the CRAF could not 'ever capture the complexity of a victim's life or a victim's experience within one tool' (FG6).

In contrast, however, others pointed to the benefits of a common framework and universal tool. One observed:

> I think that there is a very strong benefit in having all of that within the one framework and actually in the tool. And yeah, it's going to make the tool longer and yes it's going to mean more questions, but there's not a choice that we have there. (EI)

Those who supported maintaining the one tool pointed to 'the dangers of people heading off in different directions with risk assessment' (EI) and the difficulties in practice of having multiple tools. As one remarked:

> I'd like to have one tool because the nuances and complexity in each case that we have means it's not just necessarily about a woman who has children, it could be a woman who has children and has a particular religion or way that family dynamic works … once we start separating out we're making an assumption that we understand all the differences of that group rather than how people actually live their lives which is often linking lots of other aspects. (FG6)

Opposition to the notion of having multiple tools to better cater to diverse populations was further captured in the following comments:

> We need to make sure that we don't have multiple tools and everybody doing their own thing and not sharing. It needs to be something that creates what we've just spoken about … [common language and shared understanding] … I think that everyone should be using the same tool. (FG1)

> You certainly don't want to start building separate tools for the separate cohorts, that wouldn't work. (FG19)

These quotes reveal that, while there was acknowledgement among many that the CRAF needs to better cater to diverse populations, there were divergent views on how this could best be achieved.

Findings (continued)

Recognising diversity

The CRAF Practice Guides should be adjusted to be more inclusive of diverse populations. Prompts should be included to additional or different questions for diverse populations and some additional relevant risk factors should be included where the family violence falls outside heterosexual IPV. The creation of separate tools should be considered. One of the challenges in devising separate tools, however, is that for family violence other than heterosexual IPV there is a paucity of evidence-based risk factors to draw upon. This challenge will be mitigated over time if specific specialist services are available to respond to family violence in specific populations and if resources are committed to creating an evidence base for diverse populations. Greater inclusivity should not be at the expense of the continued focus on IPV as the most frequently occurring type of family violence.

Recommendation 20. Currently there is no strong evidence base for family violence risk assessment factors beyond heterosexual intimate partner violence. Internationally most family violence risk assessment tools and frameworks address only heterosexual intimate partner violence because this is the most prevalent form of family violence and the type of family violence that most is know about. In order to address this significant gap in identifying, assessing and managing the risks posed by different forms of family violence in diverse communities the redevelopment of the CRAF should:

- Include research to develop or build an evidence base on risks factors specific to diverse populations including ATSI, CALD and LGBTIQ, children, adolescents, older people and people with disability.
- Proceed in close consultation with specialists that address the risks and needs of diverse communities in order to capture emerging knowledge about specific risk factors for diverse communities.

The following sections identify issues raised specific to diverse populations. References to specific forms of risk were identified for diverse populations, including ATSI, CALD and LGBTIQ people, and children, adolescents, older people, and people with disabilities.

Aboriginal and Torres Strait Islander peoples

ATSI peoples, especially women and children, are disproportionately affected by family violence. The importance of Aboriginal community-controlled organisations and tailored justice systems that recognise the history of colonisation and the culture of Aboriginal people was referred to in the RCFV (2016: Chapter 26). The Indigenous Family Violence Koorie Caucus was engaged as part of this Review. The Caucus requested that DHHS negotiate over an agreed process for more extensive consultation over the Review and the redevelopment of the CRAF. In addition, the Caucus was concerned to have the previous work done on developing an Aboriginal CRAF recognised. The 'mid-term evaluation of the Indigenous Family Violence 10 Year Plan' includes the 'Development of a draft Aboriginal contextualised Common Risk Assessment and Risk Management Framework (CRAF)' as an achievement.

Findings (continued)

Recommendation 21. ATSI organisations consulted in the Review were clear that the redevelopment of the CRAF needed to be undertaken in partnership with ATSI communities and should take into account the work already undertaken to develop an 'Aboriginal CRAF'. The development of a 'draft Aboriginal contextualised Common Risk Assessment and Risk Management Framework' is listed in the Mid-term evaluation of the Indigenous Family Violence 10 Year Plan as an achievement. To be more inclusive of ATSI people the redevelopment of the CRAF should:

- Be undertaken in partnership with Victorian ATSI communities.
- Take into account and build on the draft Aboriginal CRAF (see Appendix 4 *Aboriginal Common Risk Assessment and Risk Management Framework: participant handbook).*

Disability

In line with the findings of the RCFV, there was recognition in the focus groups that the intersection of disability and family violence is a vitally important issue, but one that is not currently well understood. The abuse of children with a disability, in the view of one focus group participant, is currently unaddressed. Congruent with the comments about the limitations of definitions and terminology in the CRAF captured across the Review, concerns were raised about specific risks related to disability such as the withholding of medication or needed physical aids which may not necessarily be identified as violence within the aide memoire, even though focus group participants considered that the broad framework of the CRAF did effectively outline an inclusive approach to assessing family violence risk in general and in relation to disability. One participant commented:

> There are people who are not able to kind of get in a front door because they've got a carer who's not allowing them to ring up Safe Steps or something like that. But it is an issue of the risk factors themselves. If you have got somebody – nowhere on a CRAF aide memoire does it say something like, 'Does he take away your medication? Or does he overmedicate you?' And that is just as life threatening as strangulation for somebody who relies on a carer who is also their abuser to – to give them lifesaving medication. (FG1)

There was also concern that the aide memoires at each practice level do not prompt or remind practitioners of the particular risks associated with disability, and, importantly, of the additional vulnerability of women with disabilities to particular forms of coercion and control. A focus group participant commented:

> In relation to disability I'd say that checking whether a victim or perpetrator has a disability is only one very small part of the story. While there's great discussion of the forms that violence against people with disability can take earlier in the document there's no prompting to remind about those factors when you come to doing the actual, you know, going through the admin while going through the risk factors. (FG3)

Findings (continued)

While limitations were identified in the risk assessment framework, another critical concern raised for those working with women with a disability was the lack of direct risk management strategies within the CRAF. Women's refuges and services –as noted in the RCFV – are often not accessible to women with a disability. Even though DHHS has developed the *Disability and Family Violence Crisis Response Initiative*, offering particular short-term aid that recognises the specific challenges for women with a disability in securing safety, this initiative cannot address the range of specific requirements to address the specific risks of women with disability. it is not clear how effectively. Overall, there are clear limitations in current applications of risk assessment that require further research and policy development. Specifically, the participants identified that the CRAF needs to build in:

- nuanced definitions of abusive behaviours linked to caring and disability
- enhanced recognition of the greater vulnerabilities that may be linked to disability.

Recommendation 22. There was recognition by participants in the Review that the intersection of disability and family violence is important, but not well understood. The additional vulnerability of those with disability to particular forms of coercion and control was recognised as well as barriers to accessing services. Concern was raised about specific risks such as coercion and control by methods such as over or under medicating and/or withholding physical aids. The redeveloped CRAF should:

- Include specific and targeted questions for people with disability.
- Include specific risk factors for people with disability (see s. 11.8).

CALD

For CALD women there are 'unique barriers' to 'seeking help' and 'leaving a violent relationship' (FG6). These barriers can be understood as *additional* or *unseen* risk factors. This conceptualisation of barriers assists in understanding two important factors related to CRAF for CALD communities. First, the CRAF does not include components of risk specific to CALD women. Second, the CRAF risk assessment must be contextualised, so that risk does not go unrecognised due to a lack of shared understanding of concepts and meanings.

The risks specific to CALD women are influenced primarily by two factors: their migration status and their community entanglement. With regards to migration status, temporariness is a significant risk factor. As one participant explained:

> the women without the permanent residency is at more risk and they are more vulnerable. Even though there [may be] no violence, but [abuse in the form of] neglect and deportation … threat. So that's missing in the sector: that this is family violence. So there's more risk. (FG17)

Findings (continued)

Temporary migration status is broad and includes women who are seeking asylum, to those who have a provisional partner-related visa (e.g. Partner (Provisional and Migrant) visa [subclass 309 100]). In addition to both the fear and threat of deportation (which for asylum seekers may be linked to fear of breaching the code of behaviour), the associated vulnerability of temporary migrants is connected to the fear or threat of separation from their children, and the fear and impact of returning to their country of origin, where women may be concerned about shame, violence and/or ostracism. The high level of vulnerability of women in this position was captured in the following example provided by a CALD family violence worker:

> I have a client call me that because they … [were] married back home in the community, they invite relatives and people come to the wedding ceremony. So everybody know that she got married. So [this] client … told me that, 'If I have to go back, I'd rather die here'. So that's how serious, how fearful when the perpetrator threaten to send them back, because they know that the woman … [is] too ashamed to go back. (FG17)

The second risk factor that is specific to CALD community is *entanglement*. The community, be it migrant population or religious or both, can create significant barriers to seeking or accepting help and recognising or acknowledging violence, as explained by one of the participants:

> I remember working with a woman… [and] it was like the priest, he come to the house and say, 'You have to have him back', so she had that external pressure that she has to continue living in that [situation] because [otherwise] she wasn't compliant with her wifely duties…. So she … also feel the pressure not only by the partner but also by the community, the only support that she have, because outside that she doesn't know anyone because of coming from another country. So that's one of the questions that is missing when we go, 'Are you connected with religious place? What is the support? Can you feel the support or you feel more like that pressure by not being able to report?' (FG17)

This is a risk factor that requires clear and informed articulation in the CRAF. The primary concern is that woman's close community ties can be viewed as a support/safety factor when in fact those ties can mean that violence is denied or hidden.

The second key finding is that risk assessment must be conducted with a nuanced and informed understanding of the CALD context to ensure that risk is recognised. Important considerations here include being aware/mindful of histories of trauma (including displacement and corruption) and the impact of these experiences on interactions that occur in the risk assessment (and legal) context. The data reinforced the importance of understanding the cultural background, including the expectations placed upon women and wives, and the extent to which violence is named or accepted within that culture. One participant observed:

Findings (continued)

> So I suppose you would have a client, the worker will start doing risk assessment without actually the client knowing even the definition of what family violence is. And that's tricky because then risk assessment may be performed, the woman has given these completely incorrect answers just by the pure fact that she doesn't even know what constitutes family violence in the first place. And I'm talking mostly about the CALD woman. So if you have maybe a new worker, not well trained worker and just go through the boxes and ask questions, 'Was there any physical violence?' Woman will say not really. Because I often would have clients where I say, 'Was there any physical violence?' 'No, not physical, just slap'. So she really think physical would be only if he really badly bash her up, but if he spit on her or occasional slap, wouldn't be very physical. So that's a tricky bit, when you have someone, a woman like that who wouldn't consider other types of control or abuse as real abuse. So the tricky bit is what answer would we get from someone who is just rushing through the risk assessment. If that's the first point of woman who has never seen or speak to any family violence service, doesn't have any idea of what family violence is, and just got through risk assessment, that's a tricky bit. I suppose there is a big number of clients like that. I'm talking about telephone risk assessment, I'm not talking about face-to-face or case management bit. I'm talking about thousands of referrals coming from the police to outreach agencies. I know they have these high risks, but many of the clients that are not highlighted as high risk may actually be high risk. (FG17)

This comment highlights the importance of shared understandings of violence, of fear and other components of risk. It also points to the nuance that is required in understanding how violence is named, and the need for specific and targeted questions for CALD women. Further, there are elements of risk assessment and understandings of risk that are specific to CALD communities, including multiple or non-intimate partner perpetrator/s, isolation (noting that for CALD women isolation can be extreme) as well as language and definitional barriers and differences – where risk, fear and violence need more than just literal translation.

What emerged from the data was strong support for CALD-specific components of the CRAF (noting that some amendments are already in place – see Appendix 4) and the importance of both universal and specialist services having CALD-specific training and processes to enable them to work better with CALD communities. It was highlighted that the current provision for interpreters has raised considerable concerns: trained interpreters who have a broad understanding of the CRAF would be of significant benefit.

Recommendation 23. Review participants revealed a number of specific family violence risk factors and issues for CALD women. A redeveloped CRAF should:

- Include visa status issues as a specific risk factor (s. 11.8).

Findings (continued)

- Recognise that alongside isolation, which is currently included as a risk factor, entanglement, may be a risk factor for CALD women and should be included in the aide memoire (s.11.8).
- Consider including the risk factors set out for immigrant women in the Danger Assessment-I (see s. 10.2).
- Include specific and targeted questions for CALD women.
- Be underpinned by continued and increased support for specific CALD family violence services as well as continued and enhanced training in CALD issues for mainstream family violence services.
- Be underpinned by the recognition of the need for and support of interpreters with a broad understanding of the CRAF.

Older people

The RCFV (2016: Chapter 27: 89) found that there is a lack of understanding in the general community and among mainstream service providers about family violence experienced by older people and that this has contributed to a deficit in the skills needed to identify and respond to older people's experience of family violence. Mirroring submissions provided to the RCFV (2016 Chapter 27: 84), the focus group engagement revealed a general acknowledgement that the CRAF does not reflect the risks relevant to older persons. Participants described how the CRAF framework and aide memoir 'probably didn't fit' elder abuse (FG1), and have 'never really included' older persons (FG1), and that this form of family violence 'isn't actually covered' in the CRAF (FG20). This gap in the framework was seen to be compounded by a belief that the CRAF is not readily applied to older people. As described by one participant, 'as long as they call it elder abuse they do something so different, so they don't even go near to thinking about doing any risk assessment' (FG6).

Risk factors specific to older people consistently identified included financial abuse, coercive and controlling behaviours, and neglect. While these factors are already present in the CRAF, participants described the need to develop skills within the sector that facilitate understanding of how to identify such factors and apply the CRAF to older people. Modifications have been developed by some agencies to enhance risk assessment for older people (see Appendix 4). As one participant stated:

> Maybe the sector needs more training in regards to how to ask the questions and being transparent? That's in the elder abuse space, people suspect it but shy away from it so what we're focusing on is how to ask the questions, how to assess risk and have a plan in place. (FG19)

These comments sat alongside recognition of the different referral pathways sometimes required for older people experiencing family violence.

Findings (continued)

Recommendation 24. There was general acknowledgement amongst Review participants that the CRAF does not reflect risks relevant to older persons. Risk factors specific to older people consistently identified included financial abuse, coercive and controlling behaviours, and neglect. A redeveloped CRAF should:

- Recognise the need to develop skills within the sector that facilitate the identification of such risk factors for older people and apply the CRAF to older people.
- Review the modifications to the CRAF to enhance family violence risk assessment for older people and consider the relevance of these to a redeveloped CRAF (Appendix 4).
- Consider modifications to the CRAF training to better include family violence against older people.

LGBTIQ

Participants recognised significant limitations in the CRAF in relation to the LGBTIQ community. While there is much support for the continued use of a 'gendered lens' for family violence, there was recognition by many that this approach needs supplementing when responding to the needs of the LGBTIQ community (FG6). There were strong calls for recognition that a standardised approach can be harmful to members of the LGBTIQ community, many of whom are not aware that what they are facing is family violence. One participant commented:

> There's a lot of hetero activity in the general information of it [the CRAF] that reinforces the myth that domestic violence doesn't exist within the queer community. (FG5)

A consistent theme emerged about the need for both specialist LGBTIQ and mainstream family violence expertise to enhance inclusivity. There were calls for greater education for those working with victims of family violence about the needs of LGBTIQ victims. A participant remarked:

> But if we say that to be able to screen for LGBTIQ DV is a specialist area only well then we're not actually going to get anywhere. That's not feasible. (FG5)

The lack of LGBTIQ-appropriate or -specific questions was noted as a shortcoming of the tool, and particular note was made of the diversity of ways through which power and coercion can be experienced. Linked to this there was a call for utilisation of LGBTIQ specialists in the development of a more inclusive response. One participant noted:

> It's going to require someone with that dual knowledge of LGBTIQ communities and domestic and family violence. (FG5)

In terms of the level of knowledge specifically related to LGBTIQ experiences, one participant stated:

Findings (continued)

> I mean I think we're working blind. Let's be real. It was developed in response to mainstream heterosexual family violence. And the tool for that has a body of evidence as to why each item is in there and so on so it makes perfect sense. (FG5)

> I think it's quite an underdeveloped and under-researched area I guess if we're going to be very clear about what risk really means. (FG5)

The recognition of the lack of an evidence base for a tool was a consistent theme, though it was perceived that those working in organisations that respond to LGBTIQ victim/survivors hold significant professional knowledge. For example, specialist services are aware of the need to alter and supplement risk factors, and perpetrator tactics (FG6). Participants within the LGBTIQ focus group noted the lack of inclusion of factors such as threats to 'out' a person, use of gender to belittle and target, homophobia, lack of support from other family members, and homelessness as additional pressures facing an LGBTIQ person experiencing family violence.

The gender- and sex-specific nature of CRAF tools and materials was seen as not inclusive of those with diverse sexualities and genders. It was noted that, even with the training provided to those in generalist services to improve awareness of the needs of LGBTIQ people suffering family violence, there are no specific referral services available, so there is no framework to manage the risk identified. One participant observed:

> The big problem with it [the CRAF] is that we're talking about this framework within a system, but it … is a big problem. So where do we refer people? Where are the services? (FG5)

Recommendation 25. The limitations of the CRAF in relation to the LGBTIQ community were broadly recognised. It was widely considered that the standardised approach was harmful to the LGBTIQ community, many of whom might not aware that what they are facing is family violence. Specialist LGBTIQ services are aware of the need to alter and supplement risk factors currently included in the CRAF. Participants within the LGBTIQ focus group noted the lack of inclusion of factors such as threats to 'out' a person, use of gender to belittle and target, homophobia, lack of support from other family members, and homelessness as potential additional pressures or risk facing an LGBTIQ victim/survivor. A redeveloped CRAF should:

- Include LGTBIQ specific risk factors (see s. 11.8).
- Consider the risk factors for same sex relationships included in the DA-R and the relevance of these in a redeveloped CRAF (see s. 10.2).
- Recognise the need to develop skills within the sector that facilitate understanding of how to identify such risk factors and apply the CRAF to LGTBIQ people.

Findings (continued)

- Consider modifications to the CRAF training to better include family violence against LGTBIQ people.

Adolescents who use violence

> I haven't looked enough at the data to tell you off the top of my head, but child to parent is the second most common group after intimate partner or ex-intimate partner, but of that I think the majority is actually young people not adult children. I'm not sure how much older parents call the police on their adult kids. I think there's a massive reporting issue, particularly if your kid's got a major mental illness which is going to be the biggest reason they're engaging in violence towards you, they don't want their kid in trouble. So I think that's a big issue. (EI3)

As in the RCFV, there was general acknowledgement among the participants that the area of adolescent family violence requires more research and greater embedding in processes of risk assessment, including the CRAF. Accurate prevalence data is unavailable, yet the outcomes of such patterns of violence, if uninterrupted, are recognised as severe both for family of origin, and the longer-term effects on adolescent perpetrators. One participant remarked:

> Some of those red flags that are occurring before it turns into a long-term adult relationship, a – different for youth. So that they can see that. I find using the wheel of violence is good talking with youth, because we can expand on what that looks like in their relationship. (FG13)

The Adolescent Family Violence Program Service Model (DHHS 2014, see Appendix 4) offers guidance on optimal service provision for adolescents using violence and their families; however, the focus group data did not provide any information about its uptake and use.

Internationally, no evidence-based risk assessment tools for adolescent violence have been developed. In order to ensure that the CRAF can identify and respond to this form of violence, an integrated approach to the development of service paradigms and responses (such as those developed by DHHS 2014 and programs offered by Kildonan Uniting Care – see Appendix 4) will be necessary to simultaneously build an evidence base and effective risk assessment and management policies and practices.

> **Summary of key challenges:** Ensuring a more inclusive CRAF while continuing to adhere to a shared framework that recognises IPV as the main form of family violence is a key challenge. Another key challenge in achieving inclusivity is overcoming the paucity of evidence-based risk factors to draw upon for family violence other than heterosexual IPV.

Findings (continued)

Recommendation 26. The nature, extent and impact of adolescent family violence are under researched and largely unknown. Internationally there are no evidence-based risk assessment tools for adolescent family violence. The greater availability of adolescent family violence services will assist to build an evidence base about this form of family violence. To ensure that the redeveloped CRAF can better identify and respond to the risk posed by adolescent family violence the redevelopment should:

- Adopt a partnership approach to building a service paradigm/s and responses for adolescent family violence with those services working with adolescents and adolescent family violence.
- Adolescent family violence programs developed by DHHS 2014 and programs offered by Kildonan Uniting Care should be supported and evaluated as potential models for addressing adolescent family violence (see Appendix 4).

Recommendation 27. The CRAF is a key component and strength of Victoria's Integrated Family Violence System. In order to continue to build and maintain integration in the family violence system and consolidate and enhance shared understandings about family violence risk, the CRAF redevelopment should be undertaken in partnership with the diverse organisations and professional groups that are relied upon to identify, assess and manage family violence risk across Victoria.

Findings (continued)

11. 8 Suggested additions or amendments to the CRAF aide memoire

Below is a summary of suggestions for amendments and additions to the current risk factors listed in the CRAF aide memoire made by participants in the focus groups, interviews or open-ended responses to the survey.

Current CRAF	Amendment	Rationale
RISK FACTORS FOR VICTIMS		
Pregnancy/new birth*	Differentiate between pregnancy and new birth	
Depression/mental health issue	This, and the following two risk factors, need to be reworked as a positive way of asking about all of the possible health impacts of family violence on victims	This, and the following two risk factors, are often used to label the victim. They put the focus on 'victim deficits' rather than a discussion of the health impacts of family violence. This needs to be balanced with exploration of the victim/survivor's resilience and strengths
Drug and/or alcohol misuse/abuse	See above	See above
Has ever verbalised or had suicidal ideas or tried to commit suicide	See above	See above
Isolation	Needs to prompt awareness that this may have a flip side for CALD or ATSI women.	Certain types of entanglements with community/ family/religion can be a risk
RISK FACTORS FOR PERPETRATORS		
Use of weapon in most recent event*	1. Use of weapon *or object* 2. Differentiate between use of weapon to harm and intimidating behaviour with weapon/s	1. 'Object' is more inclusive and will ensure a more meaningful answer 2 More specific assessment of level of risk
Access to weapons*	What type of weapons?	The type of weapon, e.g. gun, may be a factor in the level of risk
Has ever harmed or threatened to harm victim	1. Need to have very specific differentiation between harm and threat to harm 2. When did this happen?	1. More specific assessment of level of risk 2. Issues of temporality are relevant to risk escalation
Has ever tried to choke victim*	When did this happen? Did the victim lose consciousness?	Issues of temporality are relevant to risk escalation
Has ever threatened to kill victim*	1. When did this happen? 2. Specify the nature of threat to kill – general threat, specific threat or detailed plan to kill?	1. Issues of temporality are relevant to risk escalation 2. More specific assessment of level of risk
Has ever harmed or threatened to harm victim*	Need to have very specific differentiation between harm and threat to harm Specify nature of harm caused in physical violence – serious or minor injury, miscarriage?	More specific assessment of level of risk
Has ever harmed or threatened to harm or kill children*	Need to have very specific differentiation between harm and threat to harm	More specific assessment of level of risk

Findings (continued)

Current CRAF	Amendment	Rationale
Has ever harmed or threatened to harm or kill other family members	Need to have very specific differentiation between harm and threat to harm	More specific assessment of level of risk
Has ever harmed or threatened to harm or kill pets or other animals*	Need to have very specific differentiation between harm and threat to harm Specify nature of harm and threat to animal – harm to current pets, harmed pets in the past, killed pet or animal?	More specific assessment of level of risk
Has ever threatened or tried to commit suicide*	Specify whether suicide threatened or attempted	More specific assessment of level of risk
Stalking of victim*	The use of technology to stalk should be specifically indicted	Issue has emerged as major factor in family violence since the development of the CRAF in 2007
Sexual assault of victim	Forced to have unprotected sex	Pertinent for LGTBIQ
Previous or current breach of Intervention Order		
Drug and/or alcohol misuse/abuse*	What type of drugs?	Different drugs may indicate different threat levels. For example, ice may indicate a higher level of risk than marijuana.
Obsession/jealous behaviour towards victim*	Risk factors associated with the perpetrator's state of mind, propensity to use severe/lethal violence, and intent to punish/enact revenge on the victim for defying him	Should be included even when other risks might seem not to be present e.g. the perpetrator is not in regular contact
Controlling behaviours*	This should specifically include technology-facilitated controlling behaviours Closely related to issues of coercive control	More specific assessment of level of risk
Unemployed*		
Depression/mental health		
History of violent behaviour (not family violence)		
RELATIONSHIP FACTORS		
Recent separation*		
Escalation – increased in severity		
Financial difficulties		

* Risk factors for children are dealt with at s. 11.6.

Findings (continued)

Additions to CRAF risk factors or factors that mitigate risk*	Rationale
RISK FACTORS FOR VICTIMS	
Visa/Permanent Residency	Threats or fear of deportation may make women more vulnerable
In Australia for less than five years	Less than five years may mean greater isolation or limited English language skills
Nature of pre-immigration experience	If spent time in a refugee camp may be afraid of going to a women's refuge If tortured in home country may be reluctant to seek help from police
Human trafficking	Is an indicator of increased vulnerability to abuse
Young and transgender	Risk factor for family violence Parent may not be supportive of young transgender child. Gender identity may be targeted
LGBTIQ	Violence may be homophobic Threat of 'outing' at work
HIV status	Threat to disclose
Disability	Increased risk of family violence
RISK FACTORS FOR PERPETRATORS	
Perpetrator targets gender identity	Specific type of abuse. May be homophobic or misogynist
Family court orders or proceedings **Recent loss of access to children**	Critical to understanding perpetrator risk
Technology-facilitated violence **Technological abuse**	Closely related to issues of coercive control
Perpetrator in or involved with gangs and/or organised crime	Increased risk from both perpetrator and third parties
Cults	Increased risk from both perpetrator and third parties
Religion	Increased risk from both perpetrator and third parties
Property damage	Property damage is an indicator of controlling behaviour and emotional abuse; therefore, there needs to be a question on property damage
Perpetrator's previous criminal conviction for family violence offence	Relevant risk factor
Economic/financial abuse	This is different to financial difficulties which is currently under relationship factors
Withholds or overuses medication. **Restricts access to mobility aids**	Form of abuse specific to disability or elder abuse
RELATIONSHIP FACTORS	
Is the relationship a result of an arranged marriage?	Arranged marriages, and the associated dowry issues with some such marriages, can present an increased risk of family violence
OTHER	
Victim protective factors	To rebalance the focus on 'victim deficits'
Natural disaster	Research indicates increased risk of family violence after natural disaster
Perpetrator's car registration **Woman's Medicare number** **Emergency contacts**	If the woman goes missing the service has got what it needs to file a police missing person's report

* Risk factors for children are dealt with at s. 11.6.

SECTION 12

Conclusion

12

The Review provides a snapshot of the use, usability, strengths and limitations of the CRAF. It also provides some recommendations for its future redevelopment. Since its inception nine years ago, the CRAF has been adopted in a wide range of mainstream, justice and statutory services and by specialist family violence services. It was and remains a key driver and element of Victoria's integrated family violence system. It was the first such framework developed in Australia and is recognised nationally and internationally as a leader in risk assessment practice. The RCFV considered the CRAF to be an element of Victoria's strong foundations 'to build its future response to family violence' (2016 Summary and Recommendations: 5). The Review found strong support for the CRAF and a keen appetite to redevelop and improve it while retaining its core strengths. Its recognised strengths pertain mainly to the first of its key components: 'a shared understanding of risk and family violence across all service providers'. Beyond the benefits of this common understanding, risk was also felt to be a productive and educative lens through which to engage victim/survivors in conversation about the dynamics, impacts and nature of family violence.

The gendered lens that informs the framework was seen as useful in creating common understandings about IPV as the most common type of family violence. The limits of the gendered lens in accounting for some forms of family violence were acknowledged, along with the need for the CRAF to be more inclusive of diverse populations and different types of family violence, such as elder and adolescent abuse. It was widely understood that the CRAF needs to pay more attention to children as the 'silent victims' of family violence.

The second key component of the CRAF – a 'standardised approach to recognising and assessing risk' – was seen as a strength but one that needs further development. It was considered that the CRAF addresses risk assessment reasonably well. However, it was also recognised that it is important to clarify the limits of risk in assessing the needs of victims and to develop more standardised understandings about what risk is being assessed, when assessment should happen, and the roles and responsibilities of different occupational groups in relation to risk identification and assessment. The language pertaining to different levels of risk was thought to be ambiguous so that a redeveloped CRAF should more clearly articulate the meaning of different levels of risk and promote consistency in the language used to capture different levels of risk.

The third key component of the CRAF – 'appropriate referral pathways and information sharing' – was considered underdeveloped. The recommendations of the RCFV and the rapidly changing service delivery landscape provide an opportunity to develop this component of the CRAF. The sharing of information between agencies is particularly vital for the task of keeping the perpetrator in 'full view' and holding them accountable for the harm caused through family violence, as well as for ongoing risk management.

Conclusion (continued)

The fourth key component of the CRAF – 'risk management strategies that include ongoing assessment and case management' – was considered critical but underdeveloped. Many were concerned that the risk identification and assessment components of the CRAF are rendered less effective or even counterproductive without effective risk management. Once again, the recommendations of the RCFV and the rapidly changing service delivery landscape, including the establishment of RAMPs, provide an opportunity to develop this component of the CRAF.

The final two components of the CRAF – 'data collection and analysis' and 'quality assurance' – were considered weak. Stronger governance structures and more regular review of the CRAF are required to ensure that these aspirational components of the CRAF are realised.

References

13

Andrews D (2014) Premier Announces Royal Commission into Family Violence: Media Release 23 December 2014. Available from: http://www.premier.vic.gov.au/premier-announces-royal-commission-into-family-violence/ (accessed 11 June 2016)

Australian Bureau of Statistics (2013) *Bridging the data gaps for family, domestic and sexual violence.* Retrieved from: http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/LookupAttach/4529.0.00.002Publication25.11.131/$File/Bridging_the_data_gaps_for_FDSV.pdf

Beck U (1992) *Risk society: towards a new modernity.* Vol. 17. Sage

Belfrage H, Strand S, Storey JE, Gibas AL, Kropp PR and Hart SD (2011) Assessment and management of risk for intimate partner violence by police officers using the spousal risk assessment guide. *Law and Human Behaviour.* Retrieved from: http://link.springer.com/article/10.1007%2Fs10979-011-9278-0

Bell M (n.d.) *Guidance for Trust's Gateway Staff on how to use Barnardo's multi-agency risk identification matrix (DVRIM) in assessing risks to children and young people from domestic violence and abuse.* Barnardo's Northern Ireland. Retrieved from: http://onlinetraining.learningtoendabuse.ca/sites/default/files/resource_files/Gatewaytguidancesmall.pdf

Bond C E and Jeffries S (2014) Similar punishment? Comparing sentencing outcomes in domestic and non-domestic violence cases. *British Journal of Criminology,* 54/5, 849 –872.

Brown M (2011) *Family violence risk assessment: review of international research.* New Zealand Government and New Zealand Police: Wellington.

Bugeja L, Butler A, Buxton E, Ehrat H, Hayes M, McIntyre S and Walsh C (2013) The implementation of domestic violence death reviews in Australia. *Homicide Studies,* 17/4: 353 –374.

Campbell JC, Webster DW and Glass N (2009) The Danger Assessment: Validation of a Lethality Risk Assessment Instrument for Intimate Partner Femicide. *Journal of Interpersonal Violence* 24: 653 –674.

COAG Advisory Panel (2016) *COAG Advisory Panel on Reducing Violence against Women and their Children: final report.* Commonwealth of Australia. Retrieved from: https://www.coag.gov.au/sites/default/files/files/COAGAdvisoryPanelonReducingViolenceagainstWomenandtheirChildren-FinalReport.pdf

Cussen T and Bryant W (2015), *Domestic/family homicide in Australia.* Research in Practice no. 38. Australian Institute of Criminology

David N (2007) *Exploring the use of domestic violence fatality review teams.* Issues Paper 15. Australian Domestic & Family Violence Clearinghouse: Sydney.

References (continued)

Dearden J and Jones W (2008) *Homicide in Australia: 2006 –07 national homicide monitoring program annual report* (Vol. 2). Australian Institute of Criminology.

De Becker G and Associates (2000) *Domestic Violence Methods* (DV-MOSAIC). Retrieved from: www.mosaicsystem.com/dv.htm

Department for Child Protection and Family Support (2013) *Family and domestic violence response team: operation procedures.* Government of Western Australia: Perth.

Department of Health and Human Services (2016) *Request for Tender reference number C4715 Review of the Family Violence Risk Assessment and Risk Management Framework.*

Department of Human Services (2012) *Family Violence: Risk Assessment and Risk Management Framework and Practice Guides 1–3.* Victorian Government – Department of Human Services: Melbourne, Australia.

Department of Human Services – Victoria (2015) *Family Violence Risk Assessment and Risk Management Framework.* Retrieved from http://www.dhs.vic.gov.au/for-service-providers/workforce,-careers-and-training/workforce-training/child,-youth-and-family-services-workforce/family-violence-and-risk-assessment,-and-risk-management-training

Department of Justice (2014) *It stops here: Safer Pathway overview.* NSW Government: Sydney.

Domestic Violence Prevention Council (DVPC) (2016) *Findings and Recommendations from the Review of Domestic and Family Violence Deaths in the Australian Capital Territory: Public Report.* Domestic Violence Prevention Council: Australian Capital Territory.

Domestic Violence Resource Centre Victoria (DVRCV) (2016) *Out of character? Legal responses to intimate partner homicides by men in Victoria 2005 –2014.* Domestic Violence Resource Centre Victoria: Melbourne.

DVRCV (2015) *ReCharge: Women's Technology Safety, Legal Resources, Research & Training: National Study Findings.* Legal Service NSW, Domestic Violence Resource Centre Victoria and WESNET.

Dutton DG and Kropp PR (2000) A review of domestic violence risk instruments. *Trauma, Violence and Abuse* 1: 171–81.

Field C (2013) *Ombudsman Western Australia Annual Report 2012–13.* Ombudsman Western Australia: Perth.

Fitz-gibbon K, McCulloch J and Maher J (2016) Little in budget to counter family violence. *The Age*, May 5 2016 http://www.theage.com.au/comment/little-in-budget-to-counter-family-violence-20160504-golqgn.html#ixzz4BbVJ6SG7 (accessed 12 June 2016).

References (continued)

Franzway S, Wendt S, Moulding N, Zufferey C, Chung D and Elder A (2015) *Gendered violence and citizenship: the long term effects of domestic violence on mental health, housing, work and social activity: preliminary report.* Retrieved from: http://www.unisa.edu.au/genderandviolence (accessed 4 June 2016)

Glass N, Perrin N, Hanson G, Bloom T, Gardner E and Campbell JC (2008) Risk for reassault in abusive female same sex relationships. *American Journal of Public Health* 98(6): 1021–7.

Guo B and Harstall C (2008) *Spousal violence against women: preventing recurrence.* Institute of Health Economics: Alberta, Canada.

Helmus L and Bourgon G (2011) Taking stock of 15 years od research on the Spousal Assault Risk Assessment Guide (SARA): A critical review. *International Journal of Forensic Mental Health*, 10: 64 –75.

Hisashima J (2008) *Validation study of the Domestic Violence Screening Instrument (DVSI).* Hawaii State Department of Health: Hawaii.

Humphreys C, Healey L and Diemer K (2015) Briefing Paper No 1. The role of risk assessment and risk management in the response to family violence. Melbourne Research Alliance to End Violence Against Women and their Children.

Junction Australia (2015) *Submission to the Social Development Committee of SA Parliament Inquiry into Domestic and Family Violence.* Retrieved from: http://junctionaustralia.org.au/images/pages/JA%20-%20Submission%20to%20Social%20Development%20Committee%20of%20SA%20Parliament%20Inquiry%20into%20Domestic%20and%20Family%20Violence.pdf

Key Distinctions (2012) *Family Violence Risk Assessment and Risk Management Framework Training Phase One Evaluation Report of the Statewide Training Program, November 2011 – June 2012.* On behalf of Victorian Government – Department of Human Services: Melbourne, Australia.

Kirklees Council (2014) Kirklees Multi-Agency Risk Assessment Conference (MARAC). Retrieved from: http://www.kirklees.gov.uk/community/yourneighbourhood/crimesafety/pdf/informationsharingprotocol.pdf

Kropp PR (2008) Intimate partner violence risk assessment and management. *Violence and Victims* 23(2): 202–20.

Kropp PR, Hart SD, Webster CD and Eaves D (2008) *Manual for the Spousal Assault Risk Assessment Guide.* 2nd edition. The British Columbia Institute against Family Violence: Vancouver BC.

Manchester Domestic Abuse Strategy (2010) Manchester Multi Agency Domestic Abuse Strategy 2010 –2014. Retrieved from: https://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwjz_qXZrdjMAhUJpZQKHav8Cm0QFggmMAE&url=http%3A%2F%2Fwww.manchester.gov.uk%2Fdownload%2Fdownloads%2Fid%2F21336%2Fdomestic_abuse_strategy_201014.pdf&usg=AFQjCNFWiBbU_LO3tKxk9YuG3CBuTLBk4A

References (continued)

Mandel D (2013) *The Safe and Together Model: making good decisions for children impacted by domestic and family violence.* Retrieved from: http://www.noviolence.com.au/sites/default/files/ResearchSeminarAdditionalFiles/davidmandel.pdf

Mandel D (2014) *Safe and Together Model: overview and evaluation data briefing.* Retrieved from: http://ntv.org.au/conference/wp-content/uploads/2015-dm-Safe-and-Together-Model-Overview-and-Evidence-Briefing-October-2014.pdf

Mandel D and Selleck K (2011) *The Safe and Together Model: shaping DRS practice to effectively respond to domestic violence.* Retrieved from: http://www.americanhumane.org/assets/pdfs/children/differential-response/shaping-dr-practice-for.pdf

McCulloch, J (1985) Police response to domestic violence, Victoria. In Suzanne Hatty (ed) *Domestic Violence.* Australian Institute of Criminology, Canberra pp. 525 –530.

McEwan T, Shea DE and Ogloff JRP (2015) Victoria Police Screening Assessment for Family Violence Risk (VP-SAFvR): Development and Validation. Prepared for Victoria Police by the Centre for Forensic Behavioural Science, Swinburne University of Technology.

McKenzie M, Kirkwood D, Tyson D and Naylor B (2016) *Out of character? Legal responses to intimate partner homicides by men in Victoria 2005 –2014.* Discussion Paper. Domestic Violence Resource Centre Victoria: Victoria.

McNeilly H (2012) Cops' new tool to predict domestic violence. *NZ Herald*, 19 April. Retrieved from: http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10799973

Messing JT, Campbell J and Wilson JS (2015) Research designs in the real world: testing the effectiveness of an IPV intervention. *National Institute of Justice Journal* Issue 275: 1–9. Retrieved from: https://www.ncjrs.gov/pdffiles1/nij/248781.pdf

Messing JT, Campbell J, Wilson JS, Brown S, Patchell B and Shall C (2014) *Police departments' use of the lethality assessment program: a quasi-experimental evaluation.* Retrieved from: https://www.ncjrs.gov/pdffiles1/nij/grants/247456.pdf

Messing JT, Glass NE and Campbell J (2013) *Danger assessment for immigrant women.* Retrieved from: https://www.dangerassessment.org/uploads/DA-I%20English.pdf

Mythen G (2014) *Understanding the risk society: crime, security and justice.* Palgrave Macmillan.

Nicholls TL, Pritchard MM, Reeves KA and Hilterman E (2013) Risk assessment in intimate partner violence: a systematic review of contemporary approaches. *Partner Abuse* 4(1): 76–168.

References (continued)

Northcott M (2012) *Intimate partner violence risk assessment tools: a review.* Department of Justice: Canada. Retrieved from: http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf

Northern Integrated Family Violence Services (n.d.) *Risk Assessment and Management Panel (RAMP).* Retrieved from http://www.nifvs.org.au/resources/risk-assessment-and-safety-planning/risk-assessment-and-management-panels-ramps/

New South Wales Domestic Violence Death Review Team (NSW DVDRT) (2015) *Annual Report: 2013 –2015.* NSW Government: Sydney.

New South Wales Police Force (2015) *NSWPF statewide implementation of the Domestic Violence Safety Assessment Tool (DVSAT).* Retrieved from: http://www.police.nsw.gov.au/__data/assets/pdf_file/0009/349434/NSWPF_DVSAT_SUMMARY_SHEET.pdf

Oakes D (2014) Family violence: RAMP model to be rolled out around victoria with controversial changes (ABC News). Retrieved from: http://www.abc.net.au/news/2014-05-30/family-violence-hume-ramp-program-to-be-rolled-out-across-vic/5490144

Office for Women (2015) *Family Safety Framework: Practice Manual,* Version 6. Government of South Australia: Adelaide.

Office of Crime Statistics and Research (2008) *Family Safety Framework: Final Evaluation Report.* Department of Justice: South Australia.

O'Halloran M (n.d.) *Hume strengthening risk management project.*

Olofsson C (2014) Methods to prevent domestic violence not always used. *Nordic Information on Gender,* 31 April. Retrieved from: http://www.nikk.no/en/news/methods-to-prevent-domestic-violence-not-always-used/

Plunkett C (2014a) Multi-Agency responses improve safety. *DVRCV Advocate, 1* (Autumn/Winter).

Plunkett C (2014b) Trust and safety, risks and opportunities. DVRCV Advocate, 2 (Spring/Summer).

Plunkett, C (2015) Witness statement of Catherine Plunkett WIT.0063.001.0001 Royal Commission into Family Violence. Retrieved from: http://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Statements/WIT-0063-001-0001-Plunkett-9.pdf

Richards L (2009) *Domestic abuse, stalking and harassment, and Honour Based Violence (DASH, 2009) Risk Identification and Assessment and Management Model.* Retrieved from: http://www.dashriskchecklist.co.uk/uploads/pdfs/DASH%202009.pdf

References (continued)

Richmond upon Thames Community Safety Partnership (2012) Operating Protocol for the Richmond Multi-Agency Risk Assessment Conference (MARAC) for High Risk Victims of Domestic Abuse.

Robinson AL, Pinchevsky GM and Guthrie JA (2016) A small constellation: risk factors informing police perceptions of domestic abuse. *Policing and Society,* 1–16.

Robinson E and Moloney L (2010) *Family violence: towards a holistic approach to screening and risk assessment in family support services.* Australian Institute of Family Studies. Retrieved from: https://aifs.gov.au/cfca/publications/family-violence-towards-holistic-approach-screening

Roehl J, O'Sullivan C, Webster D and Campbell J (2005) *Intimate partner violence risk assessment validation study: final report.*

Royal Commission into Family Violence (2016) *Report and recommendations.* Royal Commission into Family Violence: Victoria. Retrieved from: http://www.rcfv.com.au/Report-Recommendations

Ryan T (2014) *Office of the State Coroner: Annual Report 2013 –2014.* Queensland Courts: Brisbane.

Safe and Sound (n.d.) *Domestic Violence and Abuse Strategy for the Borough of Dudley 2015 –2018.*

Special Taskforce on Domestic and Family Violence (2015) *Not now, not ever: putting an end to domestic and family violence in Queensland.* Queensland Government: Queensland. Retrieved from: https://www.qld.gov.au/community/documents/getting-support-health-social-issue/dfv-report-vol-one.pdf

Steel N, Blakeborough L and Nicholas S (2011) Supporting high-risk victims of domestic violence: a review of multi-agency risk assessment conferences (MARACs). Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116537/horr55-report.pdf

Storey JE, Kropp PR, Hart SD, Belfrage H and Strand S (2014) Assessment and management of risk for intimate partner violence by police officers using the brief spousal assault form for the evaluation of risk. *Criminal Justice and Behaviour* 41(2): 256 –271.

Swinburne University of Technology (2010) *Family violence risk assessment & risk management framework training.* Summary Data Analysis report August 2010. Victorian Government, Department of Planning and Community Development: Melbourne, Australia.

The National Council to Reduce Violence against Women and their Children (2009) *Time for action: The National Council's Plan for Australia to Reduce Violence against Women and their Children*, 2009 –2021

References (continued)

VicHealth (2004) *The health cost of violence: measuring the burden of disease caused by intimate partner violence.* Retrieved from: https://www.vichealth.vic.gov.au/search/the-health-costs-of-violence (accessed 12 February 2016)(accessed 11 June 2016)

Violence Risk (VP-SAFvR): Development and Validation. Prepared for Victoria Police by the Centre for Forensic Behavioural Science, Swinburne University of Technology.

Walsh C, McIntyre S-J, Brodie L, Bugeja L and Hauge S (2012) *Victorian systemic review of family violence deaths: first report.* Coroners Court of Victoria: Australia.

Weisz AN, Tolman RM and Saunders DG (2000) Assessing the risk of severe domestic violence: the importance of survivors' predictions. *Journal of Interpersonal Violence* 15.1: 75 –90.

Widmer SJ (2015) *Statement of Scott James Widmer: In the Matter of the Royal Commission into Family Violence.* Royal Commission into Family Violence: Victoria.

Winter R (2006) *Research Family Violence.* Research Brief. Tasmanian Institute of Law Enforcement Studies. Retrieved from: http://www.utas.edu.au/__data/assets/pdf_file/0008/293696/Briefing_Paper_No_2.pdf

Cases cited

Inquest into the Death of Luke Geoffrey Batty [2015] COR 2014 0855, Coroners Court of Victoria at Melbourne (28 September 2015). Available online: http://www.coronerscourt.vic.gov.au/home/findings+-+inquest+into+the+death+of+luke+geoffrey+batty

Appendix 1: Table of organisations that particIpated in the review

1	Anglicare Victoria
2	Annie North (women's refuge)
3	Anti-Violence Project
4	Austin Health
5	Australian Association of Social Workers (Victorian Branch)
6	Barwon Centre Against Sexual Assault
7	Barwon Health
8	Bentleigh Bayside Community Health
9	Berry Street
10	Bethany Community Support
11	Brophy Family & Youth Services
12	Cardinia Shire Council
13	CatholicCare
14	Central Bayside Community Health Services
15	Centre for Excellence in Child and Family Welfare
16	Centre for Non-Violence
17	Centrecare Family Services
18	Child & Family Services Ballarat Inc.
19	Children's Protection Society
20	Chisholm Institute
21	City of Casey
22	City of Manningham
23	City of Monash
24	City of Yarra
25	Cohealth
26	Colac Area Health
27	Commission for Children and Young People
28	Connections UnitingCare
29	Court Network
30	Dandenong Magistrates' Court
31	Deakin University
32	Department of Justice and Regulation
33	Department of Education and Training
34	Department of Health and Human Services
35	Department of Immigration and Border Protection
36	Department of Premier and Cabinet
37	Department of Treasury and Finance
38	Djerriwarrh Health Services
39	Domestic Violence Resource Centre Victoria
40	Domestic Violence Victoria
41	Early Childhood and School Education Group
42	Eastern Health
43	Family Life Service Centre
44	Familycare
45	Federation of Community Legal Centres
46	Financial and Consumer Rights Council
47	Frankston Magistrates' Court
48	Gatehouse Centre, Royal Children's Hospital
49	Gippsland Lakes Community Health Inc.
50	Good Shepherd
51	Greater Dandenong Council
52	Inner Melbourne Community Health
53	Inner North West Primary Care Partnership
54	inTouch Multicultural Centre Against Family Violence
55	Justice Connect Seniors Law
56	Kildonan Uniting Care
57	Kilmore and District Hospital
58	Knox City Council
59	Kooweerup regional health service
60	La Trobe University
61	Launch Housing
62	LifeWorks
63	MacKillop Family Services
64	Magistrates' Court of Victoria
65	Mallee Domestic Violence Services
66	Mallee Family Care
67	Melton City Council
68	Mercy Health
69	Merri Health
70	Merri Outreach Support Services
71	Monash Health
72	Monash University

Appendix 1 (continued)

73	Moorabbin Justice Centre
74	Municipal Association of Victoria
75	Neami National
76	Nexus Primary Health
77	No To Violence
78	North Area Mental Health Service
79	North Richmond Community Health
80	NSW Department of Justice
81	Odyssey House
82	People with Disability Australia
83	Plenty Valley Community Health
84	Primary School Nursing Program – Managers
85	Queen Elizabeth Centre
86	Rainbow Network
87	Relationships Australia
88	Royal Australian College of General Practitioners
89	Royal Women's Hospital
90	Safe Futures
91	Safe Schools Coalition
92	Safe Steps
93	Salvation Army Crisis Services
94	Seniors Rights
95	South Gippsland Council
96	St Vincent's Hospital
97	Swinburne University of Technology
98	Switchboard
99	Transgender Victoria
100	Turning Point Alcohol and Other Drug Services
101	Tweddle Child and Family Health Services
102	UnitingCare
103	University of Melbourne
104	University of New South Wales
105	University of Queensland
106	Upper Murray Family Care
107	Western Health
108	Whise Women's Health
109	WIRE Women's Information
110	Women with Disabilities Victoria
111	Women's Health in the North (WHIN)
112	Women's Health West
113	Women's Legal Service Victoria
114	Victoria Police
115	Victorian Aboriginal Child Care Agency (VACCA)
116	Victorian Aids Council
117	Victorian Alcohol and Drug Association (VAADA)
118	Victorian Association for the Care and Resettlement of Offenders (VACRO)
119	Victorian Family Violence Royal Commission
120	Victorian Gay and Lesbian Rights Lobby
121	Victorian Legal Aid
122	Victorian Responsible Gambling Foundation
123	WAYSS Ltd.
124	Werribee Magistrates' Court
125	Wesley Mission Victoria
126	Windermere Child and Family Services
127	WISHIN
128	Wyndham City Council

Appendix 2: Research method activities and outcomes

Activity	Description	Date completed
Expert Advisory Group	DHHS approved advisory group members for the Review	6 May 2016 2 June 2016
Low-risk MUHREC Ethics process	Ethics approval for Phases 1 and 2 (survey and stakeholder focus groups)	1 April 2016 CF16/972 – 2016000523
High-risk MUHREC Ethics process	Ethics approval for Phase 3 (victim/survivor interviews and focus groups)	6 May 2016 CF16/923 – 2016000486
Victoria Police Ethics process	Yes	5 May 2016 (Focus groups and interviews) 16 May 2016 (Survey instrument) Victoria Police Research Coordinating Committee Approval RCC 789
Survey	Broad-based sector survey: 836 responses Survey data and analysis based on the 576 respondents who answered gateway question 14. Do you use the CRAF to assess risk?	Survey live on 28 April 2016 – closed on 27 May 2016 Police participation from 16 May 2016 – close of survey
Focus groups	14 groups x 12 participants, three additional groups and two additional high-level groups added	21 Focus groups with 262 participants in total undertaken Completed on 1 June 2016
Expert interviews	DHHS nominated expert interviewees	Seven interviews conducted with 10 people
Victim/survivor participation	Interviews/Focus groups with victim/survivor key informants	24 interviews/focus groups completed 2 June 2016
Community/ stakeholder forum	Preliminary findings and feedback	6 June 2016 45 attendees approximately

Appendix 3: CRAF review focus group program

Group No.	Focus Group Type	Date	Report descriptor
1	Open session	Tuesday 26/4/16	FG1
2	Open session	Tuesday 3/5/16	FG2
3	Children	Tuesday 3/5/16	FG3
4	LGBTIQ session	Tuesday 10/5/16	FG4
5	Open session	Tuesday 10/5/16	FG5
6	Family violence experts/academics	Friday 13/5/16	FG6
7	Open session	Friday 13/5/16	FG7
8	Open sessions	Monday 16/5/16	FG8
9	Family violence specialist services	Monday 16/5/16	FG9
10	Men's family violence service providers/Justice	Wednesday 18/5/16	FG10
11	Aboriginal	Wednesday 18/5/16	FG11
12	Police/Corrections	Friday 20/5/16	FG12
13	**NORTH** regional session/Mildura	Friday 20/5/16	FG13
14	Government secretaries/deputy secretaries	Monday 23/5/16	FG14
15	**SOUTH** regional session/Dandenong	Monday 23/5/16	FG15
16	**EAST** regional session/Ringwood	Tuesday 24/5/16	FG16
17	**CALD** family violence specialist services	Tuesday 24/5/16	FG17
18	**WEST** regional session/Geelong	Wednesday 25/5/16	FG18
19	Government directors/directors	Wednesday 25/5/16	FG19
20	**EAST** regional session/Benalla	Tuesday 31/5/16	FG20
21	Women's family violence service providers	Wednesday 1/6/16	FG21
	Email responses to Focus Group questions		EFG
TOTAL FOCUS GROUP PARTICIPANTS 262			

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF

Risk assessment tools and frameworks

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Another Closet (NSW but available nationally)	**Relationship Checklist** (Tool)	2014	To self-identify if one is experiencing domestic and family violence in LBGTIQ relationships	Self-identifying domestic violence checklist in LGBTIQ relationships. Asks CRAF-related questions but includes additional questions. *Do you* • change your behaviour or your appearance so your partner doesn't get angry? • avoid talking about money or other topics? • feel scared, anxious or like you are 'walking on eggshells'? • cut yourself off from your friends or family? *Has or does your partner (or ex-partner)* • humiliate you, call you names or make fun of you or your body in a way that is designed to hurt or control you? • threaten to 'out' your sexuality, gender (identity, expression or history) or intersex to your friends, family or work? • threaten to 'out' your health status (i.e. HIV status)? • prevent you from attending LGBTIQ events or venues? • have sudden outbursts of anger? • make it difficult, or prevent you, from seeing friends or family? • control your money against your will? • lock you in the house or make it difficult for you to leave? • control your access to your medication (including hormones) or prevent you from taking your medication? • monitor your text messages, email or phone calls? • convince you to doubt your own judgement or memory of events? • pressure you to act more or look more 'male' or more 'female'? • insist that you must have medical treatment to appear more 'male' or 'female' or pressure you to conform to a particular gender stereotype? • tell you that this is just the way LGBTIQ relationships are or that domestic violence doesn't exist in LGBTIQ relationships? • pressure you to have surgery to 'normalise' your body, sex organs or physical appearance?
Austin Health (Victoria)	**Management of Family Violence Social Work Procedure** (Guide)	October 2013	Policy to be followed when assessing risk with the M36 tool below	Due for revision October 2016. Outlines how social workers should assess clients, links in to the CRAF (evidence-based risk factors, victim's assessment of risk, professional judgement)

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Austin Health (Victoria)	**Social Work Family Violence Assessment (M36)** (Tool)	August 2011	Assessing risk of family violence	Includes all risk assessment questions outlined in the CRAF aide memoire. This M36 risk assessment also includes further questions: • Did the violence accelerate during pregnancy? • Physical harm (serious/minor)? • Property damage? • Considering known history is the perpetrator likely to follow through with death threats? • Does the perpetrator ignore police or authority figures / court orders? • Verbal abuse?
Australian Government and Australian Institute of Social Relations (Australia)	**AVERT Family Violence: Collaborative Responses in the Family Law system** (Guide)	2010	To provide workers in the family law system with a sound and practical understanding of family violence, its impact and appropriate responses to promote safety for everyone involved	This is a multidisciplinary training package designed for a range of professionals who work in the family law system to give them a sound understanding of family violence. Developed by Relationships South Australia, this package is to be used in conjunction with DOORS (below) and is aimed at: • legal practitioners • judicial officers • counsellors • psychologists • social workers • legal advisers • court staff, including family report writers • family consultants • family dispute resolution practitioners • child contact service workers.
Australian Government Attorney-General's Department, Family Transitions and Australian Institute of Social Relations (Australia)	**Detection of Overall Risk Screen (DOORS)** **DOOR 1: Parent Self Report** (Tool)	2011	Tool for professionals that work in the family law system to assist with preliminary screening of safety and wellbeing (for victims and perpetrators)	The Family Law DOORS complements AVERT Family Violence by providing a solid understanding of risks to safety or wellbeing for families who are separating or separated and are proceeding through the family law system. DOORS is a two-stage screening tool and response planning resource.

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Australian Government Attorney-General's Department, Family Transitions and Australian Institute of Social Relations (Australia)	**Detection of Overall Risk Screen (DOORS)** **DOOR 2: Practitioner Aide Memoire** (Tool)	2011	Tool for professionals that work in the family law system to assist with preliminary screening of safety and wellbeing. This aide memoire has follow-up questions to the parent self-report.	The tool covers questions about: • culture and religious background • the separation • managing conflict with your child(ren)'s other parent/carer • how you are coping • how your child(ren)'s other parent seems to be coping • your baby/young children • your school-aged children • managing as a parent • your child(ren)'s safety • your safety • behaving safely • other stresses.
Berry Street (Victoria)	**Comprehensive Risk Assessment Framework (CRAF)** (Tool)	Updated August 2015 (version 3)		Included all risk assessment questions outlined in the CRAF aide memoire. This risk assessment also includes further questions about the perpetrator: • Property damage? • Considering known history is the perpetrator likely to follow through with death threats? • Ignores police or authority figures / court orders? • Currently on a Corrections order, including Parole? • Verbal abuse? • Threats or actual abuse of woman on social network i.e. Facebook, Twitter, Instagram, Snap Chat or online dating service • Uploaded tracking device onto women's phone or vehicle • Tracks women's or children's internet use, accessed email, social networks or online accounts without permission • Constantly messaging, emailing or texting women or child(ren) in way that made her / them feel intimidated or scared • Financial control • Is gambling an issue for you or your partner? • Threats to use or has used humiliating / private photographs or films as blackmail or revenge? • Member or associate of an OMCG or other criminal association? • Was/were child(ren) home during any incidents? • Has/have child(ren) ever been near woman when she has been physically assaulted? • Has/have the child(ren) ever tried to intervene in the violence and were injuries sustained by the child as a result? • Threats to abduct the child(ren)? • Harmed or threatened to harm or kill child(ren) • Sexually assaulted the child(ren), exposed the child(ren) to pornographic f ilms or images or made sexual comments or gestures to or in front of the child/ren • Uses the child(ren) in any way to hurt the woman • Are there children in the home who are not his biological children? • References to murder/suicide regarding him and his children?

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Bethany Community Support (Victoria)	**Risk Identifier Action Chart (draft)** (Tool)		Charts action to be taken to identify risk	CRAF questions not outlined in the action chart but the chart recommends the CRAF should be done within the initial risk assessment
Centre Against Violence (Victoria)	**FVCASS Client Intake & Risk Assessment** (Tool)		Tool to identify risk of violence against victim	Informed by risk assessment for specialist family violence workers CRAF. Entire CRAF aide memoire used; however, the question about isolation is not included.
Corrections Victoria (Victoria)	**Family Violence Policy Framework** (Framework) **Family Violence Service Reform Strategy Priority Initiatives 2015 –16** (Guide)	 December 2015	Sets out the principles of service delivery to address family violence in the correctional system Sets out strategy for implementation	This framework describes Correction Victoria's vision for addressing the issue of family violence across the correctional system. It also sets out the underlying principles and objectives that will guide its approach to service delivery. Outlines the practical ways that Corrections Victoria will address family violence across the system in 2015–16. CV will: • improve the way it identifies perpetrators of family violence • deliver targeted family violence programs and services to perpetrators • support prisoners and offenders who are victims of family violence.
Domestic Violence Resource Centre Victoria – Bursting the Bubble (Victorian but accessible nationally)	**Things that can happen in your family: Checklist** (Tool)	2003 (Updated 2007)	This checklist is aimed at young people to self-identify family violence	Website and checklist developed by Domestic Violence Resource Centre Victoria with support from the Victorian Government, Office of Housing, and Department of Human Services. The checklist is online and when the boxes for particular questions are ticked links for information and support are provided. Questions that are asked: *Has this happened between your parents?* • One parent sometimes acts in a way that makes the other feel nervous, intimidated or scared • One parent constantly puts the other down, criticises them or calls them names (for example, calling them stupid or useless) • One parent has hit, kicked, pushed, thrown things at, or hurt the other • One parent tries to stop the other from going out or seeing family or friends • One parent controls all the money or doesn't let the other parent have any money • One parent bullies the other and always has to be the boss • One parent has threatened to hurt the other *Has this happened to you?* A parent or someone in your family has hurt or injured you physically, or tried to hurt or injure you You are constantly put down by a parent, and made to feel stupid or worthless, like you don't matter Your parent(s) don't look after you or take care of you A parent or family member has touched you in a way that made you feel uncomfortable, or has tricked or pressured you (or another family member) into doing sexual things One or more of the things listed above happened to your brothers or sisters

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Drummond Street Services (Victoria)	Not available		To assess domestic/ family violence occurring in LGBTIQ communities	Not available
inTouch Multicultural Centre Against Family Violence (Victoria)	**Risk or vulnerability factors for trafficking in person involving partner migration** (Tool)	2016 (Current version)	Tool used to ascertain the risk to a victim and whether she may have been trafficked into Australia	Some CRAF questions with several additional questions to ascertain whether trafficking occurred. *Does the victim/survivor have:* • economic difficulty in the country of origin • difficult family situation in the country of origin • limited English • limited or no access to finance • limited or no family in Australia • limited or no knowledge about her rights / the legal system in Australia • no Permanent Residency • children who are Australian citizens? *Has the perpetrator(s):* • confiscated her passport or other important document • restricted or confined her movement • treated her like a slave or a servant • taken money off her • asked her to pay him back for the visa application • threatened to deport her • threatened to divorce her • sent her back to the country of origin or other country without consent • threatened to report her to authority • threatened to inform family, community or public of her character • threatened to keep the children with him • told her that he owns her • prohibited her from talking or seeing family/friends • denied food, secure place or medication? *Human trafficking indicators of recruitment* • How did you meet your partner? • Were you forced, coerced or threatened to marry your partner? • Did he give money or other benefits to you or your family to achieve consent? *Human trafficking indicators at destination* • Have you been deceived about the nature of the relationship? • Have you been deceived about the living conditions in Australia? • How soon after arriving in Australia did the abuse begin? • Do you have access to your passport? • Could you leave the relationship if you wanted to? • Could you return to your home country if you wanted to?

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Infoxchange (Australia and New Zealand)	**Specialist Homelessness Information Platform (SHIP) Checklist: Family Violence Risk Assessment**		Checklist for practitioners to assess the risk of family violence to clients	The risk factors included in this checklist are from the CRAF 'risk factors for perpetrators' section of the tool.
Judith Lumley Centre, La Trobe University (Victoria)	**Improving Maternal and Child Health Care for Vulnerable Mothers (MOVE) project**	2012–2015	Pilot project. Checklist filled out by new mothers at MCH visits postpartum (three or four months)	The Improving Maternal and Child Health Care for Vulnerable Mothers (MOVE) project was designed to see whether a maternal and child health (MCH) nurse-designed screening and care model increased and sustained domestic violence screening, disclosure, safety planning and referrals compared with usual care. The MOVE intervention included a checklist with questions to be completed by the mother during MCH visits. The checklist involves general health questions about the mother and specific questions about family violence and/or safety: • Do you have any problems in your relationship or intimacy with your partner? • Has anyone in your household ever humiliated you or tried to control what you can and cannot do? • Are you in any way worried about the safety of yourself or your children? • Are you afraid of someone in your family? • Has anyone in your household ever pushed, hit, kicked, punched or otherwise hurt you?
	MOVE Project: 1		Journal article outlines protocol for MOVE: a cluster randomised trial of screening and referral for intimate partner/family violence in primary health care	Taft, A.J., Small, R., Humphreys, C., Hegarty, K., Walter, R., Adams, C. and Agius, P. (2012) Enhanced maternal and child health nurse care for women experiencing intimate partner/family violence: Protocol for MOVE, a cluster randomised trial of screening and referral in primary health care. *BMC Medicine*, 12:811
	MOVE Project: 2		Journal article outlines the results for MOVE: a cluster randomised trial of screening and referral for intimate partner/family violence in primary health care	Taft, A.J., Hooker, L., Humphreys, C., Hegarty, K., Walter, R., Adams, C. and Agius, P. and Small, R. (2015) Maternal and child health nurse screening and care for mothers experiencing domestic violence (MOVE): A cluster randomised trial. *BMC Medicine*, 13:150

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Justice Connect Seniors Law (Victoria)	**Elder Abuse: Risk Assessment** (Tool)	August 2015	Tool to help primary health professionals working with older people identify and assess elder abuse	Tool developed to help health professionals working with older people who may be experiencing elder abuse. Based on the Victorian Government's guidelines 'with respect to age' and the CRAF. The tool is delivered with interactive PD sessions ranging from one to three hours. The tool assesses risk based on the CRAF and elder-specific risk factors. The tool asks questions additional to the CRAF such as: *Perpetrator* • Lack of social integration? • Family member or friend? • Overstate caring role, understate older person's abilities, denigrating, critical? • History of family violence? • Living with older person? • Access to older person's finances? • Financial dependence on older person? • Carer stress or inexperience? *Victim* • Dependent on perpetrator? • Death of partner? • Divorce or separation? • Family conflict? • Inadequate, insecure accommodation? • Forced institutionalisation? • Accumulation of substantial assets? • Poverty? • Reduced capacity? • Disability? • Language or cultural barriers? • Financial literacy barriers?
Kildonan Uniting Care (Victoria)	**Are You Experiencing Adolescent Violence In The Home?**		Tool designed to address adolescent violence	Kildonan designs and delivers training for professionals who work with adolescent violence in the home. Youth workers and counsellors can help adolescents change their behaviour by assisting them to: • identify who they have hurt by their behaviour • identify what the harm or damage was (to themselves, others and relationship/s) • explore what they may need to do to repair the harm, damage or loss and 'make it right' • explore what they could have done differently.
Melton City Council – Family Services Unit (Victorian)	**Family Violence Child FIRST Assessment Form (draft)** (Tool)	July 2012	Tool used to assess risk of family violence	Entire CRAF aide memoire used with additional question: • When was the last incident of family violence (year or month)?

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Melton City Council – Family Services Unit (Victorian)	**Vulnerability rating scale** (Tool)		This scale is used in conjunction with the CRAF risk assessment to get a more detailed understanding of risk	Each factor in the vulnerability scale is rated 3, 2 or 1 (high, medium or low risk). The scale includes the following risk factors: • an unborn child • under two years old • over two years old • primary school age • adolescent involved in high-risk behaviour including child-to-parent violence • challenging behaviour – child • developmental delay/disability/complex medical needs • social isolation including lack of contact with extended family and friends • cultural isolation (disengaged from others from same cultural background) • lack of school engagement • chaotic household/lifestyle • inadequate housing/transience/homelessness • unstable family dynamics • family violence • substance abuse • mental health • financial restraints • neglect/inattention to child's needs • sexual abuse • experience of trauma • refugee experience/settlement issues • child protection history/parent or child • underdeveloped parenting skills • parent/carer under 20 years • elderly parent/carer • single parenthood/multiple partners • parental intellectual disability.
North West Metropolitan Region Primary Care Partnerships (Victoria)	**Identifying Family Violence and Responding to Women and Children – Client Policy Template** (Guide and Tool)	April 2016	This policy template is designed to provide guidance to staff who are associated with the care of patients/women, in the identification, assessment, response and referral process when identifying family violence	The template specifies overarching best-practice principles to guide agencies on how they respond to women who are experiencing family violence. Each agency is expected to develop its own specific procedures for implementation based on the guidance. The questions in the template are related to the CRAF, with some additional questions: • Has anyone in your family made threats towards you as a way to control you? For example, threatening to take your children away from you if you left or cancelling your visa. • Are you afraid of someone in your family or household? Are you worried about the safety of yourself or your children? • How are things at home? Are things okay at home? • What happens in your house if people have an argument? • Is anything else happening that might be affecting your health?

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
North West Metropolitan Region Primary Care Partnerships (Victoria) (continued)				• Do you feel safe at home? • How is the violence affecting you? • Who makes the decisions in your household? Is this okay with you? • Is there a lot of tension in your relationship? How do you resolve arguments? • Does anyone in your family need to know where you are all the time, who you are with and how much money you spend? Is this okay with you? • Have you felt humiliated or emotionally abused by anyone in your family? • Does anyone in your family make you feel responsible for their behaviour? • Are you afraid of what this person may do in the future? • Is there anyone else in the family who is experiencing or witnessing these things? • Are you worried about the children? • How is this affecting the children? *Asking children:* • Tell me about the good things at home. Are there things at home you wish you could change? • What don't you like about home? • Tell me about the ways mum/dad look after you? • What happens in your house if people have an argument? • Do you worry about your mum/dad/brothers/sisters for any reason?
The Royal Australian College of General Practitioners (RACGP) (Australia)	**Abuse and Violence: Working with our patients in general practice (4th edition)** (Guide and Tools)	June 2014	This is a guide and also a tool for GPs for appropriate identification and response to patients experiencing abuse and violence	This guide and tool is for GPs for appropriate identification and response to patients experiencing abuse and violence. This guide covers: • intimate partner abuse/family violence • safety and risk assessment • dealing with perpetrators • child abuse • young people and bullying • adult survivors of child abuse • sexual assault • specific vulnerable populations: the elderly and disabled • Aboriginal and Torres Strait Islander violence • migrant and refugee communities. The appendices to the guide include several tools and charts to assist with the identification and response to patients experiencing violence. These include: • nine steps to intervention – the 9 Rs • risk assessment flow chart • healthy relationships tool • readiness to change – motivational interviewing tool • non-directive problem-solving/goal-setting tool • Elder Abuse Suspicion Index.

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Safe Futures Foundation (Victoria)	Not available		Identifying and assessing those at risk of family violence	The Safe in the Community program involves early identification of those at risk through a comprehensive risk assessment process and utilises joined-up interventions.
Safe Steps Family Violence Response Centre (Victoria)	**Preventing intimate partner homicide: A guide to determining highest risk** (Guide)	November 2015	This is a guide to determining high risk of intimate partner homicide and the factors that should be taken into account	By determining highest risk, Safe Steps workers recognise that risk factors operate in the context of a relationship dynamic, fall upon a continuum, and are also cumulative. Some of these are included in the CRAF but others have been added because of Safe Steps' statistical data demonstrating these specific risk factors. These additional risk factors include: • specific and detailed plan for murder or murder-suicide • drug-induced or other escalated, violent psychosis and/or delusion • held captive/kidnapped • human trafficking. The guide also contains additional risk factors pertaining to the perpetrator, the relationship and the client. *Additional perpetrator risk factors* • High-level involvement in motorcycle gang activity, particularly where the client is able to inform about criminal activity • Threats to commit honour killing or maiming • Disregard or hostility towards authority • Physical abuse occasioning miscarriage • Professional physical training (including martial arts, boxing, or police and army) • Abuse while client is unconscious or incapacitated • Child abuse, especially where DHHS has removed children • Previous family violence convictions or incarceration. *Additional relationship factors* • Arranged marriage • Dowry dispute/cultural marriage dispute • Custody battle • Recent major loss • She has children from a previous relationship *Additional client vulnerability factors* • Culturally and linguistically diverse • Previous involvement in violent relationships • Service isolation • Distrust in services and/or statutory agencies
University of Melbourne (Victoria)	**I-DECIDE** (Tool)	2015 (pilot)	Online interactive tool designed to provide practical and confidential support to victims of domestic violence	An online pilot project set up for women aged between 16 and 50 who have experienced relationship issues over the last six months. This project is no l onger taking new participants.

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Victorian Community Council Against Violence (Victoria)	**Guide for General Practitioners: Identifying and Responding to Family Violence** (Guide)	2004	This guide is for GPs to identify and respond to family violence	This guide is based on a kit for GPs produced by the Domestic Violence Resource Centre and Women's Health West (1999). The guide outlines how to assess for violence and includes suggestions of questions to approach the issue: • How are things at home? • How are you and your partner relating? • Is there anything else happening that might be affecting your health? • You seem very anxious and nervous. Is everything all right at home? • When I see injuries like this I wonder if someone could have hurt you? • Is there anything else that we haven't talked about that might be contributing to this condition? • Are there ever times when you are frightened of your partner? • Are you concerned about your safety or the safety of your children? • Does the way your partner treats you make you feel unhappy or depressed? • I think that there's a link between your (insert illness) and the way your partner treats you. What do you think?
Victoria Police (Victoria)	**Family Violence Risk Assessment and Management Report L17** (Tool)	July 2013	Tool to assess risk and to put a management strategy in place	CRAF-related risk assessment questions about the victim, perpetrator, their relationship and the current incident. Includes a risk management strategy.
Victoria Police – Family Violence Command (Victoria)	**'Ready Reckoner' Family Violence Risk Assessment Questions** (Tool)	September 2015	Short tool to assess risk to victim and children	The record of the outcomes of this tool to be recorded on the L17 (above). The 'ready reckoner' tool is drawn from the CRAF with additional questions: • Did you partner use physical violence towards you while you were pregnant? • When did you last call the police regarding abuse by this person? • How long has this been happening? • Is your partner controlling access to money? • Are there any children in the household? • Is there any conflict regarding child contact and/or current Family Court proceedings? • Are there any children from a previous relationship residing in the household? • Have any of the children been exposed to (witnessed) the violence? • Have children ever intervened in the violence? *Questions to the victims* • Do you have any disability that police need to be aware of? • Do you believe your residency in Australia is dependent on this person?
Victoria Police (Victoria)	**Victoria Police Screening Assessment for Family Violence Risk (VP-SAFvR) – Development and Validation** (Guide)	March 2016	Development and validation of actuarial tool (below)	Development and validation of questions to ask to assess level of risk – Actuarial tool

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Victoria Police (NWM 2 & 3 Family Violence Project) (Victoria)	**'Enhancing Police Responses to Family Violence' Project VP1463 (VP-SAFvR RV&TF) Informal Referral** (Tool)	March 2016	Actuarial tool to understand likelihood of family violence occurring again	Tool designed to understand likelihood of family violence requiring police response occurring again. This is drawn from the CRAF with additional questions: • How long has family violence been occurring in this relationship? • Were there children (under 18) present during the current incident? • Are there any prior family violence incidents involving the two parties? • Does the current Respondent have any prior family violence incidents as the Respondent or the AFM? • Has there been previous violence between the AFM and Respondent that has not been reported to police? • Are there any Family Law Court/Child Protection orders in place or ongoing proceedings? • Are there any child custody or access issues between the AFM and Respondent? • Did the Respondent use physical violence towards you while you were pregnant? • Have you ever called the police regarding abuse by this person? • If yes, when did you last call the police? • How long has this been happening? • Are there any children in the household? • Are there any children from a previous relationship residing in the household? • Have any of the children been exposed to (witnessed) the violence? • Have the children ever intervened in the violence? *Questions about the victim* • Do you have any disability that police need to be aware of? • Are there any cultural or religious factors that police need to be aware of? • Is your residency in Australia dependent on your partner/other party? • What is your level of fear of further violence?
Victorian Government Department of Health and Human Services (Victoria)	**Aboriginal common risk assessment and risk management framework: participant handbook**	June 2016 (draft)	To address Aboriginal family violence	This specialised training package was developed by the Department of Health and Human Services and supported by the Office of Aboriginal Affairs Victoria. The training builds on, and is consistent with, the CRAF training. The Aboriginal CRAF training program is designed to include the following: • Underlying Principles for the design and delivery of training which – is respectful of Aboriginal culture and acknowledges the impacts of history on current experience of family violence – is sensitive to the impacts of working in the context of family violence, when working with Aboriginal people and in the Aboriginal community – is respectful in acknowledging that Aboriginal definitions of the nature and forms of family violence are broader and more encompassing than those used in the mainstream context – incorporates relevant Aboriginal case examples and appropriate language and approaches – helps workers manage the complexity of the professional role, including confidentiality, supervision, debriefing and support – helps workers identify and manage the specific issues arising including the sensitivity and stress of dealing with Aboriginal Family Violence.

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Victorian Government Department of Health and Human Services (Victoria) (continued)				• Explore the nature of family violence across the population in general. • Explore the specific context of Aboriginal family violence and the issues for Aboriginal and non-Aboriginal workers when working with the Aboriginal community. • Explore relevant aspects of Aboriginal culture and the impacts of history, including colonisation and the Stolen Generations, on current experiences of family violence. • Explore the nature of family violence in the Aboriginal community including differences and similarities with the non-Aboriginal context. • Provide participants with effective and relevant specialist CRAF Training that incorporates specific additional focus on the application in the Aboriginal family violence context including – shared understanding of the CRAF – risk assessment, risk analysis, risk evaluation – risk factors – CRAF risk assessment template – levels of risk – risk management – cultural and safety planning – information and referral.
Victorian Government Department of Health and Human Services (Victoria)	**Adolescent Family Violence Program Framework**	February 2014	Framework for developing service delivery for families where adolescents use violence	This service delivery framework was developed by the Department of Health and Human Services and is consistent with the CRAF training. The key objectives of the AFV program are to: • increase the safety of all family members • engage with and assist young people who are at risk of a range of negative consequences as a result of their use of family violence • strengthen parenting capacity • strengthen the young person's emotional wellbeing, communication and problem-solving skills • increase the young person's (and their family's) connection to their culture and community • promote and strengthen positive parent-adolescent relationships and attachment.

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Victorian Government **Department of Health and Human Services** (Victoria)	**Men who use violent and controlling behaviours** **A framework for comprehensive assessment in men's behaviour change programs: Safety, accountability and human rights** (Guide and Tool)	October 2009	This is a framework, guide and assessment tool for men who use violent and controlling behaviours	Timely and appropriate responses to men who use violent and controlling behaviour are a key component of an integrated family violence system. To ensure that the safety of women and children is protected at all times, it is important that clear referral pathways and intake processes are provided for men who use violent and controlling behaviour, and that men's behaviour change work is undertaken in a skilled and systemic way. This framework has been developed to achieve greater commonality of practice among men's behaviour change programs with regard to: • initial and continuous identification of risks, threats and dangers to the safety of women and children • facilitating men's entry into the health and community service system • assessing men's suitability for participation in a men's behaviour change program • ongoing review of men's participation in a men's behaviour change program. Initial and continuous identification of risks, threats and dangers to safety for women and children For men's behaviour change program providers, risk assessment and risk management of women and children (even when not undertaken by the program providers themselves) are a vital aspect of comprehensive assessment. The CRAF assessment tool is included in this guide.
Victorian Government **Department of Health and Human Services** (Victoria)	**Assessing children and young people experiencing family violence: A practice guide for family violence practitioners (Version 2)** (Guide and Resources)	January 2013	This practice guide aims to support family violence professionals to assess the safety and needs of unborn children, infants, children and young people affected by family violence	The practice guide includes: • information and ideas to structure thinking and practice in family violence assessment of unborn children, infants, children and young people • a set of recording templates • information to assist in developing whole-of-organisation approaches to family violence assessment of children • a set of practice resources to guide implementation of the practice guide.
Victorian Government (Victoria)	**The AOD Screening and Assessment Instrument: Clinician Guide** (Guide) **AOD comprehensive assessment** (Tool)	June 2013	This is a clinician guide for alcohol and other drug (AOD) screening and using assessment instruments with clients To ensure that the client's comprehensive treatment needs are adequately assessed and recorded so they can access the services most suitable to their needs	This clinician guide for AOD screening and assessment contains information about family violence reproduced from the CRAF. A link to the CRAF with recommendations to fill in the risk assessment is included in the guide with the proviso that the clinician is trained in family violence assessment. This instrument is used to assess clients' risks and needs for AOD and related issues. If risk of family violence is identified during this screening process then Optional Module 10: Family Violence (see below) should be undertaken.

Appendix 4: Modified and newly developed tools, procedures and frameworks in Victoria beyond the CRAF (continued)

Developing organisation	Tool name (with links underneath)	Year developed/ period of use	Tool objectives	Relationship to the CRAF
Victorian Government (Victoria)	**AOD assessment Optional Module 10: Family Violence (Identifying Family Violence Recording Template** (Guide and Tool)	June 2013	This template is used to record family violence (in addition to using the CRAF tool)	Once family violence has been identified, the purpose of this module is to record experiences of family violence in addition to the existing CRAF tool.
Victorian Government Department of Health and Human Services (Victoria)		June 2014	A specialist guide designed to promote a holistic approach to family violence service response	The practice guide includes: • information and ideas to structure thinking and practice in family violence assessment of unborn children, infants, children, young people, and families • a practice guide for specialists • information about all elements of the Victorian IFVS, including family law matters and a wide range of referral pathways to address needs specific to family violence risk and needs beyond family violence risk.
Victorian Government Department of Health and Human Services (Victoria)	**SCTT** (Tool)		General tool for assessment by primary health practitioners	General primary health questions, some CRAF related but with no specific questions in this tool about family violence. Questions linked to the CRAF include: • Are you concerned about how much alcohol you drink? • Are you concerned about your use of drugs? • Are you concerned about gambling? • Is your financial situation difficult? • Do you feel nervous or anxious? • Have you felt afraid of someone who controls or hurts you?
Victorian Government (Victoria)	**With Respect to Age – 2009: Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse** (Guide)	June 2009	Guide for professionals in health services or community agencies to identify and respond to elder abuse	Practice guide for professionals in health services or community agencies to identify and respond to elder abuse. The guide: • provides practical guidance for health and community service workers to develop agency policies and procedures to respond to and act on suspicion or allegation of elder abuse • supports the development and review of interagency protocols that enable cooperation in responding to elder abuse • provides a range of resources that assist and reinforce the development of policies, procedures and protocols.
WIRE – Women's Information (Victoria)	**Family Violence Call Sheet: Overview** (Tool)		The main aim is for the caller to be referred to a specialist family violence organisation if any form of family violence is recognised in the call	This call sheet is used so that the caller can talk about family violence and the impact on the children, and to consider safety planning. This call sheet does not involve a risk assessment as the caller will be asked the CRAF questions when she is referred to the specialist FV service – they do not want to make her answer the questions twice. However, the call sheet has CRAF-related risk factors listed so that the person talking to the victim can identify and listen out for high-risk flags that increase the risk of being killed or almost killed.

Appendix 5: Table of international and national tools

5a: Australian state and territory family violence risk assessment approaches

Jurisdiction	Tool	Year Implemented	Type of approach	Summary of risk assessment tool	Target profession	Inclusion of children
Australian Capital Territory	No state-wide tool used.					
New South Wales	**Domestic Violence Safety Assessment Tool** (DVSAT)	July 2015	Actuarial tool with professional judgement advised	The DVSAT is a risk identification checklist designed for IPV. It includes questions about the victim, the partner's background, the relationship, children and sexual assault. Professional judgement is required to determine threat level and action required.	Police and service providers	DVSAT does not 'change or replace' child protection processes. It includes questions about children from the perspective of the victim, including pregnancy; harms or threats to children; conflict about contact or family court proceedings; and children from a previous relationship in the household. Service providers are required to note child protection concerns and the action taken.
Northern Territory	**Common Risk Assessment Form (RAF)**	2012–13	Actuarial tool with professional judgement advised	The RAF is a checklist of risk factors on the part of the offender, victim, children and intimate partners. Identifies risks occurring in the 'past month' and 'in the past'. Actuarial assessment of standard, medium and high risk. High-risk cases are referred to an FSM. Other levels of risk should be referred to relevant services.	Police and other relevant agencies	The RAF includes a checklist section for children. Includes assessing whether children have been present at/witnessed violence, children are under school age, children are subjected to threats of harm or kill, there is a child from another relationship in the home, or a child reports that they are afraid of the offender or are unwilling to have contact with the offender.
Queensland	No state-wide common risk assessment framework. This is identified as a gap in the *Not now, not ever* (2015) report and the Cabinet Consultation Paper (2008).					
South Australia	**South Australia Police Risk Assessment Form**	2014 (revision)	Actuarial tool with professional judgement	Assesses high risk and imminency of serious harm or death for the victim. Ensures consistency in the assessment of high-risk cases and referrals to an FSM. Has inbuilt information sharing protocols across agencies.	Police, government agencies and services.	Measures the victim's perception of risks faced by the child, including whether the victim believes the offender is capable of killing the child, children have ever been present at or witness to incidents of violence, children are under school age, children have been subject to threats or violence from the offender, the offender has access to the children, or if there is a child from another relationship in the home.
Tasmania	**Risk Assessment Screening Tool (RAST)**	2004	Actuarial tool	Assesses risk of future violence for the victim. The RAST is a 34-item checklist that measures number of incidents, as well as use of threats and violence, including the number of physical injuries. The total score correlates with a risk rating of low, medium or high.	Police	Aims to identify risks to children by considering whether there has been a pregnancy or new birth, threats to kill the victim or children, or a child has been assaulted in the past. Risk to children is managed through Child Protection Services.

Appendix 5: Table of international and national tools (continued)

Jurisdiction	Tool	Year Implemented	Type of approach	Summary of risk assessment tool	Target profession	Inclusion of children
Western Australia	**Common Risk Assessment and Risk Management Framework** (CRARMF)	2011 (first edition), 2015 (second edition)	Actuarial tool with professional judgement	Based on the Victorian CRAF. A checklist of risk factors to guide assessment of risk of serious harm and immediate safety concerns. Checklist includes victim- and perpetrator-focused items. Establishes minimum standards that guide risk identification, screening, response and referrals as well as safety planning and risk management. Used to refer individuals to the Coordinated Response Service.	All agencies: government, non-government, mainstream and specialist services.	Child protection workers must undertake an assessment of the risks to the child and the adult victim using multiple information sources. Risks for the child are not assumed to be the same as risks for the victim. If children are considered to be at risk, a referral to the Department for Child Protection must be made.

5b: Key International Risk Assessment Tools

Tool	Approach	Country (year) of development	Key focus	Target profession	Revisions
The Danger Assessment (DA)	Structured clinical assessment tool	United States (1986)	Assess risk of life-threatening injury or death faced by a female victim of IPV	Developed for emergency hospital personnel. Now used by law enforcement, health care professionals, and domestic violence services	2008 revision: introduction of DA-R (measures risk of repeat offending in female same-sex relationships) 2013 revision: DA-1 (measures risk for immigrant women)
Lethality Assessment Program (LAP)	Structured clinical assessment tool	United States (2005)	Assess risk of serious injury or death by an intimate partner	Developed to encourage collaboration between frontline police and domestic violence service providers	n/a
Domestic Violence Screening Inventory (DVSI/DVSI-R)	Actuarial approach	United States (2006)	Assess risk of perpetrator reoffending (including imminent risk of violence)	Developed for criminal justice professionals, particularly corrections case management staff	Updated version created (DVSI-R)
Kingston Screening Instrument for Domestic Violence (K-SID)	Actuarial tool	United States (1990)	Assess risk of reoffending for IPV	Developed for the justice profession	n/a
Ontario Domestic Assault Risk Assessment (ODARA)	Actuarial approach	Canada (2001)	Assess risk of repeated domestic violence (perpetrator focused)	Developed for police and other criminal justice professionals, including corrections and probations services	n/a

Appendix 5: Table of international and national tools (continued)

Tool	Approach	Country (year) of development	Key focus	Target profession	Revisions
Domestic Violence Risk Appraisal Guide (DVRAG)	Actuarial approach	Canada	Assess risk of re-assaults among male IPV perpetrators	Developed for corrections professionals	n/a
Spousal Assault Risk Assessment (SARA)	Structured judgement approach	Canada (1999)	Assess risk of IPV	Developed for criminal justice professionals	Shorter version of the tool created: the B-SAFER (contains 10 items)
Brief Spousal Assault Form (B-Safer)	Structured judgement approach	Canada (2015)	Assess risk of IPV	Developed for police and criminal justice professionals	n/a
Domestic Abuse, Stalking and Honour-Based Violence (DASH) Risk Assessment Tool	Structured judgement approach	United Kingdom (Available in 13 languages) (2009)	Assess risk of serious harm	Developed for all professionals working with victims of domestic violence, stalking, harassment and honour-based violence	2010: checklist specifically for victims was developed – the Victim-DASH
Barnardo's Domestic Violence Risk Identification Matrix (DVRIM)	Structured judgement approach	Northern Ireland (2003)	Assess risk facing children living in a family when domestic violence in present	Developed for clinical professionals	n/a

Appendix 6: Table of relevant RCFV recommendations

Recommendations of the RCFV that relate to and/or will influence the development and embedding of a revised CRAF

No.	Recommendation	Timeframe
1	The Victorian Government review and begin implementing the revised Family Violence Risk Assessment and Risk Management Framework (known as the Common Risk Assessment Framework, or the CRAF) in order to deliver a comprehensive framework that sets minimum standards and roles and responsibilities for screening, risk assessment, risk management, information sharing and referral throughout Victorian agencies. The revised framework should incorporate: • a rating and/or weighting of risk factors to identify the risk of family violence as low, medium or high • evidence-based risk indicators that are specific to children • comprehensive practice guidance. The framework should also reflect the needs of the diverse range of family violence victims and perpetrators, among them older people, people with disabilities, and people from Aboriginal and Torres Strait Islander, culturally and linguistically diverse and lesbian, gay, bisexual, transgender and intersex communities.	By 31 December 2017
2	The Victorian Government amend the *Family Violence Protection Act 2008* (Vic) so that it: • empowers the relevant minister or secretary to approve a Family Violence Risk Assessment and Risk Management Framework (and roles and responsibilities, standards and practices under it) for family violence risk assessment in Victoria • sets out the principle that 'prescribed organisations' and agencies contracted by the Victorian Government to provide family violence services (if not otherwise prescribed organisations) are required to align their risk assessment policies, procedures, practices and tools with the Family Violence Risk Assessment and Risk Management Framework as approved by the relevant minister or secretary.	Within 12 months
3	The Victorian Government implement the revised Family Violence Risk Assessment and Risk Management Framework and develop a sustained workforce development and training strategy as part of the recommended family violence industry plan. The framework should provide for: • minimum standards and core competencies to guide identifying, risk assessment and risk management practice in family violence specialist services, mainstream services and universal services • whole of workforce training for priority sections – including general practitioners and hospital, mental health, drug and alcohol, child protection, aged care and disability workers – that takes into account and aligns with their roles and standards of practice.	From 1 January 2018
4	The Victorian Government facilitate the roll-out of the Risk Assessment and Management Panels, or RAMPs, as a priority, ensuring that this includes: • adequate resourcing and support – case management and links to long-term support • standardised referral guidance, to be used by all agencies, that is aligned to the revised Family Violence Risk Assessment and Risk Management Framework to identify high-risk cases for referral to RAMPs • organisational and practice guidelines for effective RAMP operation, supported by a targeted workforce development and training program • processes for supporting oversight by Regional Family Violence Integration Committees • implementation oversight by the Cabinet Family Violence Sub-committee and the Victorian Secretaries Board Family Violence Sub-committee.	Within 12 months
7	The Victorian Government establish a secure Central Information Point. Led by Victoria Police, it should consist of a co-located multi-disciplinary team with representatives from Victoria Police, the courts (registry staff), the Department of Health and Human Services and the Department of Justice and Regulation (Corrections Victoria) who are authorised to obtain information from their respective databases. A summary of this information should be available to the Risk Assessment and Management Panels, the recommended Support and Safety Hubs, the 24-hour crisis telephone service Safe Steps and the Men's Referral Service to permit effective assessment and management of risk in individual cases.	By 1 July 2018
8	The Victorian Secretaries Board ensure that proposed upgrades to key Magistrates' Court of Victoria, Victoria Police, Corrections Victoria and Department of Health and Human Services information technology systems equip these systems to: • share information for the purposes of risk assessment and management in individual cases of family violence • permit the use of system data for the purpose of evaluating the effectiveness of outcomes from implementation of the Commission's recommendations and the recommended Statewide Family Violence Action Plan • participate in the Central Information Point.	By 1 July 2018

Appendix 6: Table of relevant RCFV recommendations (continued)

No.	Recommendation	Timeframe
9	The Victorian Government examine options for the development of a single case-management data system to enable relevant agencies to view and share risk information in real time.	Within 12 months
25	The Department of Health and Human Services, together with Victoria Police, develop and strengthen its current practice guidelines to facilitate further engagement with perpetrators of family violence with the aim of: • exhausting all efforts to interview the alleged perpetrator of the violence • protecting the safety of child protection practitioners who must work with alleged perpetrators of family violence • developing 'feedback loops' with Victoria Police and other relevant agencies – including the recommended Support and Safety Hubs, once established – in order to obtain and share information about family violence perpetrators and so assist with risk assessment and risk management.	Within 12 months
26	The Department of Health and Human Services develop and strengthen practice guidelines and if necessary propose legislative amendments to require Child Protection – in cases where family violence is indicated in reports to Child Protection and is investigated but the statutory threshold for protective intervention is not met – to: • ensure the preparation of a comprehensive and robust safety plan, either by Child Protection or by a specialist family violence service • make formal referrals for families to relevant services – including specialist family violence services, family and child services, perpetrator interventions, and the recommended Support and Safety Hubs, once established • make formal referrals for children and young people to specialist services – including counselling services – if children or young people are affected by family violence or use violence.	Within 12 months
27	The Department of Health and Human Services revise and strengthen its risk management practice guidelines and procedures for circumstances when a report to Child Protection has indicated the presence of family violence. Practice and procedural guidelines should be updated to require the child protection practitioner to: • without delay, obtain from Victoria Police and any specialist family violence service all police referrals (L17 forms) and the results of any risk assessments that have been performed in relation to the child who is the subject of the report and their parents or other relevant family members • ensure that the full text of any risk assessment is recorded in the Child Protection Service's Crisis Referral Information System notes • without delay, provide to Victoria Police the results of any risk assessment completed by the department that indicates a risk of family violence to a child or young person, so as to support Victoria Police in bringing an application for a family violence intervention order in the Magistrates' Court of Victoria. The department should ask that police provide feedback on whether an application to the court has been made.	Within 12 months
28	Pending finalisation of the recommended information-sharing regime, the Department of Health and Human Services liaise with the Magistrates' Court of Victoria to develop an information-sharing protocol to ensure that, when a parent seeks a new or amended family violence intervention order or *Family Law Act 1975* (Cth) order in the Magistrates' Court of Victoria, information held by the department in relation to family violence risk is provided to the court. Where necessary, a child protection practitioner should be made available to give evidence.	Within 12 months
29	The Department of Health and Human Services require child protection practitioners to participate in training and professional development about the nature and dynamics of family violence and the department's practice guidelines dealing with family violence.	
35	Pending the establishment of the recommended Support and Safety Hubs, the Victorian Government provide additional resources to ensure that the costs of processing and responding to police referrals (L17 forms) received by women's specialist family violence service L17 referral points are fully and discretely funded.	Within 12 months
37	The Victorian Government introduce Support and Safety Hubs in each of the state's 17 Department of Health and Human Services regions [by 1 July 2018]. These hubs should be accessible and safe locations that: • receive police referrals (L17 forms) for victims and perpetrators, referrals from non–family violence services and self-referrals, including from family and friends • provide a single, area-based entry point into local specialist family violence services, perpetrator programs and Integrated Family Services and link people to other support services • perform risk and needs assessments and safety planning using information provided by the recommended statewide Central Information Point • provide prompt access to the local Risk Assessment and Management Panel • provide direct assistance until the victim, perpetrator and any children are linked with services for longer term support • book victims into emergency accommodation and facilitate their placement in crisis accommodation • provide secondary consultation services to universal or non–family violence services • offer a basis for co-location of other services likely to be required by victims and any children.	By 1 July 2018

Appendix 6: Table of relevant RCFV recommendations (continued)

No.	Recommendation	Timeframe
54	The Victorian Government and Victoria Police deploy mobile technology for police members, including capability to use the Law Enforcement Assistance Program (LEAP), complete and dispatch police referrals (L17 forms), take victim and witness statements, and process and issue family violence safety notices in the field – recognising that this is contingent on the adequacy of Victoria Police's broader IT environment.	Within three years
65	The Magistrates' Court of Victoria develop and implement a process of equipping court staff to actively manage the family violence list, having regard to risk assessment and management factors, and provide to magistrates the information the Commission recommends in this report.	Within two years
66	Victoria Police ensure that before applying for a family violence intervention order the relevant magistrate receives an affidavit (prepared by the police prosecutor or civil advocate) specifying: • any previous family violence intervention orders relevant to the affected family member and respondent • whether the respondent is on bail for any offence and the conditions of any such bail • whether any previous family violence intervention orders have been breached • whether there are previous or forthcoming criminal proceedings, and the status of any such proceedings • whether there have been previous family violence incident reports (L17 forms) relating to the same parties • relevant risk factors relating to the current incident – including a status update on any risk factors described in the L17 relating to the application • the family violence intervention orders sought by police and whether the affected family member consents to those orders. A Victoria Police representative – for example, the police prosecutor, a civil advocate or the family violence court liaison officer – should discuss the particulars of the affidavit with the affected family member before the hearing.	By 31 December 2017
67	The Magistrates' Court of Victoria registry, in all police-initiated applications for family violence intervention orders, provide to the magistrate a summary indicating the status of any related proceedings in the Children's Court of Victoria (or vice-versa), the Family Court of Australia and/or the Federal Circuit Court of Australia. If information is not available from other jurisdictions, this should be stated. In non-police initiated family violence intervention orders, the Magistrates' Court registry should also provide the information recommended to be provided by Victoria Police in an application initiated by it. The Magistrates' Court registry should also adopt a practice of providing risk assessments made by applicant and respondent support workers to magistrates as a matter of course.	By 31 December 2017
85	The Victorian Government: • map the roles and responsibilities of all government and non-government agencies and service providers that have contact with perpetrators of family violence • confirm the principles that should inform the programs, services and initiatives required to respond to perpetrators of family violence who pose a high, medium or low risk to victims.	Within 12 months
96	The Department of Health and Human Services require routine screening for family violence in all public antenatal settings. The screening guidance should be aligned with the revised Family Violence Risk Assessment and Risk Management Framework. Implementation will require targeted and continued training, the development of specific guidelines, and clinical support.	By 31 December 2017
97	The Chief Psychiatrist issue a guideline relating to family violence—including that family violence risk should be assessed when considering discharging or transferring care of a person receiving mental health services and when consulting with families or carers in relation to treatment planning.	Within two years
99	The Victorian Government encourage and facilitate mental health, drug and alcohol and family violence services to collaborate by: • resourcing and promoting shared casework models • ensuring that mental health and drug and alcohol services are represented on Risk Assessment and Management Panels and other multi-agency risk management models at the local level.	Within two years
134	The Victorian Government, through the Council of Australian Governments Law, Crime and Community Safety Council, pursue: • the creation of a single database for family violence, child protection and family law orders, judgements, transcripts and other relevant court documentation that is accessible to each of the relevant state, territory and Commonwealth courts and other agencies as necessary • the development of a national family violence risk assessment framework and tool and consistent use of such a framework or tool by state, territory and Commonwealth courts, lawyers, government and non-government service providers.	Within two years

Appendix 6: Table of relevant RCFV recommendations (continued)

No.	Recommendation	Timeframe
174	Victoria Police, in the redesign of the police referral (L17) form, ensure that disability data is collected, including on the type of disability and the support required. Training should be provided to help police members identify how and when to make adjustments for people with disabilities.	Within 12 months
181	The Victims Support Agency continue to receive all police referrals (L17 forms) relating to male victims, including after the establishment of the Support and Safety Hubs. The agency and all other relevant support services should develop joint arrangements to ensure that male victims of family violence are supported in obtaining the help they need.	Within two years
183	Corrections Victoria review the current processes for identifying female offenders at risk of or with a history of family violence and respond through therapeutic interventions and education programs.	Within 12 months
193	The Victorian Government establish a governance structure for implementing the Commission's recommendations and overseeing systemic improvements in family violence policy. The structure should consist of: • a bipartisan standing parliamentary committee on family violence • a Cabinet standing sub-committee chaired by the Premier of Victoria • a family violence unit located in the Department of Premier and Cabinet • a Statewide Family Violence Advisory Committee • Family Violence Regional Integration Committees, supported by Regional Integration Coordinators • an independent Family Violence Agency established by statute.	Within two years
198	The Victorian Government establish a family violence unit within the Department of Premier and Cabinet to support the work of the Cabinet Family Violence Sub-committee, the Victorian Secretaries Board, and the Statewide Family Violence Advisory Committee. The unit will lead whole-of-government work with other departments and policy units with family violence responsibilities (including the Office for Women) and should be responsible for ensuring that Victoria meets its obligations under the National Plan to Reduce Violence against Women and their Children.	Within 12 months

Appendix 7: Table of recommendations from Coroner's Inquest into death of Luke Batty

Recommendations from the Coroner's Inquest into the death of Luke Geoffrey Batty that relate to and/or will influence the development and embedding of a revised CRAF.

No.	Recommendation
1	I recommend that the State of Victoria undertake empirical validation of the Common Risk Assessment Framework (the CRAF), including consideration of other family violence risk assessment measures in other jurisdictions (for example, South Australian family safety framework), and the risk assessment tools based upon it, such as the LI7, to determine the extent to which they accurately identify a: a) person's (including a child's) risk of being the victim of family violence; b) perpetrator's risk of repeat and/or escalating family violence. As part of this validation process, consideration should be given to whether: a) greater weight ought be given to the victim's own level of fear in assessing the risk posed to her and any children; b) there should be a rating and/or weighting of risk factors to assist the person undertaking the risk assessment to identify the risk of family violence to women and/or children as low, medium or high. Any tool or system which rates or weights risk factors should be standardised across agencies dealing with family violence, taking into account the unique mandate of each agency.
2	Noting that some agencies use the CRAF, but that others do not, I recommend, the State of Victoria ensure all agencies, including the Magistrates' Court of Victoria, operating within the integrated family violence system: a) use the CRAF (once validated), including risk assessments aligned to the CRAF. This includes ensuring that those agencies that use external service providers (e.g. the DHHS) incorporate in service agreements with service providers, a requirement that the CRAF be used when dealing with family violence related matters; b) undertake risk assessments that are reduced to writing, shared with, and accessible to all elements within the integrated family violence system dealing with a particular family, for the purposes of: i. ensuring risk assessments are dynamic, collaborative, comprehensive and up-to date. That is, once commenced, a risk assessment considers all the information available to all relevant agencies, is updated and maintained for a family where family violence has been indicated or reported; ii. ensuring risk assessments are accessible by police officers when: • making an application for a family violence intervention order; • bringing charges against a perpetrator for family violence related offences; • responding to a bail application for a person charged with family violence related offences; • informing presiding magistrates of the outcome of relevant risk assessments. iii. coordinating the response directed at perpetrators; iv. coordinating the support given and safety planning provided to victims of family violence; v. identifying common risk management strategies.
3	I recommend the State of Victoria, and where appropriate, in conjunction with the Office of the Victorian Privacy Commissioner, ensure all agencies operating within the integrated family violence system: a) have clear rules and education about their respective capacity and obligation to lawfully share information between agencies and/or to members of the public; b) implement clear policies with respect to the *Privacy and Data Protection Act 2014* to inform respective staff members of the circumstances within which they may provide information to members of the public and other government agencies. Such policies must include circumstances where a police officer may inform a parent of any criminal charges laid against another parent (biological or other) or FVIOs, of the same child which indicate a risk to that child; and c) adequate training with respect to these policies. As part of this process consideration should be given to whether the criteria and/or thresholds for sharing personal and/or health information are appropriately calibrated to allow for dynamic, up to date risk assessment in a family violence context.
4	I recommend the State of Victoria identify legislative, or policy impediments to the sharing of relevant information, and remove such impediments, so that all agencies, including the Magistrates' Court of Victoria, operating within the integrated family violence system, are able to share relevant information in relation to a person at risk of family violence.

Appendix 7: Table of recommendations from Coroner's Inquest into death of Luke Batty (continued)

No.	Recommendation
5	I recommend the State of Victoria ensure all agencies operating within the integrated family violence system are: a) clearly identified and their respective roles and responsibilities for responding to family violence are contained in legislation and/or documented in publically available policies; b) provided operational advice and assistance to develop clear policies, procedures and risk assessment tools aligned to the CRAF, to identify and manage a person's: i. risk of being the victim of family violence; and ii. risk of perpetrating family violence.
7	I recommend that the State of Victoria, ensure all agencies operating within the integrated family violence system are sufficiently supported to provide their respective staff training and professional development to undertake CRAF based family violence risk assessments. Such training and professional development should include, but not be limited to, recognising, understanding; and responding to family violence. Each agency's staff, at all levels, should be educated in the dynamics of family violence, with specialist training provided to those employees whose primary role is to have contact with victims and perpetrators of family violence.
8	I recommend that the State of Victoria, implement Risk Assessment and Management Panels (RAMPs) in all police regions as soon as possible.
9	I recommend that the State of Victoria, ensure there is a process that triggers a compulsory referral to a Risk Assessment and Management Panel when a family violence agency and/or the Magistrates' Court of Victoria, assesses a person's risk for family violence as 'high'. Such a process should include, but not be limited to: a) an initial case management conference during which the panel members use the CRAF to undertake a multi-agency case review and risk assessment of the affected person (and where relevant their children) using all information and all past risk assessments undertaken by the individual agencies; b) immediate safety action plans; c) longer term case management, including risk management strategies, for the affected persons, and establishment of ongoing case management of the care of the affected persons; d) providing the referring family violence agency and/or the Magistrates' Court of Victoria with details of the outcome in writing.
13	I recommend that the Chief Commissioner of Police amend Victoria Police Manual and other relevant operating instructions and if appropriate, the Code of Practice for the Investigation of Family Violence to require police officers: a) to provide all completed LI7s relevant to an affected person to all relevant agencies operating in the family violence system; b) completing an L17 to review previous L17s relating to the same offender and where possible to contact the authors of previous L17s to ensure information regarding risk is shared and considered; c) to check LEAP prior to completion of an L17 to ensure relevant criminal history, or other matters capable of affecting the risk assessment (including but not limited to other acts of violence with which the perpetrator has been charged, intervention orders obtained by other persons to which the perpetrator is the Respondent) are considered.
14	I recommend that the Chief Commissioner of Police cease to use the current definition of 'recidivist' family violence offender and develop criteria for identifying 'high risk' family violence perpetrators that require intensive management. The definition of 'high risk' should be uniformly applied and responded to in all police regions to bring about: a) a warning flag in LEAP; b) more intensive monitoring of the offender, including bail conditions; c) execution of all warrants with respect to the offender to be treated as a priority.

Appendix 7: Table of recommendations from Coroner's Inquest into death of Luke Batty (continued)

No.	Recommendation
15	I recommend that the Chief Commissioner of Police amend Victoria Police Manual and other relevant operating instructions and if appropriate, the Code of Practice for the Investigation of Family Violence to require: a) a police prosecutor appearing in a remand/bail application to have available all previous LI7s in relation to the offender to assist them in deciding whether to oppose bail and/or submissions with respect to bail conditions if bail is granted; b) where practicable the informant in all family violence matters should be in court, or have communicated to the police prosecutor his or her views as to the future risk of family violence by the perpetrator, prior to any remand/bail application relating to the perpetrator; c) all FVIOs be served on the Respondent with priority and where service cannot be effected substituted service from the Court be obtained within 24 hours; d) all warrants issued in relation to family violence related incidents be executed with high priority and entered onto LEAP within 24 hours of issue; e) a benchmark period for the: i. Commencement of a prosecution of family violence offences; ii. Authorisation of charges for the breach of an intervention order or family violence safety notice; f) police prosecutors, or other designated police officers to ensure affected family members are kept informed in relation to the progress and outcome of all FVIO proceedings, warrants, bail applications and criminal proceedings which relate to them and any other protected family members. That whenever possible the same police prosecutor be assigned to both the criminal (including bail), and the family violence (civil) matters listed for Magistrates' Courts when the parties are the same in both – that is the applicant/victim and the perpetrator/accused.
16	I recommend that the DHHS incorporate in its Intake Phase practice where family violence services report family violence, that Child Protection requests a completed CRAF as part of its risk assessment and analysis.
17	I recommend that the DHHS introduce a requirement that CRIS notes include the full text of all CRAF risk assessments undertaken in relation to children for whom files are opened.
18	I recommend that the DHHS introduce a requirement that prior to, or when, undertaking a CRAF risk assessment, the DHHS obtain from Victoria Police all LI7s relating to the child and their parents and any CRAF risk assessment undertaken by a specialist family violence service.
19	I recommend that the DHHS introduce a process whereby all CRAF risk assessments which indicate high risk of family violence to a child be provided to Victoria Police for consideration of bringing an application for an FVIO.
20	I recommend that the DHHS discontinue the practice of asking women at risk of family violence to enter into undertakings, which require them to supervise or manage the behaviour of the perpetrator of the family violence.
25	I recommend that the Magistrates' Court of Victoria simplify the 'Information for Application for an Intervention Order' form and integrate a checklist based on the CRAF for applicants to complete when making an application for an FVIO.
26	I recommend that the Magistrates' Court of Victoria implement training for Registrars who interview applicants and prepare FVIO documentation, to apply the CRAF to ensure appropriate risk information is identified and included in the Application for an Intervention Order.
27	I recommend that the Magistrates' Court of Victoria ensure its staff working in family violence matters receive specialist family violence training in relation to the CRAF and the process by which to undertake a risk assessment.
28	I recommend that Magistrates' Court of Victoria ensure its Applicant Support Workers complete the CRAF with the affected family member in Family Violence Intervention Order cases, and supply the completed risk assessment to Victoria Police.

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GROUP OF EIGHT

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