

# MARAM PRACTICE GUIDES

## RESPONSIBILITY 4: INTERMEDIATE RISK MANAGEMENT

Working with adult people  
using family violence

# RESPONSIBILITY 4

## INTERMEDIATE RISK MANAGEMENT

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# 4

## INTERMEDIATE RISK MANAGEMENT

### 4.1 OVERVIEW

**This guide supports you to undertake family violence risk management that responds to the person using violence, their presentation and level of family violence risk (seriousness), as identified through intermediate risk assessment (Responsibility 3).**

Professionals should refer to the *Foundation Knowledge Guide* and perpetrator-focused **Responsibilities 1–3** before commencing intermediate risk management with people who use family violence.

You should also understand the Structured Professional Judgement model and how to apply intersectional analysis (**Responsibility 3** and **Section 10.3** of the *Foundation Knowledge Guide*) to inform your risk management approaches.

When undertaking risk management, you need to consider:

- ... the actions the victim survivor has taken to protect themselves and (if applicable) their children (who are also victim survivors)
- ... the actions of other services already engaged, or that need to be engaged, to support risk management
- ... the actions you can take to develop a professional-facing Risk Management Plan (which is for you to work with other professionals and services, not directly with the person using violence)
- ... safety planning with the person using violence about their risk behaviours towards both victim survivors and themselves. This includes their presenting needs and any protective factors that keep them engaged and make it more likely risk management interventions will be successful.

#### Key capabilities

This guide supports professionals to undertake intermediate risk management. This includes:

- ... understanding and aligning your actions with existing risk management strategies and, where safe and appropriate to do so, engaging the victim survivor themselves, or with services working with them (where consent is provided, as required). Services include specialist family violence services, therapeutic, advocacy and professional services
- ... where safe and appropriate to do so, working with the person using violence to develop a Safety Plan based on their presenting needs and circumstances and disclosed family violence behaviours and risk
- ... developing a Risk Management Plan targeted at addressing the person's use of family violence risk behaviours, including coercive controlling behaviours, and related presenting needs. This is undertaken in collaboration and coordination with specialist family violence services, targeted services or other professionals working with the person using violence and/or adult or child victim survivor/s
- ... responding to the assessed level of risk presented by the person using violence, including serious and immediate risk
- ... documenting evidence of family violence and risk management responses
- ... monitoring behaviour, change in risk and collaborating and sharing information with other parts of the system
- ... reporting any breaches of a family violence intervention order or other family violence crimes to police.

You should use this guide:

- ... after an intermediate risk assessment (**Responsibility 3**) has been completed and family violence has been assessed as present
- ... (if safe to do so) to develop a Safety Plan with the person using violence
- ... to develop, review or update an existing Intermediate Risk Management Plan, particularly if patterns of behaviour have changed, or risk has changed and/or escalated
- ... to respond to immediate risk.

Intermediate risk management includes addressing the presenting needs and circumstances of the person using violence.

This helps the person to gain or retain stabilisation across aspects of their life linked to risk. It enhances protective factors for both people using violence and victim survivors. It also promotes readiness and motivation for behaviour change.

**Responsibilities 5, 6, 9 and 10** provide guidance on other elements of risk management, including information sharing, referral and secondary consultation with other services.

Professionals and services can take a wide range of actions to manage risk. The actions you take depend on your role, your organisation and the resources available to you.

#### REMEMBER

You should distinguish between adults and adolescents or young people who use violence.

Adolescents should receive a response that considers their age, developmental stage, whether they are also a victim survivor of violence, their therapeutic needs, and the specific protective factors that will support their development and stabilisation and recovery (such as family reunification where it is safe to do so), as well as their overall circumstances.

For adolescents nearing adulthood, particularly if they are using intimate partner violence, you may use this guide with caution.

You should consider their age and developmental stage when asking prompting questions to explore safety planning, readiness and motivation and planning appropriate risk management actions and interventions.

Risk management strategies developed to respond to adolescents and young people nearing adulthood can be recorded in the Intermediate Risk Management Plan.

Refer to adolescents who use family violence MARAM Practice Guides for more information.

## 4.2 WHAT IS RISK MANAGEMENT?

Risk management is a coordinated set of strategies and actions to enhance the safety of the victim survivor (adult, child or young person) and reduce or remove the likelihood that the person using violence will commit further violence.

It also includes reducing the assessed level of risk the person using violence presents to themselves or any third parties, including professionals.

All risk management must involve developing and documenting the actions to be undertaken by professionals in a Risk Management Plan, and **if safe to do so**, developing a Safety Plan with the person using violence.

Risk management also focuses on direct engagement with the person using violence to support them to take responsibility for their behaviour.

Risk management does not make the adult victim survivor responsible for managing the risk of the person using violence to any adult or child victim survivor, or changing their behaviour.

### 4.2.1 Elements of intermediate risk management

Intermediate risk management includes responding to a range of risk behaviours from the person using violence. This includes addressing any associated needs and circumstances to reduce risk and improve the person's capacity to take responsibility for the decisions they are making.

Key intermediate risk management actions you can take include:

- ... strategies to respond to the immediate risk presented by the person using violence to adult and child victim survivor/s, or others (such as identified third parties)
- ... responding to the immediate risk presented by the person using violence to themselves
- ... information sharing for the purpose of coordinating and managing risk with other professionals and services

- ... supporting the person using violence to address their presenting needs and circumstances, ensuring that responses support the goal of risk management
- ... developing a Safety Plan with the person using violence that encourages them to seek help, stabilises aspects of their life, interrupts their use of violence and reduces their risk
- ... talking to the person using violence about options that create safety, including accommodation options, and connections to relevant services, including referral to a specialist family violence service, targeted community or culturally specific services
- ... ongoing risk assessment and management, including updating their Risk Management Plan
- ... ongoing encouragement for further engagement with your own service or other services to increase opportunities to monitor risk over time and service connection.

Intermediate risk management requires you to engage with other professionals and services. Refer to:

- ... **Responsibility 5** – seek consultation for comprehensive risk assessment, risk management and referral
- ... **Responsibility 6** – contribute to information sharing with other services
- ... **Responsibility 9** – contribute to coordinated risk management
- ... **Responsibility 10** – collaborate for ongoing risk assessment and risk management.

Collaborative risk management processes increase the visibility of the person using violence, facilitate tailored responses and risk management actions, and can increase the capacity for timely responses to changes in the level of risk. These coordinated responses make victim survivors safer.

It is appropriate to proactively seek and share information with other relevant services the person using violence is engaged with, to establish whether a Risk Management Plan already exists.

If the person using violence is engaged with a specialist perpetrator intervention service, contact that service, including the Family Safety Contact Worker.

If an existing Risk Management Plan or Safety Plan exists (for the person using violence or an adult or child victim survivor), work collaboratively with other services to review and update the plan together to ensure consistency.

It is important to continually review your assessment of risk and update the Risk Management Plan and Safety Plan, as risk levels can change quickly and at any time.

Depending on your role, you may contribute to risk management in a short-term support or intervention or have an ongoing role.

An ongoing role includes supporting monitoring of risk and continued collaboration with specialist services to support and monitor the person using violence, centre victim survivor experience and safety, and share information.

#### REMEMBER

Managing risk is a shared responsibility across services working with the person using violence and adult and child victim survivor/s.

Risk is dynamic and risk levels can change quickly and at any time.

Reviewing your assessment, Risk Management Plan and Safety Plan should be part of your normal practice.

All professionals must comply with existing legal obligations, such as:

- ... mandatory reporting to Child Protection
- ... the reporting of possible sexual abuse of children under 16 years of age to Victoria Police – noting that failure to report is a criminal offence and applies to all adults.

This guidance on risk management is consistent with these obligations.

### 4.3 STRUCTURED PROFESSIONAL JUDGEMENT IN RISK MANAGEMENT

Structured Professional Judgement supports you to respond using risk management actions appropriate for the presentation and level of risk from the person using violence.

The risk management actions and interventions you undertake must keep the person using family violence in view of the system.

They should also contribute to coordinated support provided to the person using violence to stop their coercive controlling behaviour.

Risk management at an intermediate level comprises the following actions.

Keep the **lived experience** and **safety of victim survivors** at the centre of risk management.

Adult victim survivors are the best judges of the risks they face. It is likely they will have already taken many steps to manage the risk both to them and their children.

As such, victim survivor lived experience and safety should guide your actions and your response to the history of violence, patterns of behaviour and severity of violence experienced.

Where possible, appropriate to your role and safe to do so, you can engage directly with the adult victim survivor, other professionals or services, or the specialist family violence services working with them (if known), to identify and understand existing risk management plans and strategies.

If you cannot contact the victim survivor or the services they are engaged with, use Structured Professional Judgement to keep the adult and child victim survivor's safety at the centre of your risk management.

You should respond to **evidence-based risk factors**, in particular, you should focus on:

- ... dynamic and serious risk factors
- ... risk factors that require immediate intervention
- ... those you determine to be most impactful to the victim survivor.

Presenting needs and circumstances are often linked to dynamic risk factors.

Addressing these with the person using violence can directly contribute to the stabilisation of their life situation and the safety of adult and child victim survivors.

This includes reducing the likelihood of change or escalation in use of family violence from related behaviours, such as those associated with their use of alcohol and drugs, or housing or financial insecurity.

You should determine whether it is safe, appropriate or reasonable to engage in any direct conversations about safety planning with the person using family violence.

You can tailor your safety planning conversation to match the level or depth of disclosure about behaviours linked to risk factors.

Share information with other professionals and services. Appropriate **information sharing** ensures your risk management responses are relevant.

It also keeps people using violence in view of the system.

You can seek secondary consultation with specialist family violence services that will support you to develop risk management strategies.

This will also increase your confidence and skill in safety planning with people using violence.

Continue to use information sharing to collaborate with other professionals and services to ensure your risk management responses remain current, reflect needs and risk of the victim survivor, and keep the person using violence in view across the service system.

**Figure 1: Model of Structured Professional Judgement**



Analysing the elements in the model of Structured Professional Judgement and applying **your professional experience, skills and knowledge** supports you to respond to the presentation and assessed level of risk of the person using family violence.

Use an **intersectional analysis lens** when determining level of risk that respond to structural inequalities, barriers and systemic, individual and collective discrimination the adult or child victim survivor and the person using violence may face.

Consider the information in relation to the identity, experiences or circumstances of the adult or child victim survivor and the person using violence.

For people using family violence, these and other experiences and circumstances, such as their own experience of violence and trauma, can hinder their capacity to take responsibility for their use of violence.

For people who use violence, these aspects can affect:

- ... the form and presentation of the violence they use
- ... their attitudes about their use of violence, including how they perceive and justify their use of violence
- ... their readiness and motivations to accept further support for behaviour change.

Professionals should consider and make efforts to address any additional barriers for the person.

Refer to **Section 12** in the *Foundation Knowledge Guide* and **Responsibilities 1 to 3** in reducing barriers to engagement for Aboriginal people and people from diverse communities or older people.

Refer to guidance on secondary consultation, referral and information sharing in **Responsibilities 5 and 6**.

#### 4.4 APPROACH TO RISK MANAGEMENT OF THE PERSON USING VIOLENCE

##### Risk management of the person using violence can be achieved in multiple ways.

The table below outlines the level of direct engagement you may have with the person using violence and the approaches and example actions that support risk management.

The initial contact the person using violence has with your organisation may either be voluntary (self-referral, referral from another professional within or outside your organisation) or mandated (by court order, part of corrections intervention or service, parole conditions).

This information will guide you to consider the type and depth of your risk management conversations with the person using violence, and level of motivation the person using violence has to engage with your service or other services.

Note, however, that mandated service users can also be highly motivated to engage.



Table 1: Approach to risk management and level of direct engagement

Level of direct engagement	Approach and actions supporting risk management
<p>No visible service interventions</p>	<p>The person using violence is <b>not made aware</b> there are interventions in place to address their use of violence.</p> <p>These may be from your service, statutory authorities and non-statutory services.</p> <p>This usually occurs when risk management support is being provided to the adult or child victim survivor by specialist family violence services.</p> <p>It may also occur if the statutory service system has intervened because of the assessed level of risk presented by the person using violence to the victim survivor/s, themselves and others.</p> <p>It can include information sharing and secondary consultation between services and may be part of collaborative and coordinated responses.</p> <p>This is likely to include coordination with Victoria Police, victim survivor and perpetrator specialist family violence services (further outlined in <b>Responsibility 9</b>) and Child Protection.</p> <p>You or another professional will have developed a Risk Management Plan (refer to <b>Section 4.7</b>).</p>
<p>Direct support for needs or circumstances</p>	<p>The person using violence <b>may or may not be aware</b> of your knowledge of their use of violence.</p> <p>Your professional engagement contributes to the readiness and motivation of the person using violence to change their behaviour and stop their use of family violence.</p> <p>Intervening at the earliest opportunity and connecting the person with appropriate services can have a lasting positive impact, including on their use of family violence.</p> <p>Interventions are linked to the presenting needs and circumstances of the person using violence.</p> <p>Responding to presenting needs by providing a professional or therapeutic response, will support you to manage behaviours related to family violence risk.</p> <p>Addressing these needs, such as alcohol and other drugs or mental health, indirectly supports the family violence risk management response.</p> <p>By applying intersectional analysis, you can respond to barriers to help seeking, support and change and make timely and appropriate referrals to support the person to stabilise their life situation or enhance their protective factors.</p> <p>You may be undertaking your own risk management actions and responses to presenting needs as part of a broader collaborative and coordinated process.</p> <p>You may be involved in case coordination or case management meetings with a range of services, of which the person using violence may have knowledge, depending on the level of risk and your professional role.</p> <p>You may, alternatively, be providing support to the person using violence, but the person may be <b>unaware of your knowledge of their behaviour or risk level</b>.</p> <p>You may have developed a Safety Plan (refer to <b>Section 4.8</b>) with the person using violence and a Risk Management Plan you can share with other professionals, or you may have contributed to a Comprehensive Risk Management Plan (refer to <b>Responsibility 8</b>).</p>

## Level of direct engagement

Direct support includes family violence

## Approach and actions supporting risk management

The person using violence is **aware of your knowledge of their family violence behaviour and risk.**

They may be already engaged with a specialist perpetrator intervention service, have a safety notice or family violence intervention order, be directed to you by Child Protection, or have current family court proceedings.

You may be having direct conversations with the person using violence about their behaviours and level of risk to victim survivors.

Where the person is engaged with a specialist perpetrator intervention service, you can frequently and proactively share information to ensure your conversations reinforce any messages and strategies put in place by the service.

You may have safety planning conversations that include managing behaviours towards victim survivors and motivation to change, which you can document on the Safety Plan template and share with the person using violence.

Where safe, appropriate and reasonable, the person's parenting role or identity may be used as a motivator.

As risk changes or escalates, you can seek secondary consultation for support in your risk management response role.

You will likely be involved in case coordination or case management meetings between a range of services, or other coordinated risk management response to respond to serious risk.

This may include collaborating with other professionals to develop a Comprehensive Risk Management Plan (refer to **Responsibility 7**).

## 4.5 RESPONDING TO SERIOUS AND IMMEDIATE RISK

.....  
**If you or any other professional or service identifies any person at serious risk and requires an immediate response from family violence, you or they should immediately:**  
.....

... **call police on Triple Zero (000)**

... contact a local specialist family violence service, based on the victim survivor's current place of residence, to share information and coordinate support for adult and child victim survivors.

**When you call emergency services:**

... You will be asked your name and where you are calling from.

... Clearly explain who you are and your role, and why you are calling – **be as clear as possible about your concerns.**

... Give the full name of the person using family violence and their whereabouts and known address and contact number.

... Give the full name and address of the adult and child victim survivor/s at serious risk, and any other family members or identified third parties. You may not have all the adult and child victim survivor's details but can share as many details as possible from your conversations with the person using violence to assist police to locate them quickly.

... Provide details of other people you believe are at immediate risk and the rationale for your determination of risk. This may include a victim survivor's new intimate partner, parents or extended family members, carers or other support people, or other residents with whom the victim survivor lives.

- ... Provide details about the situation, including:
  - ... any crime that may have been committed (or indicated they may commit)
  - ... history of the perpetrator having access to weapons
  - ... any history of the perpetrator using non-fatal strangulation
  - ... whether an intervention order is in place.
- ... Provide any other information requested by the operator.
- ... Report risk to children or young people to Child Protection as appropriate.

Crisis situations can include both immediate risk from the person using violence, as well as the immediate impacts from family violence, such as serious injury to an adult or child victim survivor, the person using violence to themselves or a third party.

This complexity will be triaged by the Triple Zero (000) operator.

#### REMEMBER

If you become aware of an injury due to suspected or confirmed physical force to the head or neck (such as strangulation or choking) of any person, seek immediate health assessment for injuries to the brain or body.

Guidance on identifying risk related to choking and strangulation is in the victim-focused **Responsibility 3, Appendix 8**.

People who use family violence may threaten or attempt suicide and self-harm strategically to shift responsibility from themselves and place blame onto the victim survivor for the person's use of violence.

Use your professional judgement and, where necessary, seek professional advice on the appropriate steps moving forward. Call police and the Crisis Assessment and Treatment Team, if appropriate.

Refer to guidance on identifying suicide risk factors in **Section 4.15**.

In cases of 'serious risk and requires immediate protection/intervention', the specialist service will respond to provide comprehensive risk management, often in coordination with Victoria Police and other justice responses.

If these responses are not successful, they may require a **coordinated response** by a referral to a Risk Assessment and Management Panel (RAMP).

A RAMP is a formally convened meeting, held at a local level, of key agencies and organisations that increases the collective capacity and effectiveness of the service system to identify and respond to perpetrators who are assessed as presenting a serious risk<sup>1</sup>, and to hold them responsible and accountable for their violence.

This contributes to the safety of adults and children at serious risk and allows a response with direct interventions to immediate threats from family violence.

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#### 4.5.1 Other options to respond to immediate risk

It is critical that a Risk Management Plan is in place to respond to the level and seriousness of risk identified as requiring an immediate response.

Other options to respond to risk include:

- ... making a referral to a specialist perpetrator intervention service and any services involved with the child, such as Child Protection, including for crisis response to the person using violence
- ... seeking secondary consultation from a specialist family violence service or the specialist family violence adviser for your area or organisation for comprehensive risk management planning or referral for the victim survivor to be contacted and offered immediate support

<sup>1</sup> For further details about RAMP, refer to **Responsibility 9**.

... if anyone discloses that the person using violence has sexually assaulted a child, you have a statutory obligation to report to the police<sup>2</sup> –

... it is best practice to inform the adult victim survivor/non-violent parent of your responsibility to report where possible. You can also reassure them that you can support them to ensure their own and any children's safety from any increase in risk from the person using violence that may occur as a result of the report

... if you have no contact or information about the victim survivor, Victoria Police may be best placed to inform them once the report has been made

... you should also consider if you should inform the person using violence of the report, particularly determining whether it is likely to increase or reduce escalation of risk to a victim survivor. For example, this may be appropriate if the person using violence would otherwise assume an adult victim survivor made the report

... reporting the assessed risk presented by the person using violence to children or young people to Child Protection and schools/childcare centres (including sharing information regarding an intervention order if one is in place)

... referral or secondary consultation for the person using violence who may require support for mental health, alcohol and other drug use, housing or financial insecurity

... referral to Legal Help services for the person using violence, including where there is a new or varied family violence intervention order, child/parenting arrangements, or other court matters.

Engaging with a specialist family violence service to work with the adult victim survivor should occur where possible.

<sup>2</sup> Refer to State of Victoria 2018, *Children, youth and families, Criminal offences to improve responses to sex abuse*, available online.

This can occur in several ways, including when:

... you know the victim survivor is engaged with a specialist family violence service – contact them immediately

... the person using family violence is engaged with a specialist perpetrator intervention service – contact them immediately. They will have the capacity to engage with the person to de-escalate the risk and contact the victim survivor through their family safety contact worker

... the victim survivor is not engaged with any services, but you have contact details – attempt to make contact

... the victim survivor is not engaged with any services, and you do not have their contact details –

... contact a specialist family violence service or The Orange Door in your region and seek advice

... contact the police.

#### 4.6 ENGAGING WITH THE PERSON USING VIOLENCE FOR RISK MANAGEMENT

**Engaging with a person using family violence provides an opportunity to identify and assess their use of violence and intervene in a timely manner to support reducing their level of risk.**

Risk management directly with the person using violence will focus on developing a Safety Plan.

Your first contact should create a respectful, sensitive and safe environment for the person using violence to discuss their presenting needs or circumstances that:

... may influence their choice to use violence

... increase the likelihood or severity of risk

... act as barriers to change.

Refer to **Responsibility 1** for guidance on safe and respectful engagement to build trust and rapport.

Where it is safe and appropriate, engaging in risk management conversations with the person using family violence helps to:

- ... address their presenting needs
- ... provide direct response strategies and actions to reduce the risk to current and previous adult or child victim survivors, even where they are not referred to as part of your risk management conversation
- ... reduce the risk to themselves and third parties.

Your risk management conversation should focus on developing a **Safety Plan** with the person using violence.

Safety planning is a chance to support the person using family violence to draw upon their own motivations (if safe to do so), skills and capabilities to lessen the risk associated with their family violence or related behaviours, and unaddressed needs and circumstances.

A Safety Plan can help them to stabilise their needs and circumstances, reflect on their behaviours to take responsibility for their use of violence, and change their risk behaviours.

It also refocuses the responsibility on the person using violence, rather than on the adult victim survivor to manage the risk presented to themselves or child victim survivors.

This includes incorrectly placing responsibility on adult victim survivors to 'protect children' or punishing adult victim survivors for not being 'protective enough' of child victim survivors.

As a professional, locating responsibility for use of violence with the person using violence reduces the risk of professional collusion and maintains the focus on their behaviours and the impact of harm on others.

The information you gather through your risk assessment and safety planning conversation will also inform your **Intermediate Risk Management Plan**.

#### REMEMBER

Showing empathy towards a person using family violence is not collusive practice, but at times it may be misinterpreted as being collusive. You can acknowledge the person using violence's feelings or emotions, but not affirm their actions.

Refer to **Responsibility 3** for guidance on using safe and respectful engagement practices to minimise the risk of collusion.

Person-centred client-worker relationships can help the person change their attitudes and behaviour.<sup>3</sup>

Apply your professional judgement to reflect on your own biases, and manage these respectfully and safely.

Refer to **Section 10.6** in the Foundation Knowledge Guide for more information on biases and reflective practice.

Engage with the service user proactively and offer them the support they need to increase safety, reduce risk and enable behaviour change.

<sup>3</sup> Adapted from Reimer EC 2020, "Growing to be a better person": exploring the client-worker relationship in men's behaviour change program, research report no. 15/2020, ANROWS, Sydney.

## 4.7 HOW TO USE THE INTERMEDIATE RISK MANAGEMENT PLAN AND INTERMEDIATE SAFETY PLAN TEMPLATES

The information you have gathered during the intermediate risk assessment process (**Responsibility 3**) should inform your risk management strategies and approach to developing a Safety Plan with the person using violence.

A **Risk Management Plan** is usually completed by professionals in collaboration with other services to determine and coordinate actions to reduce risk from the person using violence to adult and child victim survivors.

If safe to do so, you can work directly with the person using violence to develop a **Safety Plan**, which can also inform your Intermediate Risk Management Plan.

### 4.7.1 Key elements in intermediate risk management and safety planning

Risk management and safety planning are separate activities when working with people using family violence.

... A stand-alone template for the Intermediate Risk Management Plan is in **Appendix 7**. It is for **professionals only** and is not to be accessed by the person using violence.

... A stand-alone template for the Intermediate Safety Plan is in **Appendix 8**. It can be developed with and given to the person using violence so they can refer to it.

**You should keep a copy of each document (the Risk Management Plan and Safety Plan) for your records.**

### Only provide the Safety Plan to the service user

You should ensure you have a copy of any Risk Management Plan and Safety Plan developed by other organisations that relate to the person using violence or the victim survivor/s to avoid any contradicting or conflicting management strategies.

Risk Management Plans and Safety Plans should be developed and documented separately. However, where possible, they should be linked together/aligned with any victim survivor Safety Plans held by your organisation, or copies from other organisations.

Many organisations will have risk management strategies, including victim survivor-focused Safety Plans and worker Safety Plans, built into their existing practices.

Consider linking perpetrator-focused family violence safety planning documents into these practices.<sup>4</sup>

Your role might include a combination of:

- ... supporting development of risk management strategies and a Safety Plan
- ... implementing an existing Safety Plan
- ... proactively sharing information with another professional working with the person using violence or a victim survivor about change or escalation in the person using violence's narratives, behaviours, needs or circumstances linked to family violence risk.

In some organisations, when family violence is identified or disclosed, it is your role to seek secondary consultation or refer to a specialist family violence service.

For example, if there is uncertainty, specialist services can support correct identification of the perpetrator (predominant aggressor) or the victim survivor, or in developing and implementing risk management plans, particularly for response to serious risk or complex cases.

<sup>4</sup> Consider if service user files can identify where family violence is present to link information, such as by using a flag, to ensure perpetrators are known in systems and cannot get access to information about victim survivors.

#### 4.7.2 Using the Intermediate Risk Management Plan template

.....

**It is not safe, appropriate or reasonable for the person using violence to know you are developing a Risk Management Plan to share with other professionals.**

.....

The Risk Management Plan template can be used to record strategies already in place and actions required to manage risk.

It can also be used to record presenting needs and circumstances that require stabilisation and any protective factors requiring strengthening.

The Risk Management Plan can be developed using information gathered through your conversations with the person using violence, often through a safety planning conversation.

You should also use details about risk, patterns of behaviour, and needs and circumstances identified in your risk assessment process, as well as information sharing and secondary consultation.

The Risk Management Plan provides a structure for determining and documenting actions related to the person using violence, including across the following areas requiring risk management:

- ... emergency and crisis support access and contacts – document these for your service records, consistent with the Safety Plan template in **Appendix 8**
- ... supports and adjustments – document disability, medical, communication, literacy, community/culture connections and other requirements, including any interventions or measures put in place to manage risk
- ... contact with victim survivor and immediate accommodation needs – document actions required to respond to immediate risks related to contact and accommodation, and actions the person using violence has identified will support them to interrupt escalation associated with serious risk

- ... presenting needs and circumstances linked to risk factors or dynamic risk – document planning for events likely to increase risk, monitoring for change in presenting needs and circumstances related to dynamic risk factors and immediate risk, and action planning and information sharing with relevant services

- ... system interventions – document interventions currently in place, pending interventions and Legal Help support

- ... risk factors and pattern of coercive control – document any other interventions, actions and strategies targeted at addressing specific risk factors or the person's pattern of coercive controlling behaviour.

Consider proactively requesting or sharing information with other relevant services to verify information you have received from the person using violence. This includes information about the person's family violence risk behaviours, and any needs and/or circumstances that may affect their choice to use violence, or how their behaviour creates risk to each victim survivor.

You should review and update your risk assessment and revise your Risk Management Plan as you gather more information. Use your professional judgement to guide you through this process.

### 4.7.3 Using the Safety Plan template

The Intermediate Safety Plan template can be **used directly** with the person using violence where family violence is identified through a self-disclosure or identified through your risk assessment.

The Safety Plan template should be used in conjunction with the Intermediate Safety Planning Conversation Model (described below) at **Appendix 9**.

This provides an example interview structure, including prompting questions to support your safety planning conversation with the person using violence.

The Safety Plan template does not use direct language about the person's use of family violence. However, it is designed to outline strategies the person using violence can implement to lessen the risk associated with their behaviours, unaddressed needs and circumstances and enhance emotional and behaviour regulation.

The Safety Plan also focuses on stabilising the person and strengthening their protective factors, managing events which may increase risk, and safety for self if suicide or mental health responses are needed.

The Safety Plan is designed for the person using violence to take home/refer back to and includes:

- ... emergency and crisis contacts: reminder to call Triple Zero (**000**) in an emergency, and details of emergency and crisis support contacts
- ... personal, practical and wellbeing support contacts: to address presenting needs and circumstances with space to detail agreed referral information

- ... personal responsibility to manage behaviour – managing behaviour and emotional regulation, planning for specific events and situations where behaviour may escalate or risk to family members may increase
- ... support planning for self – mental health, suicide and self-harm risk-related questions and documenting support information
- ... useful phone numbers – referral options if they are feeling unsafe to themselves and others or require additional support.

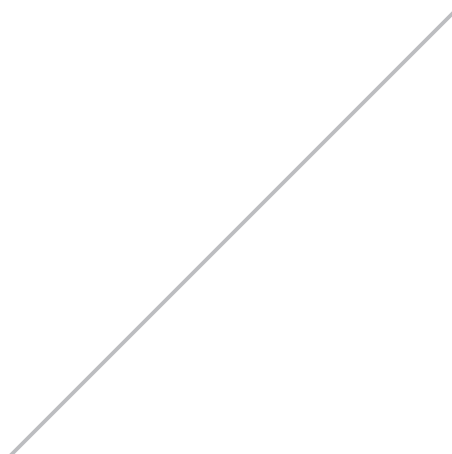
The Safety Plan actions should be **practical, clear and easy to implement**.

Setting unrealistic actions or goals will set the person using violence up to fail, increase risk to victim survivors and potentially contribute to the person disengaging from your service.

The Safety Plan should be reviewed and updated regularly in collaboration with the person using violence, if it remains safe and appropriate to do so.

This includes updates to reflect changes in needs, circumstances and risk levels and to adjust and refine where strategies have not worked. You might do this directly in the session by updating existing documents, or after the session based on your conversation with the person using violence.

All referrals made, or secondary consultations undertaken as part of risk management, should be incorporated and documented (refer to **Section 4.16**).





## 4.8 SAFETY PLANNING WITH A PERSON USING VIOLENCE

### 4.8.1 Conversation prompts to support intermediate safety planning

The Intermediate Safety Planning Conversation Model is in **Appendix 9**.

This model continues from the Intermediate Assessment Conversation Model in **Appendix 4**.

The Safety Plan template should be used in conjunction with the Intermediate Safety Planning Conversation Model.

The Intermediate Safety Planning Conversation Model is to be used as a **guide** only.

It sets out how to use prompting questions to:

- ... introduce the concept of safety planning
- ... establish readiness and motivation for addressing presenting needs and/or use of violence
- ... identifying strategies for seeking help for presenting need/s, crisis situations, and use of violence, including acceptance of referrals to other supports for presenting needs and use of family violence
- ... identifying activities, strategies and interventions to support safe accommodation decisions
- ... explore ways to notice and regulate emotions, including identifying warning signs for using disclosed behaviours and strategies to maintain safety for victim survivors
- ... explore ways to manage challenging situations or events to maintain safety for victim survivors
- ... explore risk of suicide and complete relevant sections of the Safety Plan
- ... seek agreement for reviewing and sharing the Safety Plan with others.

When planning a safety planning conversation, consider:

- ... your professional relationship with the person using violence, including the level of trust and rapport developed
- ... their motivations for addressing their presenting need/s and/or use of violence
- ... their level of readiness to take responsibility for their use of violence
- ... your personal views and biases about the person using violence and seek supervision to support your reflective practice
- ... seeking secondary consultation with a specialist family violence service to support you to navigate the conversations with the person using violence.

### 4.8.2 Applying an intersectional lens

When undertaking a safety planning conversation, you can acknowledge the identity, experiences, concerns and circumstances of the person using violence and provide tailored and inclusive responses.

You can acknowledge your limitations, biases and understandings as a professional when engaging through an intersectional lens.

You can also:

- ... provide choice to access community-specific or mainstream service options. If accessing mainstream services, you can address barriers by engaging in secondary consultation and collaborating with community services to manage concerns and provide shared support and cultural safety (refer to **Responsibilities 5 and 6**)
- ... provide adjustments that might be needed to overcome any limited/reduced capacity or capability due to illness or cognitive disability, including acquired brain injury (refer to **Responsibility 3**)
- ... utilise secondary consultation with targeted services for support on ensuring you provide culturally safe and accessible services.

## REMEMBER

It is never safe or appropriate to discuss any aspect of family violence **Risk Management Plan** with the person using violence if the victim survivor is present.

It is unlikely to be safe for you to discuss your assessment of the level of risk directly with the person using violence.

Direct disclosure by the person using family violence can heighten the level of risk. Similarly, failure to disclose family violence risk is also an indicator of the level of risk. Disclosure does not mean the person is taking responsibility for managing their behaviour or reducing their use of family violence.

When a person using family violence realises the effect of their coercive control and violent behaviours on their family, there is a heightened risk, including the risk that the person will hurt themselves and others.

For a person who uses violence, this realisation, while part of the behaviour change process, can also leave them feeling helpless and out of control.

Feeling the loss of control will affect how they view themselves and their sense of identity.

When there is a risk of escalation, managing and sharing information about risk is crucial to keep the person using violence in view of the service system and support safety for adult and child victim survivors and family members.

Be aware that a conversation about risk management may also escalate risk. It may be unsafe to continue your conversation about risk management if you recognise:

- ... the person's level of hostility towards the victim survivor is too high
- ... the person is highly agitated, and you need to focus on de-escalation and calming the person down to a safe state before they leave
- ... where de-escalation has not worked and/or if risk is escalated and there is a serious risk/threat to any person, you should call Triple Zero (000). Refer to [Section 4.5](#) for how to respond to serious and immediate risk.

## 4.9 SAFE CLOSURE OF CONVERSATIONS ABOUT FAMILY VIOLENCE

### Safe closure of conversations about family violence is essential.

Closing the session safely can be done in a number of ways, including:

- ... checking in with how the person is feeling about the conversation
- ... acknowledging the difficulty of having this type of conversation
- ... reflecting on the person's contributions to the conversation, including any responsibility taken for behaviour or goals set
- ... agreeing on actions the person can take after the session and ways to review progress, including Safety Plans
- ... discussing plans for the next appointment and how to seek help in the interim.

If at any time throughout your engagement you are concerned that the person using violence may escalate their risk, you should close the session safely and take the appropriate risk management action required to minimise risk, including any de-escalation strategies.

This may be required where during the session you notice the person using violence becoming increasingly agitated, angry and/or distressed, or if they make threats to harm the victim survivor(s), other family members, themselves or you.

Refer to [Section 4.5](#) for 'Responding to serious and immediate risk'.

You should seek support from your supervisor or senior colleagues to de-brief, and consult your organisation's policies and procedures for managing immediate risk.

## 4.10 UNDERSTANDING READINESS AND MOTIVATION TO ENGAGE FOR RISK MANAGEMENT

.....  
**For the person using violence, readiness to engage with programs to address their use of family violence will not likely be a priority.**  
.....

With this in mind, preparing a person to discuss and address their use of family violence can be woven into discussing their presenting needs or circumstances and other safety planning conversations (refer to **Intermediate Safety Planning Conversation Model**).

The approach and timing of using motivations to engage in a conversation about family violence is critical to achieving the long-term goal of behaviour change.

Many people using family violence will delay, avoid or refuse the conversation about their use of family violence and will redirect conversations to focus on the presenting need and other issues.

Guiding them to seek support from a specialist perpetrator intervention service may or may not be an achievable goal.

Moving a person using violence from resistance to readiness takes time, patience and skill.

While at times you may find this frustrating, understanding the challenges and barriers the person faces will help you to provide a safe, non-collusive approach to developing a Safety Plan with the person and tailoring your risk management interventions.

Refer to the *Foundational Knowledge Guide* and **Responsibilities 1 and 2** for information on responding to barriers and safe engagement.

### 4.10.1 Motivations to engage

A person using violence's motivation to engage with you or other professionals can be understood in the context of internal and external motivators. These can drive or hinder engagement as well as longer-term behaviour change:

... **Internal factors** include a person's values, emotions, goals, wants, desires and their skills and capabilities to achieve outcomes, including self-efficacy.<sup>5</sup>

... **External factors** include police and courts, referral pathways (mandated or voluntary), physical location such as prison or community, capacity to attend and engage with services, support from others, skills and capabilities of professionals offering a service.

### 4.10.2 Motivations for behaviour change

Behaviour change work relies on actively using **internal motivators** to increase a person's readiness to engage with specialist services and preparedness to change their behaviours.

Working with a person using violence on their internal motivators encourages disclosure responsibility taking and preparedness to address their behaviours.

Initial readiness to engage with services or explore behaviour change, however, is often driven by **external motivators**.

You can use external motivators to prompt an initial referral and provide access to services or programs the person has previously not sought help from.

They are also critical as a system-level accountability mechanism that supports professionals to respond through time-based opportunities (refer to **Responsibility 3** and **Section 4.16**, below) and increase likelihood of ongoing engagement and monitoring.

5 Chambers J, Eccleston L, Day A, Ward T, Howells K 2008, 'Treatment readiness in violent offenders: the influence of cognitive factors on engagement in violence programs', *Aggression and Violent Behavior*, vol. 13, pp. 276-284, doi:10.1016/j.avb.2008.04.003.

External motivators may encourage the person to seek help at a time of crisis, such as for housing or financial crisis, losing contact with children, a relationship breakdown, or rapidly deteriorating mental health.

The person may be motivated to address that immediate crisis but not their use of family violence, and when the crisis is addressed, may view the situation as 'fixed'.

External motivators are not on their own considered the key driver of **behaviour change**. This also requires an internal motivator.

You can support the person using violence to think about the situation beyond the initial crisis or need that brought them to your service, and to look at the factors that continue to influence the decisions they make and the way they behave.

Providing information and interventions that may support change in attitudes can lead to increased readiness to accept a referral to specialist perpetrator intervention services.

#### 4.10.3 Barriers impacting motivations for behaviour change

People using family violence, particularly men, can face additional barriers to help seeking and accessing services because of their beliefs around gender roles and expectations of masculinity.

Individual and community/cultural conceptions of 'shame' may also create a barrier for any person to access services and support, but it plays a particular role as a barrier for Aboriginal men and people from culturally, linguistically and faith diverse communities (refer to [Section 12.1.14](#) in *Foundation Knowledge Guide*).

Readiness to move beyond the barriers that impede behaviour change requires an **internal motivation** to accept responsibility. Until people who use family violence can accept a level of responsibility, they will continually present narratives that support their position.

Common narratives that are barriers to taking responsibility are in the **Identification and Intermediate Assessment Tools**.

These narratives reflect the barriers to taking responsibility and include minimising, denying, blaming others and justifying their use of family violence.

### 4.11 UNDERSTANDING READINESS TO CHANGE<sup>6</sup>

You are not required to undertake direct family violence behaviour change practice; however, you can support people who use violence to increase their internal motivation, readiness and capacity to seek assistance and engage positively in behaviour change programs.

The Stages of Change model can support your understanding of the person using violence's readiness to change. Change is not always linear and is influenced by changes in the person's needs, circumstances, and motivations over time.<sup>7</sup>

This model outlines the process by which a person's readiness and motivation transform into behaviour change, following five cognitive and behavioural stages.

These stages progress from:

- ... an unawareness of a problem (precontemplation)
- ... feelings of ambiguity about a problem behaviour (contemplation)
- ... making plans to change (preparation)
- ... undertaking change (action)
- ... preventing relapse (maintenance).

6 Adapted from Prochaska JO and DiClemente CC 2005, 'The transtheoretical approach', in Norcross JC and Goldfried MR (eds.), *Oxford series in clinical psychology: Handbook of psychotherapy integration*, Oxford University Press, pp. 147-171.

7 Some professionals will be aware of the Transtheoretical model of change (also known as the Stages of Change model), originally developed for behavioural interventions for problems with alcohol and other drugs. Adapted from Prochaska JO and DiClemente CC 1983, 'Stages and processes of self-change of smoking: toward an integrative model of change', *Journal of Consulting and Clinical Psychology*, vol. 51, no. 3, p. 390.

The **action** stage is (hopefully) followed by a **maintenance** stage, during which a person engages in active self-monitoring and maintenance of the behavioural changes that they have made during the intervention.

Motivation should not be mistaken for change.

A person having motivation or a goal to do something can be meaningful, but it is not necessarily in itself, going to lead to change.

In the context of a person's use of family violence, the presence of motivation or a goal for behaviour change will also not fully represent where the person may be located in the Stages of Change model.

Through your engagement you may identify that the person is at varying stages of change to address different parts of their behaviour, as well as their use of family violence as a whole.

This may require you to provide a range of interventions or focus on the aspects of risk that have the greatest chance of supporting their actions towards change and safety.

Adopting the wrong approach or focusing on behaviours they are not ready or willing to take responsibility for carries the risk of a person using violence disengaging, increasing risk and leaving the professional frustrated and confused.

A proportion of people using family violence and accessing non-family violence services will be reluctant to accept a referral to a specialist family violence service, particularly in the early stages of engagement with you.

As you build rapport and trust with the person using violence, opportunities may arise to support a referral.

#### REMEMBER

This model is just one approach. It should be used in the context that risk is dynamic, people who use family violence will fluctuate between stages, and may be at different stages in relation to different family violence behaviours.

It is important not to box a client into a stage and each session should reflect the person's level of responsibility taking and capacity to engage with you on the day.

You should consider the person using violence's level of engagement and motivations over time, as well as your own assumptions and biases in relation to their current or perceived stage of change.

#### 4.11.1 Using direct disclosures to explore readiness and motivation to be referred to a service for behaviour change

A disclosure of violence might be the person's first step towards taking responsibility for their use of family violence.

This can include facing the reality of the impact of their behaviour on adult and child victim survivors and others.

A direct disclosure, rather than an objective identification of their use of violence, provides an opportunity and invitation to explore the level of responsibility they are willing to take, and their readiness and motivation to engage in behaviour change.

The **Intermediate Safety Planning Conversation Model** provides guidance on exploring the person's level of responsibility, readiness to change their behaviour, interest in committing to the safety of victim survivors and motivation to engage and change.

In the course of your work with the person using violence, you may explore what is meaningful to them in their life (for example, their values), which may provide some insight into their potential internal motivators.

You can support them to strengthen their internal motivators and establish both short-term and long-term goals that support the person to move towards change.

While a person using violence may disclose certain behaviours to you, this may occur with minimising or justifying narratives.

In this case, careful consideration is required in your response to maintain engagement while also addressing risk and safety issues. Their readiness to engage with specialist services will likely be limited at this time.

You may seek secondary consultation with a specialist perpetrator intervention service about the person's disclosures to identify appropriate next steps.

This can include support to guide you in the development of strategies to maintain engagement with the person using violence and increase readiness and motivation to support ongoing work until they are ready to accept a referral to attend a specialist perpetrator intervention service.

You should continue to work with the person using violence to address their presenting needs while also exploring the barriers to addressing their use of violence, if safe to do so (refer to *Foundation Knowledge Guide* for more information on barriers across the community).

Disclosure can also cause the person using violence to feel overwhelming shame and guilt, often heightened by separation anxiety.

This does not excuse family violence risk behaviours, but it provides a context you should be alert to, and it should inform how you respond.

Achieving change in the context of the person's presenting needs, particularly where they have overcome barriers, may increase their capacity and confidence to change their family violence behaviours.

#### NOTE

A direct disclosure from a person using violence can suggest an initial level of awareness and responsibility taking for their behaviours. However, it can also be an invitation to collude with minimising or justifying narratives. If a disclosure occurs, it is important to explore with the person using violence their motivation for disclosing.

Be cautious when a person using violence describes positive change in their relationships. If possible, you should verify self-reported change in relationships or behaviour. Self-reported positive changes can interrupt an internal belief of the person using violence of the need to take responsibility for their behaviours or engage in 'real' change.

An identification or indirect disclosure in the course of your engagement and assessment lends itself more to a person feeling 'caught out' through your process of engagement and assessment. Further work will be required to move them to a state of readiness to change if they come from an initial position of defensiveness or feel exposed by their behaviour being made public or feeling confronted. This can lead to escalation of risk. Where this occurs, consider your response in your **Risk Management Plan**, including if information sharing or secondary consultation is needed with specialist services.

#### 4.12 TALKING TO THE PERSON USING VIOLENCE ABOUT THEIR OPTIONS, INCLUDING HELP SEEKING

In the early stages of engagement, your safety planning conversations should focus on the practical interventions required to stabilise the person's situation, address their presenting need/s and circumstances, and strengthen their protective factors, for the purpose of managing and reducing the further likelihood or escalation of risk.

In your safety planning conversations with the person using violence, you will get a sense of the person's context, including:

- ... if there are any system interventions (for example, family violence intervention orders)
- ... the status of the family unit (for example, separated, living together, children living across households)
- ... strategies already in place to support stabilisation (for example, services addressing other needs such as alcohol and drug use).

You can support the person using violence to identify and consider their options for addressing their presenting needs, whether or not it is part of your professional role to name the direct link to family violence risk.

You should take a strengths-based approach when identifying options for support, ensuring that any plans made reflect the capacity, readiness and motivation of the person using violence. Refer to **Responsibilities 1 and 5** on exploring barriers impacting readiness and motivation to engage.

You should also take care to identify supports in place for family members/victim survivors, to ensure that current supports for the person using violence or potential referral options do not unintentionally undermine the safety and wellbeing of victim survivors.

The **Intermediate Safety Planning Conversation Model** will support you to discuss:

- ... actions taken before to address presenting needs and/or use of family violence
- ... attempts at previous help seeking (generally) from formal supports and informal social supports
- ... motivation for engagement and setting goals for support from your service
- ... barriers to service access and help seeking
- ... engaging with appropriate legal services
- ... engaging with other services to address needs, including referrals
- ... strategies for self-managing their behaviour
- ... mental health needs and suicide safety planning.

A focus on accommodation options is outlined below due to the common circumstances of family violence intervention orders including exclusion conditions and the serious risk time of recent separation.

Making a range of connections for the person using violence to relevant supports and services includes seeking secondary consultation and sharing information.

You should seek consent from the person for a referral, and continue to engage with them, where appropriate to your role, until they are connected.

Refer to **Responsibility 5** for guidance on making (or reducing barriers to) referrals and seeking secondary consultation.

Refer to **Responsibility 6**, and the *Family Violence Information Scheme Guidelines* or *Child Information Sharing Scheme Guidelines*, for guidance on information sharing.

#### 4.12.1 Discussing accommodation options

Talking to the person using violence about accommodation options is essential to understand the status of the family unit and any risks associated with arranging alternative accommodation for the person using violence to increase safety for the adult and child victim survivors.

You should determine whether there is a family violence intervention order or other court orders in place with conditions that exclude the person using violence from the family home. This will inform your discussion and suggestions for safe accommodation options.

If the person using violence is living with the victim survivors, discuss their willingness to use strategies to de-escalate at the times they have identified as early signs for using violence.

Refer to the Intermediate Safety Planning Conversation Model in [Appendix 9](#) for further guidance about managing behaviour and emotions for the purpose of the safety of others.

You can use the **Safety Plan template** to document agreed upon strategies, including calling support services.

Accommodation options may be a sensitive topic that could potentially escalate risk if the person using violence perceives themselves to be losing control through the process of leaving or being excluded from the family home.

If this discussion is met with reluctance, you can explore this, if safe to do so, to identify underlying beliefs or attitudes that serve as barriers to the conversation.

For example, they may make statements such as 'I paid for the house, it's mine and I'm not going to be told to leave'. This indicates a level of entitlement and expectation based on their perceived role or rights within the family.

This information will be useful when developing strategies to support the person stay away from the home if forced to leave.

If the person using violence has returned to the home of the victim survivors or other family members due to experiencing housing, employment or financial stress, discuss support services that are available to connect them to alternative accommodation as well as provide support for those co-occurring needs.

If the person using violence is a parent and children and/or young people reside in the family home, you can discuss the impact of the violence on their children, if you consider it is **safe, appropriate and reasonable** to use parenting as a motivator (refer to [Section 4.13](#), below).

This can be an opportunity to encourage the person using violence to reflect on how their violent behaviours impact the children and young people in their life.

You can frame discussions about alternative accommodation options as a positive parenting choice, which can support their children to feel safe.

#### NOTE

If you are supporting the person using violence to access alternative accommodation, be aware of their social networks and communities that they may potentially reside with.

These networks and communities have the potential to escalate risk if they collude or support the violence, such as the behaviours of the perpetrator seeking to regain contact with children.

Discuss with the person using violence the people in their life who would be the right support for them.

Be mindful of unintentionally displacing the target of violence onto other victim survivors through risk management interventions.

This can include if the person using violence moves in with older parents and uses violent and coercive controlling behaviours towards them. If no one in their family or social network is suitable, consider connecting with other services such as housing service.



## 4.13 RISK MANAGEMENT FOR A CHILD OR YOUNG PERSON

**You may not have direct contact with a non-violent parent/carer, children or young people in the family through your work with the person using violence.**

If you do have direct contact, refer to practice guidance for working with non-violent parent/carer, child/ren and young people in the victim survivor-focused **Responsibility 3 to 4**.

Wherever possible, collaborate with adult victim survivors/non-violent parent/carers to better understand the level of risk presented by people using violence.

Risk-relevant information is best obtained from non-violent parent/carers, older children or young people, or objective sources of information, such as legal, statutory, medical, or health sources.

Consult with other professionals who are working with children or young people to gain a greater understanding of their risk and needs in the risk management process.

When engaging with a person using family violence, you may hear the narrative that 'the children were not affected because they weren't present'. This is an invitation to collude and may minimise recognition of the trauma the children have experienced.

You must consider how you keep the children's lived experience as a victim survivor of family violence central to your risk management planning and decision-making process.

Identifying general circumstances related to children and young people, for example, where they are living and any parenting or contact arrangements, will inform the development of a Safety Plan with the person using violence.

### 4.13.1 Importance of determining whether parenting is a safe motivation for change

Determining whether it is safe, appropriate and reasonable to use parenting as a motivator will inform your risk management strategies with the person using violence.

If it is safe, appropriate and reasonable, you can work with the person using violence who is a parent/carer about their use of family violence and their role as a parent.

This can include understanding their goals, motivations and strengths in working towards positive and safe relationships with children, and safe relationships with co-parents.

Contact with children is a **potential** stabilisation factor, insofar as it may serve to motivate people using violence<sup>8</sup> to engage with specialist perpetrator intervention services or other services to improve their parenting capacity.

The person's role as parent can function as a source of internal motivation, linked to the desire to become a 'better father' or 'better parent'.<sup>9</sup>

Keeping a focus on the needs of the children and connecting this to being a 'better parent' can in turn reduce the level of risk presented to the adult victim survivor/parent.

You should continuously monitor for change or escalation of risk throughout your engagement when using parenting as a motivator.

This includes assessing whether it is safe, appropriate and reasonable to use parenting as a motivator at a particular point in time, and over time.

If it is not safe, appropriate and reasonable, you can explore other motivators when working directly with the person using violence, such as around other presenting needs, and identify other appropriate risk management strategies.

8 Broady TR, Gray R, Gaffnet I and Lewis P 2017, "I miss my little one a lot": how father love motivates change in men who have used violence, *Child Abuse Review*, vol. 26, no. 5, pp. 328-338; State of Victoria 2016, *Royal Commission Family Violence: Summary and recommendations*, vol. 2, Parliamentary Paper No. 132 (pp. 2014-2106).

9 Stanley N, Graham-Kevan N and Borthwick R 2012, 'Fathers and domestic violence: building motivation for change through perpetrator programmes', *Child Abuse Review*, vol. 21, doi:10.1002/car.2222.

#### 4.13.2 How to determine if it is safe, appropriate and reasonable to use parenting as a motivator

Consider if it is central to your professional service to engage with the person using violence about their parenting role.

When determining if it is safe, appropriate and reasonable to use parenting as a motivator, you should first consider whether the person using violence has a parenting/caring role or identity, and the level to which they accept their parenting/caring role or identity.

In your conversations with the person using violence, you may observe narratives about their beliefs and attitudes about parenting, their relationship to their children and other children in their life, and their co-parent/s.

Determining if it is safe, appropriate and reasonable to use parenting as a motivator is considered through a two-step **process** of identifying:

- ... the person's parenting role and the level of acceptance of the parenting role or identity
- ... aspects of risk and the person's context, including the level of family violence risk, status of family unit/relationships, system interventions and internal motivations and readiness, or other external motivations.

A person's parenting role or identity includes:

- ... parent
- ... step-parent/long-term relationship with parent of child/ren – ongoing contact and relationship with child/ren
- ... caregiver.

Other relationships are not parenting roles or identity, such as:

- ... dating/in a short-term relationship with a parent of child/ren:
  - ... there may be no contact or minimal relationship with child/ren at this point in time, or
  - ... the person using violence may have significant contact with the new partner's children, following a short and often intense period of dating prior to moving in together.

**People in dating/short-term relationships may express strong identity as a parent/carer. However, this may be an invitation to collude with an entitlement or 'right' to the role or identity and be a reflection of coercive and controlling behaviours.**

The table below provides guidance for assessing if it may be appropriate to use parenting as a motivator, based on the presence of a parenting role or identity and level of acceptance.

Table 2: Determining if there is a parenting role, acceptance and appropriateness of motivator

Parenting role and acceptance	Appropriate/inappropriate motivation
Parent, step-parent or caregiver + accepted parenting role (e.g. may include long-term partner of non-violent parent)	Potential/baseline motivator To determine if safe, appropriate or reasonable – refer to domains and considerations in the table below.
Parent + not accepting parenting role	<p><b>Inappropriate motivator</b></p> If no external motivator present (court order present or parenting arrangement) – use alternative motivations and risk management interventions. <p><b>Inappropriate, but required motivator</b> (system intervention of court order present or agreed parenting arrangement).</p> If external motivator present, consider: <ul style="list-style-type: none"> <li>... risk level to adult and child victim survivors</li> <li>... child wellbeing.</li> </ul> Consider risk management interventions that reduce or remove risk (refer to the table below).
Non-parent (e.g. longer-term relationship with non-violent parent) + not accepting/expected parenting role	<p><b>No role: inappropriate motivator</b></p> Use alternative motivations and risk management interventions.
Non-parent/no/minimal relationship with child + no parenting role (e.g. dating relationship, short-term relationship with parent, short-term relationship with child/ren)	<p><b>No role: inappropriate motivator</b></p> Use alternative motivations and risk management interventions.

If the baseline threshold is met (there is a parenting role and it is accepted), refer the table below for detail of the elements that support your professional judgement to determine if it is a **safe, appropriate** and **reasonable** motivator.

At all times you should **prioritise safety** when making your determination.

Table 3: Considerations for using parenting as a safe, appropriate or reasonable motivator

**Domains: risk, relationship, system intervention and internal/external motivators**

**Considerations to determine if parenting is a safe, appropriate or reasonable motivator**

Level of family violence risk and ways the person uses coercive controlling behaviours

**Parenting may be a safe motivator** to use if any person's level of risk is 'at risk' or 'elevated risk'.

**Parenting is not a safe motivator** if any person's level of risk is '**serious risk**', or '**serious and requires immediate protection (for victim survivor) or intervention (for person using violence)**'.

Consider risk for:

- ... child or young person/s
- ... adult victim survivor/non-violent parent/carer
- ... person using family violence.

When considering level of risk, remember to use an intersectional lens and consider if there is any targeting of a child/young person's or non-violent parent/adult victim survivor's identity from a person using violence, such as non-Aboriginal father or stepfather of Aboriginal children.

**Parenting may not be a safe or appropriate motivator** if the 'parenting role' is being used to further control or coerce family members. This may be through using systems abuse, direct coercion of adult victim survivors, or strategies to recruit or groom children, in order to gain access to children. This may also be through coercive and controlling tactics to gain access to children or ex/partner through mediation and court processes. These behaviours may also reflect a more serious level of risk.

Risk Management Plan or Safety Plan

**Parenting may be a safe motivator** if risk can be managed through risk management or safety planning, and if other circumstances or needs are being actively managed as needed.

**Parenting is not a safe motivator** if any person's level of risk cannot be managed through risk management or safety planning.

Risk Management Plans and Safety Plans can provide important information about required risk management responses to reduce or remove risk, including if parenting is considered a safe, appropriate or reasonable motivator, such as:

- ... arrangements for supervised contact
- ... sharing information with professionals who may be able to apply to change orders or conditions
- ... working with adult victim survivor/non-violent parent about parenting arrangements (or professionals supporting them).

**Domains: risk,  
relationship, system  
intervention and  
internal/external  
motivators**

**Considerations to determine if parenting is a safe,  
appropriate or reasonable motivator**

The status of the family unit

The status of the family unit will contribute to your analysis when determining whether it is **appropriate** to use **parenting as a motivator**. The status examples listed below must be analysed within the context of family violence risk level, including the specific behaviours, abuse intent, and patterns of coercive control of the person using violence.

You should also identify the person's ability to make use of parenting opportunities (living with or separate from child/ren), the locations that the person is using violence (at home, public or other contact places), and monitor the person's coercive controlling behaviour to identify escalating/imminent risk.

Status includes:

- ... family live together/not separated
- ... new relationship of adult victim survivor/non-violent parent or person using violence
- ... pregnancy or new birth/child in the family
- ... recently separated/anticipated (serious risk factor for escalated/imminent risk)
- ... separated:
  - ... where child/ren reside with the adult victim survivor/non-violent parent
  - ... where child/ren reside with the person using family violence
  - ... child/ren are in out-of-home care, which may include kinship, foster or residential care.

If family is separated, consider:

- ... where and when the person using violence has contact with their child/ren
- ... when/how often child/ren are living with the person using violence
- ... the wishes of the child/ren to have an ongoing relationship and contact with the person using violence
- ... the wishes of the adult victim survivor/non-violent parent for the children to have an ongoing relationship and contact with the person using violence.

The status of the relationship/contact between the adult or child victim survivor and the person using violence

**Parenting may be an appropriate motivator** if the status of the relationship and contact is amicable.

**Parenting may not be an appropriate motivator** if the status of the relationship or contact is:

- ... hostile – consider if there is any expression of resentment from the person using violence:
  - ... about the burden of the parenting role
  - ... towards the non-violent parent/adult victim survivor who is believed to be:
    - ... restricting contact with children
    - ... reducing/removing the person using violence's parenting role
- ... not present – there is no contact between the adult and/or child victim survivor/s and the person using violence due to:
  - ... court order
  - ... agreement
  - ... circumstances or needs of any of the parties preventing contact.

**Domains: risk,  
relationship, system  
intervention and  
internal/external  
motivators**

The status of system interventions, including court matters, orders (conditions) (external motivator)

**Considerations to determine if parenting is a safe,  
appropriate or reasonable motivator**

---

**Parenting may be a reasonable (or *required*) motivator** if system interventions and other external factors promoting motivation are present, including informal child contact arrangement as negotiated by the parents.

Parenting contact may be a requirement, including under supervision by a court order or agreement, such as:

- ... supervised parenting contact sessions with child/ren. This may be supervised by professional services or assessed and approved friends/family members
- ... unsupervised parenting contact with child/ren. This is often regularly scheduled or negotiated between parties
- ... where contact requires the presence of a mediator for interactions between the non-violent parent/adult victim survivor and the parent using violence.

**Parenting may not be a reasonable or appropriate motivator** if system interventions prohibit contact, including:

- ... where there may be statutory orders pending or in place
- ... family violence safety notices
- ... family violence intervention orders (for example, conditions limiting contact)
- ... bail arrangements or conditions
- ... probation or parole arrangements or conditions.

**System interventions may not be determined** at the point in time, such as:

- ... Children's Court – Family Division and Criminal Division (pending court matters, recent interim or final court orders)
  - ... family law proceedings and Family Court orders (matters pending, recent and interim or final orders)
  - ... criminal proceedings, sentencing outcomes and court orders in relation to the person using violence.
-

Domains: risk, relationship, system intervention and internal/external motivators

Considerations to determine if parenting is a safe, appropriate or reasonable motivator

The person using violence's internal motivation and readiness

**Parenting may be a reasonable and appropriate motivator** if the person using violence:

- ... is taking responsibility for their use of family violence
- ... is interested or appearing ready to change their behaviour, such as expressing motivation to improve relationships – internal desire to move away from using violence and towards safe, respectful relationships
- ... is interested in directly meeting the needs of the child/ren to support their wellbeing
- ... is able to understand the child/ren victim survivors' needs and demonstrates a willingness to put child/ren's needs ahead of their own. Examples include understanding and accepting that an infant should remain in the care of primary caregiver overnight and that children can remain scared of the parent who has used violence and do not want contact at this time
- ... has capacity (motivation, safety and readiness) to engage with the non-violent parent/adult victim survivor to meet the needs of the child/ren to support their wellbeing.

Other factors that promote/inhibit parenting motivation or capacity include:

- ... presenting needs or related circumstances of the person using violence are being adequately met to support them to perform their parenting role
- ... fear of child removal (historical, recent, structural discrimination against Aboriginal people)
- ... shame about violence and its impacts on child/ren and relationships
- ... rejection of experience of family violence modelled by own parents
- ... family and community expectations about parenting role, methods of parenting or positive parenting relationships
- ... timing related to change of status of family unit, relationship/contact, system interventions, or other needs or circumstances of the person using violence, child/ren or adult victim survivor/non-violent parent (refer to timing of risk management planning).

Use your professional judgement to determine if the parenting role is a safe, appropriate or reasonable motivator. If you remain unsure, seek support from your supervisor and secondary consultation with specialist family violence services.

**NOTE**

Children can be **used** to inflict further family violence on the non-violent parent/adult victim survivor.

It is important that you have a good understanding of the person's pattern of coercive control when considering risk management strategies, including safety planning related to each child or young person to avoid unintentionally increasing risk.

Consider ways you can seek the views and wishes of each child or young person about the level and nature of contact they want with the parent using violence.

### 4.13.3 Risk management related to parenting role

If parenting is determined to be a safe, appropriate or reasonable motivator, it should be used as part of risk management or safety planning conversations with the person using violence.

You can:

- ... use parenting motivation to reinforce safety expectations, including working towards safe parenting as appropriate to your role
- ... clearly discuss your role to support the person using violence to develop safe parenting or more respectful and healthy co-parenting relationships, as appropriate to your role, without making promises to support or advocating to systems for increased access to child/ren
- ... dispel myths related to parenting, including the notion of 'rights' to children, and explain legal processes
- ... continue to monitor for change or escalation of risk, or respond to any immediate risk
- ... continue to share risk-relevant information with other services working with the person using violence, or adult or child victim survivors
- ... seek secondary consultation on how to engage about the parenting role and motivation for behaviour change referral.

**You should document your actions related to using parenting as a motivator in the Presenting needs and circumstances requiring stabilisation section of the Intermediate Risk Management Plan.**

## 4.14 MANDATORY REPORTING TO CHILD PROTECTION AND REFERRAL TO CHILD FIRST

### Reflect on your reporting obligations that are an existing part of your professional role.

You may make relevant reports if you have concerns, even if you are not mandated to do so.

#### REMEMBER

The MARAM Framework and MARAM Practice Guides are in addition to existing legal obligations, including mandatory reporting to Child Protection and professionals with obligations to refer to Child FIRST.

You must consider the safety of victim survivors when responding to mandatory reporting concerns. Refer to the victim survivor-focused MARAM Practice Guides for more information on working with adult victim survivors/non-violent parents.

Where possible, it is important to involve and partner with the adult victim survivor/non-violent parent in the reporting process. Where this is not possible, seek secondary consultation with a specialist family violence service regarding the safest way to proceed that best enables the victim survivors continued engagement with the service system and how to best support them in the process.

When working with the person using violence and undertaking mandatory reporting, it is important to consider the potential for change or escalation of risk from the person using violence to each adult or child victim survivor and their risk to themselves.

If you are working with a person using violence who discloses risk to a child's safety or wellbeing and a Child Protection notification or report is warranted, you are not required to inform them before making a report.



However, it is important to consider informing the person using violence of the report, if you hold a reasonable concern that they may escalate their risk to adult or child victim survivors or another family member, if the person using violence holds a belief that the victim survivors/family member made the report.

For risk management guidance to respond to family violence risk for adult or child victim survivors, refer to the victim survivor-focused **MARAM Practice Guides**.

### **Reporting to Child Protection or child and family services**

Always make a report to Child Protection if you have a significant concern that a child needs protection. Professionals should consult their organisation's policies on making reports to Child Protection for guidance on circumstances and factors to consider.

Medical practitioners, nurses, midwives, teachers (including early childhood teachers) and school principals, out-of-home care workers, early childhood workers, social workers, school counsellors, registered psychologists, youth justice workers and police are mandatory reporters under the *Children, Youth and Families Act 2005* (CYFA) (section 182).

Mandated reporters must make a report to Child Protection if they form a belief on reasonable grounds that a child is in need of protection from physical injury or sexual abuse, and that the child's parents are unable or unwilling to protect the child from that abuse.

If the child is Aboriginal or Torres Strait Islander, ensure this information is contained in the report from your service to Child Protection.

This ensures that the Aboriginal Child Specialist Advice and Support Service (ACSASS) is notified and that cultural supports are put in place.

Make a referral to child and family services, such as Child FIRST, if you have significant concerns for the wellbeing of a child or an unborn child after their birth. Consider making a referral if wellbeing or needs issues are identified AND the child's safety is not compromised (which would require a report to Child Protection).

When working with Aboriginal people and communities, it is also important to recognise the impact of current and historical experiences of systemic discrimination and over-representation of Aboriginal people experiencing transgenerational trauma from child removal policies and the Stolen Generation.

Fear of family separation and disconnection from culture and Country, including the ongoing impact of actual systems abuse based on structural inequality and discriminatory policies and practice, continue to affect Aboriginal people, families and communities.

This may include parental shame, fear of statutory intervention and child removal, and experiencing questions about children's safety as intrusive and undermining, particularly if the person using violence uses attacks on the parent/carer-child bond as a means of control.

The person using violence may also threaten reports to Child Protection or other authorities as a method of coercion or controlling behaviour through manipulation and use of systems-abuse behaviours.

In these circumstances, your determination of the level of risk should be informed by identifying patterns of behaviour, such as targeting and undermining of Aboriginal identity, connection to community or family.

Aboriginal or bicultural workers could help you understand and respond sensitively to the depth of child removal concerns held by Aboriginal adult or child victim survivors, or victim survivors from multicultural, faith and linguistically diverse communities. This is an important aspect of cultural safety.

## 4.15 SUICIDE RISK MANAGEMENT AND SAFETY PLANNING

Reflect on guidance in the *Foundation Knowledge Guide* and **Responsibility 3**, **Appendix 6** on recognising suicide risk in the context of adult people using family violence.

Responding to suicide risk should consider the risk of the person using violence to themselves, their family and community.

There is strong evidence of high representation of people using family violence in annual reporting of people who die by suicide.

Every person using family violence should receive support for responses to potential or diagnosed mental health issues and to manage the situational stressors that also increase their suicide risk. These include employment, financial and housing issues and drug and alcohol use.

Support for addressing these needs must be informed by and done alongside interventions to address family violence risk to increase safety for victim survivors.

This includes where there is a threat to suicide or self-harm, or not. By providing a universal mental health response, this will have the benefit of:

- ... reducing the real or potential risk the person using violence presents to themselves
- ... reducing the real risk the person using violence presents to victim survivor/s from the increased risk of homicide and combined homicide-suicide<sup>10</sup>
- ... more effectively identifying and responding to threats to suicide as a coercive controlling behaviour, and therefore reducing the impact of these controlling behaviours on victim survivors.

The Intermediate Safety Plan in **Appendix 8** and Intermediate Safety Planning Conversation Model in **Appendix 9** include prompting questions about self-management of mental health and suicide risk and provide referral options for support.

<sup>10</sup> Note, in these guides the use of the term 'homicide' includes the killing of children, known as 'filicide'.

Remember, any narratives identified under **Responsibility 3** related to homicide-suicide risk should be considered immediate risk, and immediate risk management strategies should be enacted, refer to Safety Plan template at **Appendix 8**.

## 4.16 ONGOING RISK ASSESSMENT AND MANAGEMENT

Guidance on collaborative ongoing risk assessment and management is outlined in **Responsibility 10**.

Family violence risk can change and escalate quickly (refer to **Responsibility 3**). You should continue to monitor risk to review and update your risk management approaches and actions.

During service engagement, you will identify risk factors that may escalate the level of risk presented by the person using violence.

These may include alcohol or drug use, homelessness, loss of employment, pending/recent parenting matters/outcomes in the family court, recent or anticipated relationship breakdown or mental health issues.

Record and refer to these risk factors regularly when responding to and managing risk.

While the immediate risk may not be present at a point in time, you can quickly activate your strategies to manage risk associated with these factors when they change.

Having a shared risk management strategy with other services supporting the person using violence, or adult or child victim survivor, means you can continue to share risk-relevant information and actions as part of a system-wide, coordinated response to a change or escalation in risk.

Your actions in response to the identified immediate risk presented by the person using violence may also be determined by court orders.

For example, if the person breaches an intervention order, parenting order, Children's Court order or a community-based order, you may need to report this to the appropriate authority (remember this is likely to escalate risk and require a management response for the victim survivor/s).

You may also be required to speak with Child Protection or Child FIRST.

#### 4.16.1 Opportunities to respond with time-based interventions and manage risk over time

Refer also to [Section 3.7](#) in [Responsibility 3](#) for guidance on key timeframes for assessing and monitoring risk after disclosure or you become aware of a family violence incident.

There are key times<sup>11</sup> following an ‘incident’ where a person using violence may come into contact with services. The table below provides an overview of opportunities for you to support people who use family violence to stabilise their needs and circumstances, establish or contribute to system accountability mechanisms and enhance their capacity to change their behaviour.

<sup>11</sup> RMIT Centre for Innovative Justice 2018, *Bringing pathways towards accountability together: Perpetrator journeys and system roles and responsibilities*.

**Table 4: Key timeframes for managing risk after disclosure or you become aware of a family violence incident**

#### Timeframe after you become aware of family violence<sup>12</sup>

#### Considerations and actions to manage risk

Immediately following, up to two days	<p>In this timeframe, your risk management actions can include:</p> <ul style="list-style-type: none"> <li>... responding to any immediate risk or crisis response required for each person</li> <li>... responding to immediate presenting needs that relate to change or escalation of family violence risk</li> <li>... leveraging initial motivation to maintain the person’s engagement with your service</li> <li>... providing early support to create an experience of trust in the system.</li> </ul>
Within two weeks	<p>In this timeframe, your risk management actions can include:</p> <ul style="list-style-type: none"> <li>... seeking secondary consultation and information sharing to determine appropriate risk management actions based on presentation and level of risk</li> <li>... develop Safety Plan with the person using violence</li> <li>... develop an Intermediate Risk Management Plan or contribute to a Comprehensive Risk Management Plan</li> <li>... stabilising presenting needs and/or circumstances leading to their engagement with your service, following the ‘crisis’</li> <li>... responding to the range of identified presenting needs and circumstances related to risk or protective factors, such as legal help, accommodation, parenting arrangements, mental health, alcohol or drug use</li> <li>... increase motivation to continue engaging with your service and readiness accept supports offered/referrals to address other presenting needs and circumstances, including readiness to address use of family violence.</li> </ul>

<sup>12</sup> Timeframe may relate to a family violence incident, or be in proximity to a significant event/anniversary, such as public holidays, festive season events and relationship anniversaries. It may also relate to a disclosure of violence.

## Timeframe after you become aware of family violence<sup>12</sup>

### Considerations and actions to manage risk

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Two to three weeks	<p>In this timeframe, your risk management actions can include:</p> <ul style="list-style-type: none"><li>... respond to any changes in motivation, engage with opportunities to increase readiness and motivation to engage with specialist perpetrator intervention services</li><li>... proactively seek or share information to manage risk</li><li>... monitor for acceptance of referrals and the person's engagement with other services</li><li>... review and update the Safety Plan and Risk Management Plan to reflect changes to your intermediate risk assessment and strategies already completed to stabilise the person's presenting needs.</li></ul>
One to four months	<p>In this timeframe, your risk management actions can include those outlined in 'Two to three weeks', as well as:</p> <ul style="list-style-type: none"><li>... responding to new dynamic risk factors or change or escalation of existing risk factors, including alcohol or drug use, gambling, disengagement from employment or education</li><li>... responding to changes in the person using violence's external and internal motivations to engage or change</li><li>... strengthening internal motivations to change (and replace external motivators). For example, motivation to increase:<ul style="list-style-type: none"><li>... safe, child-centred parenting capacity (recognising impact of behaviour on children and other parent/carer) rather than parent-centred parenting and 'entitlement' to access to children</li><li>... safety in the relationship with the adult or child victim survivor based on their own motivation, rather than imposed requirements to engage in behaviour change from external sources, such as their family member, social motivations or a court order.</li></ul></li></ul>
Ongoing	<p>In this timeframe, your risk management actions can include those outlined in 'One to four months', as well as:</p> <ul style="list-style-type: none"><li>... strengthen protective factors and increase motivation to engage with specialist perpetrator intervention services</li><li>... contributing to ongoing collaborative and coordinated risk management processes</li><li>... reviewing Risk Management Plan, Safety Plan, and proactively seeking or sharing information, accordingly.</li></ul>

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You should record any time-based responses, actions and interventions in the Intermediate Risk Management Plan at

[Appendix 7](#).

#### 4.16.2 Monitoring change over time by keeping the person using violence 'in view'

The longer you are engaged with the person to address their presenting needs or circumstances, the more insight you will gain into the risk behaviours and patterns present.

This will allow you to monitor change over time, including whether the barriers to service access have changed.

Keeping the person using violence 'in view' means that professionals across the service system are maintaining a proactive and active awareness of their family violence risk and behaviour.

This includes any change or escalation of family violence risk, as well as the presence of or need to reinforce protective or stabilising factors related to their presenting needs and other circumstances.

Being proactive and active means:

- ... reaching out through secondary consultation to other professionals who may hold risk-relevant information so you can respond to change or escalation of risk, or to access specialist expertise to support your understanding and management of risk and safety
- ... proactively sharing risk-relevant information with other services who are prescribed and supporting the person using violence or the victim survivor/s
- ... identifying ways that other professionals in the service system may contribute to safety, risk management, accountability and change
- ... understanding which interventions, at what time, are the most appropriate for the person using family violence, and their affected family members – prioritising coordinated management of escalated or imminent risk.

If the barriers remain the same:

- ... continue to work with the person to respond to their presenting needs or circumstances
- ... work collaboratively with other specialist or targeted services to develop risk management plans that identify actions across services involved
- ... proactively share information if direct intervention is required to respond to change or escalation of risk.

If your service is no longer providing a service to the person using violence, consider developing a risk management exit plan with specialist family violence services for the victim survivor or person using violence.

Services must proactively continue to have oversight of the risk of the person using violence and continue monitoring this risk over time.

#### **4.16.3 Contact with the victim survivor as part of your ongoing risk assessment and risk management**

Consider the options for direct and indirect contact you or your service has with the victim survivor to ensure they are supported to address their risk and enhance their safety.

This includes being provided with information related to identified changes or escalation of risk:

- ... If you or your organisation is supporting the victim survivor, you should share information with them to update their risk assessment and management strategies, including safety planning.
- ... If your organisation is not directly involved with the victim survivor, where safe, reasonable and appropriate, you should share information with services supporting the victim survivor, such as therapeutic, support or counselling, or specialist family violence services.
- ... If the victim survivor is not engaged with the service system, secondary consultation with a specialist family violence service will support your risk management interventions. This may be where any interaction with a victim survivor is a one-off occurrence, including in court settings, and intervention needs to include proactive reaching out to the victim survivor to offer support.

#### 4.16.4 Risk management when a person using family violence is not engaged or has disengaged

In the course of your service delivery, situations may arise where you have been unable to engage or had minimal contact with the person using violence (non-engagement) or the service commenced, but the person does not continue or withdraws from the service (disengagement).

Where the person has disengaged from your service, and you have not already completed an Intermediate Risk Management Plan, you should make attempts to do so.

This should be based on your intermediate risk assessment, information sought from other services involved, and reflect any changes to family violence presentation and risk at the time of disengagement.

You should determine if you or another professional needs to act to lessen or prevent risk and complete any actions required.

You can contact the service supporting the victim survivor to share risk-relevant information and your Risk Management Plan.

Where there is non-engagement, you may still be indirectly involved and be required to contribute to collaborative and coordinated risk management responses (refer to **Section 4.4**, 'no visible service intervention guidance' in the table above).

Your expertise in your service area may be called upon to contribute to:

- ... information sharing for comprehensive risk assessment
- ... planning strategies that increase opportunities for engagement
- ... determining the most appropriate intervention for the person's needs, circumstances, history and context.

Where you are continuing to support the person using violence and they have not engaged with a service you have referred them to, you should explore any barriers, issues, or changes to readiness or motivation.

Maintaining the person's engagement with you at this time is critical for ongoing monitoring.

Non-engagement may be risk-relevant if it relates to presenting needs or circumstances that require stabilising to manage dynamic risk and prevent or reduce escalation of family violence.

#### 4.17 WHAT'S NEXT

.....  
**You may seek advice and information from specialist family violence services to develop Risk Management Plans and Safety Plans with people who use violence.**  
.....

After hours, professionals may contact the Men's Referral Service for information and advice.

In some circumstances, it is appropriate to seek secondary consultation or referral to a specialist family violence service for comprehensive risk management, particularly where leadership for coordination is required. Secondary consultation or referral:

- ... **must occur** if the assessed level of risk is 'serious risk' or 'requires immediate protection/ intervention'
- ... may occur if the assessed level of risk is 'elevated risk'.

You may still have a role if a comprehensive Risk Management Plan and Safety Plan is developed by a specialist service. This may include implementing actions, monitoring risk and safety and information sharing.

Guidance on:

- ... making referrals and seeking secondary consultation is outlined in **Responsibility 5**
- ... information sharing is outlined in **Responsibility 6**
- ... collaborative ongoing risk assessment and management is outlined in **Responsibility 10**.

#### **4.17.1 Document in your organisation's record management system**

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

- ... all Risk Management Plans and Safety Plans you develop for the person using violence, and each adult and child victim survivor (if part of your service/role)
- ... case notes and any other relevant information about the person using violence's presenting needs, circumstances, readiness and motivation. You should keep any relevant information related to protective factors or needs of victim survivors that must be considered for your direct engagement separately to the person using violence's file
- ... any emails, text or other communication sent to or from the person using violence
- ... any comments or disclosures of information that give you concern about the immediate or short-term safety and wellbeing of the victim survivor, children or other people. You should document these using quotation marks, where possible, and any actions you took in response to your concerns
- ... any reports to police or statutory authorities you have made responding to serious and immediate risk, or if you have a significant concern for a child and young person
- ... any referral and secondary consultation actions you undertake
- ... any information you share with other services or professionals
- ... any risk management actions assigned to you or other professionals.

## APPENDIX 7: INTERMEDIATE RISK MANAGEMENT PLAN

This **Intermediate Risk Management Plan** is professional facing and is **not to be given to the person using violence**.

Ensure this plan is consistent with the outcomes of risk assessment and any **Intermediate Safety Plan** developed (refer to **Appendix 8**) and aligns to risk management strategies already developed with victim survivors.

**Services should make a copy of each plan for their records and may provide only the Intermediate Safety Plan to the person using violence.**

### Details of person using violence / client

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Full name: \_\_\_\_\_ Date of risk assessment: \_\_\_\_\_

Relationship to victim survivor: \_\_\_\_\_ Determined level of risk: \_\_\_\_\_

### Risk Management Plan Details

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Organisation undertaking plan: \_\_\_\_\_ Role in service system: \_\_\_\_\_

Date plan completed: \_\_\_\_\_ Planned review date: \_\_\_\_\_

Other organisations involved: \_\_\_\_\_

Has a Safety Plan been completed? \_\_\_\_\_ If no, reason: \_\_\_\_\_  
 Yes     No

Planned review date: \_\_\_\_\_ Date plan completed: \_\_\_\_\_

### Area requiring risk management

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**Detail of strategies in places and/or action required to address area of risk**

#### Emergency and crisis support contacts

---

Personal emergency contacts \_\_\_\_\_ Name, relationship, contact details: (provide details) \_\_\_\_\_

Identified crisis service contacts \_\_\_\_\_ Name, contact details and support provided: \_\_\_\_\_



Area requiring risk management

Supports and adjustments

Are supports and adjustments required/in place?  Yes  No  N/A  
 (provide details)

... disability support aids/adjustments

... medical care

... interpreters

... systems literacy

... financial literacy

... connection to community and culture

... other

Contact with victim survivor and immediate accommodation needs

... Is the person using violence in contact with adult or child victim survivor/s?<sup>1</sup>  Yes  No  N/A  
 (provide details of contact)

... Has parenting been determined as a safe, appropriate or reasonable motivator for engagement?  Yes  No  N/A  
 (provide details of contact)

... Is the person using violence living with adult or child victim survivor/s?  Yes  No  N/A  
 (provide details)

This includes residing in the same address but in a separate 'granny flat'. If the person using violence is unable to leave the home and live separately during this period (may be due to the partner or family member not wanting them to leave), **it is important to develop a Safety Plan.**

... If no, where are they living?

... If yes, have they recently returned to the home after living apart?

... Have they ever lived separately and returned to the home?

... If yes, has the person using violence recently returned for another reason? If so, what was the other reason (for example, loss of job, housing, release from custody, other change to circumstances)  Yes  No  N/A  
 (provide details of contact)

... What plan does the person using violence have to leave the house (or the location with the victim survivor) when their behaviour is likely to escalate to violence linked to serious harm? (provide details)

... What plan do they have to reduce their risk to family if they stay in the home and their behaviour is likely to escalate to violence linked to serious harm?

... Who has been identified as potential contact points to support them to manage their behaviour (not the victim survivor)?

<sup>1</sup> Indicates may be collected through intake and assessment.

**Detail of strategies in places and/or action required to address area of risk**

**Area requiring risk management**

- ... Does the person using violence have other options for accommodation?  Yes  No  N/A  
(provide details)
- ... What impact will these plans have on others? (for example, older parents/siblings/family members)
- ... Are accommodation plans consistent with intervention orders, court orders or parole conditions?

**Presenting needs and circumstances linked to risk factors (consider dynamic risk)**

- ... Is there change or escalation in any other presenting need or circumstance that needs managing?  Yes  No  N/A  
Refer to 'Presenting needs and circumstances' below to document actions against each area
- ... Are there specific events or situations that are likely to increase risk?  Yes  No  N/A  
(provide details)
- ... What risk management strategies are in place?
- ... Who else needs to be involved to manage risk?

**System intervention**

- ... Is a family violence intervention order (FVIO) or safety notice in place?  Yes  No  N/A  
(provide details)
- ... (If applicable) are children named?
- ... Are there any other orders in place?  
(For example, community corrections order, parole order, court order?)  
Identify time-based risk management and monitoring responses:  
Check expiry date
- ... Does the person using violence need legal support?  
Refer to presenting needs section. Seek consent to share contact details with legal services to contact service user to provide support?
- ... Does the person using violence require support to understand the conditions of any orders in place?
- ... Has an intervention order recently been varied to exclude the person using violence from the home or allow them back in the home?  Yes  No  N/A  
(provide details)
- ... What were the circumstances?  
Check expiry and share information with victim-survivor specialist or advocate services if it needs variation to extend.
- ... If a FVIO is in place, is it being adhered to?  Yes  No  N/A
- ... What strategies/agreements are in place to monitor and report breaches? (provide details)

**Area requiring risk management**

... Are there any pending court matters or hearings?  
 ... Is the person using violence currently in custody (police cells or prison)? If so, is their release date known?

Check sentence lapse date, parole release date or end of non-parole period.

... Are there pending court matters that may affect custody status?

For example, bail application, appeal, hearing of remand charges, upcoming criminal matters etc.

... What strategies are in place to monitor for change/escalation of risk pre- and poste-court dates or release? Who is responsible?

... Are they managed by a specialist police Family Violence Intervention Unit (FVIU)?

If so, provide contact details.

**Risk factors and pattern of coercive control**

... Are there any specific risk factors (e.g. dynamic risk factors or evidence-based risk factors) requiring risk management?  Yes  No  N/A (provide details)

... What other actions are required?

... Do police or specialist family violence services need to be involved to manage this risk?<sup>2</sup>

... What strategies are in place to address the person's pattern of behaviour and use of coercive control?  Yes  No  N/A (provide details)

... What other actions are required?

... Who else needs to be involved to manage this risk?

<sup>2</sup> Specialist family violence services includes both victim survivor and perpetrator intervention services.

## Presenting needs and circumstances requiring stabilisation (related to risk or protective factors)<sup>3</sup>

This table should be used to document presenting needs and circumstances that contribute to family violence risk as identified in your risk assessment process (Intermediate Risk Assessment) and actions required or strategies already in place to support stabilisation. You can also document actions taken or strategies already in place to strengthen protective factors.

Identify areas likely to be used to increase motivation or readiness to change.<sup>4</sup>

Areas that directly relate to evidence-based family violence risk factors (identified in risk assessment), particularly **dynamic risk factors**, are identified by an **RF** symbol.

Item	Consider in context to risk factors above	My actions:	Detail actions (requested/agreed, referral contact details, timeframe to action/review):
Personal identity, status of relationships/ dynamics  Consider if demonstrating entitlement, controlling or risk behaviours towards:  Ensure actions reflect determination of parenting as safe, appropriate and reasonable motivator	Personal identity, attributes and experiences	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Partner – current	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Partner – former		
	(or services working with them)	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	(if applicable) Children	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	(or services working with them)	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
Other family members	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral		
(or services working with them)	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral		

<sup>3</sup> Information about needs and circumstances is risk-relevant for purposes of information sharing to support understanding of person using violence in context to their family violence behaviours.

<sup>4</sup> Refer to conversation model guiding discussion about presenting needs and circumstances as they relate to family violence risk behaviours in **Responsibility 3**.

Item	Consider in context to risk factors above	My actions:	Detail actions (requested/agreed, referral contact details, timeframe to action/review):
Social and community connections	Connection to friends or extended family network	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
Social and community connections	Connection to friends or extended family network	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Connection/sense of belonging to community, cultural groups, networks, social media, clubs	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
Presence of systems interventions	Police (e.g. family violence safety notices, <sup>RF</sup> intervention orders <sup>RF</sup> )	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Child Protection	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Court matters (recent, pending, orders)	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Corrections	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Coordinated system interventions, including RAMPs	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	

Item	Consider in context to risk factors above	My actions:	Detail actions (requested/agreed, referral contact details, timeframe to action/review):
Practical or environmental issues	Aboriginal cultural or diverse community support services	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Centrelink or employment services <sup>RF</sup>	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Communication (e.g. access to telephone, social media)	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Counselling services (e.g. alcohol <sup>RF</sup> and other drugs, <sup>RF</sup> gambling)	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Counselling (e.g. problematic sexual behaviours <sup>RF</sup> )	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Disability services	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Financial security, counselling	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	

Item	Consider in context to risk factors above	My actions:	Detail actions (requested/agreed, referral contact details, timeframe to action/review):
	Housing or homelessness, tenancy or private rental services	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Legal services	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Medical or mental health <sup>RF</sup>	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Migration services	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	
	Transport	<input type="checkbox"/> Direct support for risk/need <input type="checkbox"/> Information shared <input type="checkbox"/> Secondary consultation <input type="checkbox"/> Referral	

## APPENDIX 8: INTERMEDIATE SAFETY PLAN

### My supports and referral information

Name:

Date:

Emergency and crisis contacts:

Call Triple Zero (000) in an emergency

Who are my personal emergency contacts?

Name, relationship, contact details:

Consent to share plan with personal contacts:

Yes  No

Notes on which contacts:

Services I can call in a crisis?  
(refer to crisis services contact details below)

Name and contact details:

Support provided:

### Who I can contact for personal and practical support?

### Person/service, support provided and contact details

... Positive support of family, friends or community

Support provided:

Name/s:

Phone:

... Community, culture, faith or identity supports, elders or leaders

Support provided:

Name/s:

Phone:

... Disability services

Support provided:

Name/s:

Phone:

... Aged care services

Support provided:

Name/s:

Phone:

... Accommodation support

Support provided:

... Housing or homelessness, tenancy or private rental services

Name/s:

Phone:

... Support for employment or financial counselling

Support provided:

Name/s:

... Centrelink or employment services

Phone:

... Legal help services

Support provided:

Name/s:

Phone:

... Immigration services

Support provided:

... Multicultural services

Name/s:

Phone:



## Who I can contact to support my wellbeing?

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... Counselling or community services for alcohol and other drug, gambling, mental health (or other)      Support provided:  
Name/s:  
Phone:

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... Support for the needs or wellbeing of any children      Support provided:  
Name/s:  
Phone:

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... Medical or clinical mental health and wellbeing services, including support to access any medications or alcohol/drug treatments      Support provided:  
Name/s:  
Phone:

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... Peer support services      Support provided:  
Name/s:  
Phone:

## Managing my behaviour and safety, and the safety of others

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### Managing my behaviour for the safety of others

Think about:

- ... My feelings
- ... My thoughts
- ... My behaviours

Example actions I can take:

- ... I can spend time in different rooms.
- ... I can do exercise at home or close to home.
- ... I can contact friends or family for support.

When I feel \_\_\_\_\_ there are things I can do to manage my behaviour.

My early signs for my behaviour are:

Strategies I have used before to manage my behaviour:

Things that will help me to keep on track with my behaviour/not breach my intervention order:

My personal actions:

### My plan for managing my behaviour at specific events or situations

Think about:

- ... What events and situations may be difficult for me to manage my behaviour
- ... What events or situations are coming up that I need to have a support plan in place for, for example, a court appearance, family birthdays or holidays, discussing care of children or child handover arrangements, same workplace, shared community or cultural events
- ... What my plan is for maintaining safety and respectful behaviours

My difficult events and situations:

Who I need to be safe and respectful towards:

My strategies to manage my behaviour at these times:

### Support plan for when I feel unsafe for myself

If I feel like hurting myself or I feel suicidal, I can enact my safety plan:

- ... What are my warning signs?
- ... Who can I talk to? Who can I ask for help?
- ... What professionals can I contact for help?
- ... How can I make my environment safer?
- ... What activities can I do until the feelings pass?

### Who can I contact?

- ... In an emergency always **call Triple Zero (000)**
- ... Lifeline 13 11 14 (24/7) / Beyond Blue 1300 22 4636
- ... Suicide Call Back Service 1300 659 467 (24/7)
- ... My GP:  
(refer to contact details above)

My strategies to increase safety for myself:

Who I will contact:

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## Useful phone numbers

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### Referral options:

- ... **Men's Referral Service** for men using violence and controlling behaviour by phone 1300 766 491, 24/7
  - ... **Men's Line** telephone and online counselling for men with family and relationship issues by phone 1800 457 870
  - ... **Dardi Munwurro** crisis support line for Aboriginal men by phone 1800 435 799 24/7 days a week
  - ... **The Orange Door** for anyone using family violence and seeking support to access services
  - ... **Rainbow Door** free statewide LGBTBIQ helpline for information, support and referral, including family violence, social isolation, mental health and wellbeing, alcohol and other drugs use – available 10 am to 5 pm 7 days a week on 1800 729 367
  - ... **Legal Help** for assistance understanding conditions of intervention orders, parenting orders, or pending court hearings – including for duty lawyer services, even if not attending court. Legal Help operates (9 am to 5 pm, Mon. to Fri.) by phone (1300 792 387) or webchat at <http://www.legalaid.vic.gov.au/>
  - ... **LGBTIQ Legal Service** – (non-urgent) by email [lgbtiqlegalservice@skls.or.au](mailto:lgbtiqlegalservice@skls.or.au)
  - ... **Victorian Aboriginal Legal Service** – 24 hours by phone 1800 064 865
  - ... **VACCA** individual case work, group work, counselling and practical support for Aboriginal people – by phone 03 9287 8800
  - ... **Child Protection**: can provide you referrals where you have parenting support needs
  - ... **Crisis Assessment and Treatment Teams (CATT)** for support with acute mental health concerns
  - ... **Suicide call back service** if risk of self-harm or suicide is present, or increased mental health issues that are not at crisis point by phone 1300 659 467
  - ... **Beyond Blue** or **Lifeline** 13 11 14 for 24-hour crisis support and suicide prevention services
  - ... **Aged Psychiatry and Assessment Team (APATT)** for support with acute mental health concerns for older people
  - ... **Forensic Disability Statewide Access Service (FDSAS)** for support for people with cognitive impairment who have high risk behaviours and are involved in the criminal justice system
  - ... **Alcohol and other drug use** – direct line – 1800 888 236
  - ... **Gambler's Help** – 1800 858 858, 24/7
  - ... **Crisis accommodation**: where excluded from the home and no alternative accommodation available with other family or friends Homeless or risk of homelessness – after hours service by phone 1800 825 955
  - ... **local police** for welfare checks
  - ... **Nurse on call** – 1300 60 60 24
  - ... **Bush support line** – people in rural and remote areas – 1800 805 391
-

## APPENDIX 9: INTERMEDIATE SAFETY PLANNING CONVERSATION MODEL

When you work with a person using violence, your risk management and safety planning must keep adult and child victim survivors' safety as central.

A Safety Plan is developed directly with the person using family violence. If it is not safe for you to complete a Safety Plan directly with the person using violence, you should proactively share this information with relevant services and develop or contribute to a Risk Management Plan in consultation with other professionals.

The **Intermediate Safety Planning Conversation Model** (safety planning conversation model) covers establishing and building readiness and motivation, addressing presenting needs and circumstances to stabilise or strengthen protective factors, and responding to safety for self and safety for others.

Some people who use family violence will be reluctant to accept a referral to a specialist perpetrator intervention service, particularly in the early stages of engagement.

As you build rapport and trust with the person using violence, opportunities may arise to support a referral. Reflect on guidance in **Responsibility 1** for more information on considerations for safe, non-collusive communication when working with a person using family violence.

The following conversation model builds from your intermediate risk assessment, where family violence has been identified through a self-disclosure or your risk assessment prompting questions.

You should tailor the questions to suit the person using violence's context, including:

- ... the nature of their relationship to the victim survivor/s
- ... whether they live with the victim survivor/s
- ... whether children reside or have contact with the person using violence
- ... the communities and age groups the person using violence and victim survivor/s identify with.

The safety planning conversation model follows the structure of the **Intermediate Safety Plan** in Appendix 8. You can develop the Intermediate Safety Plan covering the topics in an order that works for you and your service. The information you gather can be used to inform your **Intermediate Risk Management Plan (Appendix 7)**.

You should complete the relevant fields in the Intermediate Safety Plan and add further agreements, strategies or supports as needed based on the person's context, level of disclosure and use of family violence.

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### Clarifying the person's understanding of their use of violence and introducing safety planning

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#### Leading questions

*Other people I have worked with have been in similar situations to yours – have [use their example, such as used violence/controlling behaviours/have an intervention order/recently separated/have had a relationship breakdown].*

*They have found it useful to work on a plan to help manage themselves and their life circumstances, particularly when things feel stressful or difficult.*

*Does that sound like something you would be interested in?*

#### Following questions

*What are the things you think would be most challenging for you in this situation?*

*Have you ever spoken to someone before about making a support or Safety Plan?*

#### Why is this important to consider for family violence risk management?

Provide information that a Safety Plan is to support the person using violence with a range of their needs, circumstances and, if safe to do so, about their safety for self and their family.

Normalising the process of discussing and writing a Safety Plan may help the person using violence to recognise that:

- ... they are not the only ones who have spoken with someone about their presenting needs/circumstances/use of violence
- ... it is not shameful to ask for help
- ... they are capable of managing their behaviour
- ... their decisions about their own wellbeing and needs can impact on the choices they make about their behaviour.

The person's responses to these questions will provide you with insight into:

- ... whether the person is ready to speak with you about managing their behaviour
- ... the extent to which the person acknowledges and takes responsibility for their behaviour
- ... previous attempts at help-seeking
- ... previous use of strategies (what has worked, or not worked)
- ... where to target your Risk Management Plan actions when collaborating with other services.

#### Practice considerations

It is important to provide the person using violence with information about what is included or involved in creating a Safety Plan. Note that safety planning is for the purposes of increasing their supports to address presenting needs and circumstances, their own safety and mental wellbeing, and the safety of the people affected by their use of violence.

Ask if the person would like to write the Safety Plan down using the template. It is important to be flexible to the person's requirements and needs regarding literacy, English language, cognitive capacity and the use of other preferred communication tools.

You may draw links between the person's presenting needs and their use of violence, such as homelessness, use of alcohol and/or drugs, or financial pressures. This can be a useful starting point for addressing risk.

At all times, it is important to match the person using violence's language, while avoiding invitations to collude, and only work with the information they share with you or they know you have received as part of a referral.

If the person is not accepting responsibility for their use of violence, and you are both aware an intervention order is in place, this can also be used to start the conversation.

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### Establishing the readiness and motivation for risk reduction and change

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#### Leading questions

*How would you like things to be different?*

#### Following questions

*What would it mean to you if you addressed [presenting need]?*

*What would it mean to you if you stopped using violence/controlling behaviours/kept to the intervention order conditions?*

*What would be the things that would keep you on track with this?*

*What would be the things that would shift you off track?*

*What have you tried before to help you stop using violence/controlling behaviours? What worked well? What didn't work?*

*What goal/s do you want to achieve through our work together?*

#### Why is this important to consider for family violence risk management?

This conversation assists you and the person using violence to reflect on the level of:

- ... responsibility for their use of violence
- ... interest or readiness to address their presenting need and/or change their behaviour
- ... interest in meeting the needs of victim survivors, including children
- ... motivation to engage with others to ensure the safety and wellbeing of victim survivors.

Risk management strategies should take into consideration the person using violence's readiness and motivation to change. Remember, the person's readiness to **engage** is different from their readiness to **change**.

A person's readiness to **engage** is commonly driven by a range of external motivating factors, including mandated attendance or referral, police or court interventions, encouragement from a family member, or crisis situation.

If the person identifies these as primary motivators for **change**, their engagement with your service may be brief, they may not be ready to accept responsibility, and may be unable to look to others' needs beyond their own circumstances.

A person's readiness to **change** is often linked to internal factors and longer-term motivators, such as their values, goals, future desires, as well as their belief in their capacity and confidence to use their skills to achieve desired changes (self-efficacy). If the person identifies these as primary motivators for change, it may signify a deeper investment in safety and responsibility-taking.

It is important to carefully consider the person's description of their goals related to stopping their use of family violence. They may present goals they think you want to hear or may not understand their goals yet themselves.

#### Practice considerations

The person using violence may identify a range of external factors that are motivating them to engage with your service to address their presenting needs. These may be the same or different from those motivating them to speak with you about their use of family violence.

The person using violence may find it easy to name positive value statements or goals for who they want to be and what types of relationships they want to have with their family members, including children.

However, they may find it challenging to name and practice behaviours that get them towards these value statements or goals. In this instance, it may be useful to establish both short-term and longer-term goals with the person using violence.

Where you have established it is safe, appropriate and reasonable, you can use parenting as a motivator for engagement and/or change (refer to [Section 4.13](#) in the perpetrator-focused MARAM Practice Guide for [Responsibility 4](#)).

Listen for parent-centred goals (for example, see my children/have access to my children) and support the person towards developing child-centred goals (for example, have better communication skills so my children feel supported and listened to).

## Conversation-prompting questions

## What should you keep in mind when asking these questions?

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### Identifying when and how to reach out in times of an emergency and crisis

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#### Leading questions

*Let's start by talking about the worse-case scenario. If things got to a place where you needed to call for help immediately, who would you contact?*

#### Following questions

*Have you ever called Triple Zero (000) before about your own behaviour?*

*... Have you ever had contact with police? What was this like?*

*... Would your family member [victim survivor] ever call the police? Why/why not?*

*... When/if your family member [victim survivor] called police, how did/would you respond?*

*... Who else might you call? Do you have a trusted person?*

*If something were to happen to you, do you have an emergency contact you would like us to notify or speak to?*

*Who have you called when you have been faced with a crisis?*

*Have you spoken with Men's Referral Service/The Orange Door/Rainbow Door before?*

*Have you ever spoken with other services, like a GP or counsellor (for example, emergency telephone lines)?*

#### Why is this important to consider for family violence risk management?

You may already have emergency contact details as part of your intake process.

Identifying the person using violence's emergency contacts and services they would call at a time of crisis will provide you with some indication of the strategies they have used before, as well as perceived and real barriers to engaging with authorities, and the person's willingness to seek help.

Through this conversation you may develop some understanding of whether a victim survivor would feel safe/fearful of contacting police if violence escalated. The person using violence may provide a narrative about authorities, including their own fear of police or perception of police involvement in 'private' matters.

If you receive any indication that the person using violence does not accept police intervention, or believes the victim survivor would not contact police, you should consider who else is involved with the person using violence and/or victim survivor to develop a Risk Management Plan in collaboration with other services.

#### Practice considerations

Ideally, a victim survivor should feel safe to engage with the police. However, if a victim survivor does not feel safe to do so, it may indicate the presence of specific risks or needs related to the person using violence.

Engagement with police may be an issue for Aboriginal people and people from diverse communities due to previous experiences and/or community expectations. It may also be an issue for anyone who has been previously involved with police, particularly where prior involvement has resulted in an escalation in the person's use of violence. It is important to consider whether the person using violence, or the victim survivor, has had negative experiences when engaging with police because of discrimination based on their identity.

If you need to engage with the police, including for responding to immediate risk, refer to guidance in **Responsibility 4**.

If the person using violence has had negative experiences with police, you should consider the impacts of your contact with police on the person using violence and victim survivor/s, and identify strategies that minimise reinforcing distrust of services and losing engagement.

You may observe narratives from the person using violence about police, justice and community services that attempt to position themselves as the victim and deflect responsibility for their behaviour.

If safe and appropriate to your role, consider using these opportunities to refocus on their behaviours and current situation to identify what is within their control and shift them away from a 'victim stance'.

When identifying services the person using violence can contact at the time of crisis, you should discuss crisis services relevant to their presenting needs and use of family violence, and consider their identity and prior experiences with services.

Wherever possible, identify culturally relevant and safe, and community-specific and inclusive services.

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### Identifying needs and circumstances requiring stabilisation – immediate accommodation needs

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#### Leading questions

*From our previous conversation you have told me you live [with your partner; family; parents; someone you provide care to; children]. Have you ever been asked to leave your home?*

#### Following questions

*Who asked you to leave?*

*Where did you go when you left?*

*What happened that you are now living with [family member] again?*

*What would happen if you were asked to leave again? Who would you contact?*

*[If intervention order or other conditions in place]*

*What does your intervention order [other order] say?*

*Do you have a copy of the order?*

*Have you spoken to a legal service about your order?*

*Do you have any questions about the conditions?*

#### Why is this important to consider for family violence risk management?

If the person using violence is unable to leave the home and live separately during any period (including where a partner or family member does not want them to leave), it is important to consider options for **managing risk when exploring managing my behaviour and safety and the safety of others**, below.

Through this conversation, you may identify strategies the person can use to manage their behaviour for the safety of victim survivor/s.

Responses from this conversation should also be documented in the **Risk Management Plan**.

The person using violence may provide a range of reasons for their return to residing with victim survivor/s, including:

- ... loss of job
- ... loss of housing
- ... release from custody
- ... exiting inpatient care
- ... reconciled relationship
- ... loss of finances
- ... to help with children
- ... to help with care
- ... limited options due to community-wide events (for example, pandemic, bushfire or other crisis events).

Exploring how they responded to or felt about leaving the home shared with the victim survivor/s will provide insight into their capacity to cope with separation in the future.

The narratives the person using violence uses about times where they have not resided with the victim survivor/s can also provide insights into their use of coercive and controlling behaviours.

The person using violence may disclose behaviours that indicate increased use of strategies for maintaining control (for example, persistently contacting them by phone), declining mental wellbeing (for example, feeling hopeless or a deep sense of loss), or an extreme fixation/rumination (for example, wanting revenge for the hurt the victim survivor 'caused').

Narratives that indicate a tendency towards presenting homicide–suicide risk related to recent, pending or likely separation must be treated as **serious risk requiring immediate intervention**. You should proactively share this information with others involved with the person using violence and victim survivor in order to manage the imminence of risk.

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**Practice considerations**

If the person using violence has recently returned to the home, explore how they understand the impact this has had on the person/people they are living with.

If appropriate, you may discuss and identify alternative housing options to increase safety and ensure the person complies with any orders or conditions excluding them from the victim survivor/s' home, including family violence intervention orders, corrections orders or bail or parole conditions.

You can use this opportunity to discuss with the person how they understand their intervention order or other order conditions. If they or you have a copy of the order, you can describe conditions of orders in plain English to support the person using violence to comply with the order. You may also discuss legal assistance options and consider a referral to a legal service who can provide legal advice.

If the person using violence is reluctant to use other available options, explore the reasons for this and identify and work to address barriers. If the person identifies alternative housing options to reside with other family members, you should assess the risk they may pose, including towards older parents, siblings and extended family.

Discussions about accommodation arrangements and living with or separate to the victim survivor/s can be broad ranging. Your conversations about living separately and accepting alternative housing options may include their beliefs or perceptions of the impact on their parenting role, financial responsibilities, identity as a partner/parent, or identity as a carer. If you observe beliefs or attitudes that indicate family violence risk factors through this discussion, or risks to the victim survivor's ongoing wellbeing such as accessing their NDIS package, it is important to update your risk assessment and proactively share information with relevant services.

Some specialist perpetrator intervention services have access to alternative accommodation options as well as brokerage to support access to housing.

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### Identifying needs and circumstances requiring stabilisation – personal and practical support

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#### Leading questions

*On a day-to-day basis, if you needed support for anything, who would you contact?*

#### Following questions

*Who would you contact for support to address [presenting need/s or circumstance/s]?*

*What types of support could the person or service offer you?*

*Who would you feel comfortable sharing your Safety Plan with?*

*Who knows about your [for example, use of family violence/controlling behaviour/intervention order/separation/relationship] with your family member?*

*How would contacting [person or service] support you to not use family violence/controlling behaviour/keep to your intervention order/not contact your family member?*

#### Why is this important to consider for family violence risk management?

Presenting needs and circumstances can change over time. It is important to continue to monitor for changes as this can indicate change or escalation in risk behaviours, and you should modify the person's Safety Plan and your Risk Management Plan accordingly.

This conversation may support the person using violence to think broadly about the types of practical supports they currently access or would be appropriate in supporting them to address their presenting needs and stabilise their situation. You may choose to prioritise with the person which needs they feel they are ready and able to address first, keeping in mind how addressing that need will reduce or mitigate the risk they pose to victim survivors.

You should request and/or proactively share information if you identify currently involved services or prospective supports and interventions, and you are concerned that the person may use systems abuse to perpetrate family violence, or that the victim survivor may require a service.

It is critical to ensure that a victim survivor's access to services is not undermined by the person using violence or their needs and referrals (such as where both require support for alcohol and drug use and have been referred to the same organisation).

In this case, you should prioritise the experience of the victim survivor and ensure their service needs are met, which may include seeking alternative referral options for the person using violence.

#### Practice considerations

Identifying who the person can and would contact for support in a crisis or emergency, outside of authorities, as well as on a day-to-day basis for support, is a strengths-based approach to supporting the person take responsibility for and action steps towards safety.

If the person has an intervention order, community corrections order, parole order, family court order or other order in place, and they need legal support, check they have legal help contact details.

You can provide them with legal help contact information or seek consent to share their details with an appropriate legal service to contact the person using violence directly. This may include legal services for Aboriginal people and LGBTIQ people.

Legal services can also provide information about and explain conditions of orders and court duty lawyers can provide support for family violence intervention order matters. When discussing legal supports, you may identify that the person has received assistance from more than one legal service.

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## Conversation-prompting questions

## What should you keep in mind when asking these questions?

This could indicate the person has intentionally limited options for victim survivors to receive legal support, creating a conflict of interest in representation of parties. This is an example of systems abuse and where identified, should be shared with other services.

It is critical to identify people or services that are realistic for the person using violence to contact, who they know will listen, provide appropriate responses and be available for ongoing support or re-engagement over time.

If a person has had negative experiences of a service due to discrimination or marginalisation, they will be unlikely to call upon them in future.

It may also indicate an inappropriate emergency contact, such as a victim survivor that the person using violence has separated from. You should prompt for alternative contacts if this person is inappropriate or unavailable to provide support.

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## Identifying needs and circumstances requiring stabilisation – support for wellbeing

### Leading questions

*Thinking about the things you named earlier that would be most challenging for you in this situation (for example, your financial issues), what supports do you already have in place to help you?*

### Following questions

*Where you don't have supports in place, is that something you would be interested in?*

*What supports does your family member [and children, where relevant] have? Are you involved in those supports?*

### Why is this important to consider for family violence risk management?

This conversation builds upon your previous discussion on broad practical supports, to assist the person using violence to engage in targeted interventions designed to address their presenting needs.

Asking about services the family member [and any children] are engaged with will help you:

- ... identify other services that will be appropriate to involve in collaborative and coordinated risk management
- ... identify narratives about how the person using violence feels about the victim survivor/s accessing services, whether there is risk of them sabotaging the victim survivor's access to supports. This may be identifiable as a form of systems abuse.

### Practice considerations

If the person using violence is aware of the victim survivor/s' engagement with services, and actively attends or communicates with those services, you should reflect on and assess the impact this awareness and behaviours may have on the victim survivor/s.

The person using violence knowing about and/or being involved with the victim survivor/s' professional supports may impact the victim survivor/s' capacity to access and effectively engage with services and support.

The victim survivor/s' engagement with services may present as a threat to the person using violence as it is an opportunity for them to disclose their experiences and represents capacity of the victim survivor to display their autonomy, freedom and independence in decision-making.

If the person using violence presents a narrative that perpetuates and reinforces the victim survivor/s' fears about accessing services (for example, a fear of accessing disability services because they 'only cause harm') that has resulted in a lack of appropriate services and the isolation of the victim survivor/s, you may seek secondary consultation to identify strategies to increase the safety and wellbeing of the victim survivor/s.

It may also indicate a level of coercive control and use of systems abuse from the person using violence. This may be observed as fear on behalf of the victim survivor when accessing services or the person using violence's attempts to manipulate services when speaking about the victim survivor.

### Managing their behaviour for the safety of others

#### Leading questions

*What do you notice about yourself when you are feeling calm or relaxed?*

#### Following questions

*What do you notice in your body?*

*What do you think about?*

*What things do you do that make you feel calm or relaxed?*

[If safe to ask:]

*What do you notice about yourself*

*When you have used [example behaviour they have disclosed]?*

*What do you notice in your body?*

*What feelings would you call them?*

*What do you think about?*

*Are there early signs that you might use [violence/become angry/feel enraged – use their words]?*

*Are there early signs that someone else has noticed?*

*Are there times in other situations, such as at work, where you notice these same feelings or thoughts?*

*At those times, what strategies have you used so that you didn't become [violent/yell/throw something – use their examples]?*

*Have you been able to use those same strategies at home/when with [victim survivor]?*

*What else might you do so that your family member [adult or child victim survivor/s] and yourself can be safe?*

#### Why is this important to consider for family violence risk management?

Strategies to manage risk at times of escalation often feel like tangible and practical options for people who use family violence.

They may be more likely to accept having an 'anger management problem', rather than using family violence or coercive control. They may be open to discussing how they can manage this before they harm someone or themselves or damage property.

Being able to identify, discuss and reflect on the points in time, situations, feelings/emotions and body sensations they notice in the lead-up to escalation/violence, while not in the moment/experiencing its intensity, can help equip them to notice what is happening and do something before it becomes a problem.

Depending on your role and expertise, you may discuss with the person the difference between feelings/emotions and behaviours to support them to work towards constructive expressions of emotion.

You can support the person using violence to identify actions to take responsibility for managing their behaviour and document these on their Safety Plan. Any actions identified should also be documented in the **Risk Management Plan**.

#### Practice considerations

Starting this conversation from the position of 'positive' feelings/emotions and thoughts may assist in creating safety and trust when engaging with the person using violence.

You should monitor and modify your language to meet the needs and capacity of the person using violence, particularly where they may have cognitive disability.

It is useful to consider the language that the person uses with you to describe their use of family violence. At times they may describe themselves as being quick to 'anger' or feeling 'frustrated' and 'out-of-control'.

Regardless of how the person describes it, it can be useful to bring their words into your conversation when exploring what leads to and prevents them using violent, coercive controlling behaviours.

For example, 'what did you notice about your body or your thoughts just before the last time you felt 'out-of-control' and yelled and called [victim survivor] names?'

While using 'anger' may be a useful way to engage with the person about their use of violence, you should be careful not to collude by reinforcing a person's belief that their problem is about anger. This framing can minimise their use and impact of coercive controlling behaviours.

Other feelings/emotions people using violence may identify with include, but are not limited to, jealous, anxious, sad, annoyed, or hurt.

You can document some identified feelings/emotions in the Safety Plan at 'When I feel \_\_\_\_\_ there are things I can do to manage my behaviour'.

A **balanced approach to engagement**, using the same words chosen by the person using violence (for example, 'out-of-control') can be used to draw the link between their narrative (an attempt to justify the behaviour) and the direct consequence and outcome of their actions (violence and coercive control).

The actions that a person can take to de-escalate (sometimes called 'taking time out') when they notice their early signs are varied and should be determined with each person on an individual or case-by-case basis.

The person may already have some strategies they find useful.

Some options you may explore include:

- ... agreeing not to speak immediately to the victim survivor to 'negotiate' or convince them of a point
- ... walking to another part of the house or leaving the house/ location (if not at home)
- ... writing down some of the things to get them 'off their chest', but not using it/showing it to the victim survivor
- ... going for a walk
- ... calling a trusted friend or family member or other support as identified above
- ... practice breathing, grounding or mindfulness exercises
- ... using sensory de-escalation strategies.

Sometimes the strategies the person using violence uses to de-escalate, when not previously discussed with the victim survivor (and they are living together), can be experienced as abusive or another tactic to maintain control over the situation. For example, leaving the house without saying where they are going or when they are coming back.

If it is appropriate to your role and relationship with the person using violence, you can speak with them about how they would communicate their new strategies for de-escalation with the victim survivor. If you are unsure how to do this, contact a specialist perpetrator intervention service for a secondary consultation.

You may also share the de-escalation strategies identified by the person using violence with services working directly with the victim survivor.

You can seek secondary consultation with services who work with Aboriginal people, people from diverse communities, people with disabilities or older people when developing de-escalation strategies to ensure they are relevant to the person's context and needs.

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### Managing their behaviour at specific events or situations

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#### Leading questions

*Are there any situations or times in your life that are particularly challenging for you?*

*That you know you will get those early signs that you will likely use family violence/[named behaviour]?*

#### Following questions

*What family events are coming up?*

*What times will you be in contact with your family member [adult or child victim survivor/s]?*

*Are there other times in the year that are difficult for you?*

[If children]

*How do you manage child handover arrangements?*

*What have you done in the past so as not to [use violence/breach an intervention order/escalate] at these times?*

*What else might you do to maintain safety for your family members?*

#### Why is this important to consider for family violence risk management?

Identifying points in time, events or situations will assist the person using violence to plan for and practice their strategies developed above.

They will also signify to you as a professional the points in time where you and others may need to think about alternative risk management strategies and coordinate efforts to keep victim survivors safe.

Exploring strategies for managing themselves at these times (for example deciding not to attend a community event, reaching out to therapeutic and emotional supports, connecting with positive community connections), in advance of the situation or event, will give the person using violence opportunities to take responsibility for choosing non-violence. If they are unable to identify strategies and/or cannot practice those you discuss with them, this should be a signal that other risk management strategies outside the person using violence are required to manage the risk to victim survivors. These strategies will inform, and should be documented in, your Intermediate Risk Management Plan.

#### Practice considerations

In your discussion, you should encourage the person using violence to identify and name the person or people who are impacted by their use of family violence, where safe and appropriate to your engagement. This process reinforces messages of personal accountability and encourages the person to link their behaviours to impact.

An exploration of situations and events can be broad. This may include, but is not limited to:

- ... court appearances, including related to the person's use of violence, separation and child arrangements
  - ... legal proceedings, including VCAT for guardianship arrangements, execution of wills, or Mental Health Tribunal hearings
  - ... child handover or contact
  - ... family get-togethers, including birthdays and religious celebrations, and where the person is in contact with or is excluded from the family
  - ... community and cultural events
  - ... anniversaries of deaths or separations
  - ... anniversaries of traumatic life experiences
  - ... anticipated receiving of news, including visa applications or health status
  - ... anticipated medical care, including lead-up to surgical procedures
  - ... post-medical treatment, including through recovery
  - ... anticipated during and after alcohol and/or other drug or mental health treatment, including starting, adjusting, or ending use of psychotropic medications
  - ... victim survivor's attendance at services for appointments or receipt of in-home services
  - ... attendance at the same support agency
  - ... attendance at the same place of worship.
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### Support plan for when the person feels unsafe for themselves / suicidal<sup>1</sup>

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#### Leading questions

*Have you ever spoken to someone before about how you might stay safe if you felt like hurting yourself or someone else?*

#### Following questions

*Have you ever had thoughts about ending your life?*

*Have you ever acted upon these thoughts?*

*What are your warning signs that you might hurt yourself/want to end your life?*

*Have you ever spoken with someone about this before? What was this experience like? Would you contact them again?*

*Who might you talk to in future?*

*What strategies have you used or activities you have done until the feelings pass?*

*What might you use in future?*

#### Why is this important to consider for family violence risk management?

Risk of suicide is a serious concern for any person. In every circumstance where there is risk of suicide, and where there are common risk factors, but it is not specifically indicated, professionals have an opportunity to provide safety.

Within the context of family violence 'threats of self-harm or suicide' are also understood as a serious risk factor for homicide-suicide and an extreme extension of controlling behaviours by a perpetrator. Suicide prevention practice understands 'threats of self-harm or suicide' as a key warning sign to be taken seriously.

Asking questions about self-harm and suicide provides insight into the person using violence's state of mind. Both suicide and family violence risk factors should be kept in mind in order to understand, assess and manage this risk.

A person using violence threatening to self-harm or suicide as a means of controlling a victim survivor is not always linked to the presence of mental health issues. However, in some instances they may be co-occurring. For further detailed information about 'in common' suicide and family violence risk factors, refer to **Appendix 6**.

Escalation in threats or attempts, or greater specificity in nature of threats, should be taken seriously. The combination of threats to suicide or self-harm with other controlling behaviours and threats to kill or harm adults, children or pets, should be considered to indicate serious risk.

While the threat or attempt may be based in controlling behaviours, it should also inform your use of these conversation prompts as a starting point for providing interventions to support the person using violence, as well as developing collaborative and coordinated risk management responses with other relevant services.

#### Practice considerations

A suicide safety plan involves seeking the commitment from the person using violence not to harm themselves without first contacting supports to let them know they are in crisis. It is important that the person or people (if not a service/organisation) they wish to nominate to speak with are aware they are a contact for the person if they are in crisis.

In making a realistic suicide safety plan, you should encourage the person to nominate contacts that are available at all times, including emergency helplines.

Consider and discuss with the person using violence what other mental health or suicide safety plans they already have in place. Reaffirm and document these and any associated strategies on the Safety Plan document.

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<sup>1</sup> Professionals should consider formal suicide response training options available to them.

## Conversation-prompting questions

## What should you keep in mind when asking these questions?

You should apply an intersectional lens when supporting the person to create a suicide safety plan, including to determine culturally safe support options and best ways to communicate and keep the plan accessible to the person when they need it.

Mental health issues are more common in some communities (for example, communities with a high level of trauma history, such as LGBTIQ people) than in the general population.

Mental health linked to threats or attempts to self-harm and suicide may be more prevalent due to systemic barriers or discrimination experienced by some communities.

Suicide is also more common in LGBTIQ communities. However, there is no current evidence about whether this is related to use of threats or attempts to suicide and self-harm in relation to perpetrator controlling behaviours in these communities.

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## Confirming agreed strategies and plans and useful phone numbers

### Leading questions

*How do you feel about the plan we have made today?*

### Following questions

*How might you check on how you are progressing with this Safety Plan?*

*How would you like to check in with me about your Safety Plan?*

*Are there services on this useful phone numbers list you would feel comfortable working with?*

### Why is this important to consider for family violence risk management?

It is important to revisit with the person using violence how they feel about the plan they have made. They may express feeling comfortable, hopeful, confident, despondent, overwhelmed, or apathetic (among others) with the plan. While these responses will indicate to you how you may need to modify the plan, or continue your work with the person using violence, none of them should be taken as indicators for reduced risk or increased safety.

You should reflect on your conversation with the person using violence, seek advice and secondary consultation with your supervisor, and proactively share information with other services involved with the person to further assess, contextualise and manage risk.

### Practice considerations

This is a good opportunity to remind the person that you will be available and ready to speak with them about their Safety Plan throughout your work together.

You may make an agreement that at the next appointment you review what worked and what didn't work to refine some of the strategies.

You can draw the person's attention to the useful phone numbers list, and highlight the ones together that you have identified throughout your conversation would be appropriate to their circumstances.

You can use this opportunity to discuss warm referrals to other services if the person has identified further needs that they are ready and motivated to address, or revisit this at the next appointment time.

