

# **A common approach to understanding Family Violence Risk Assessment and Management**

---

**A discussion document for consultation**

# Contents

- How to have your say ..... 2
- Safety concerns ..... 3
- Glossary ..... 4
- Minister’s foreword..... 5
- Acknowledgements..... 6
- Introduction ..... 7**
  - The purpose of the framework ..... 7
  - Implementing the framework..... 9
  - The structure of the framework .....11
- Part 1: a framework for assessing and managing family violence risk .....12**
  - Family violence and its dynamics.....12
  - The family violence system in New Zealand .....16
  - Expectations and fundamentals of good practice .....19
  - Guiding practice principles.....19
  - Screening and identification of family violence .....20
  - Risk assessment.....23
  - Risk management.....26
- Part 2: developing a common approach in practice .....29**
  - A common approach to identifying or screening for family violence .....29
  - A common approach to risk assessment in practice .....33
  - A common approach to risk management in practice.....38
- Part 3: fact sheets .....44**
  - Fact sheet 1: Forms of family violence .....44
  - Fact sheet 2: Responding to diversity .....48
  - Fact sheet 3: Indicators of family violence.....53
  - Fact sheet 4: Risk factors .....55

# How to have your say

## Submissions

Your submission will help us to further develop this draft Risk Assessment and Management Framework. After the consultation period the Ministry of Justice will analyse all the submissions and provide recommendations to the Ministerial Group on Family Violence and Sexual Violence for their approval.

You can give your feedback online at <https://consultations.justice.govt.nz/policy/family-violence-risk-framework>.

You can make a written submission by emailing us at [familyviolencerisk@justice.govt.nz](mailto:familyviolencerisk@justice.govt.nz) or writing to:

Family Violence Risk Assessment and Management Framework

Ministry of Justice

DX SX10088

Wellington

**The consultation closes at 5pm on 2 September 2016.**

## Personal information and confidentiality

The Ministry of Justice will hold your personal information in accordance with the Privacy Act 1993.

We will accept submissions made in confidence or anonymously. Please clearly indicate if you would like your submission to be treated as confidential.

We may be asked to release submissions in accordance with the Official Information Act 1982 and the Privacy Act 1993. These laws have provisions designed to protect sensitive information given in confidence, but we cannot guarantee the information can be withheld. We will not release individuals' contact details

We may alert Police or another agency to any submissions that raise safety concerns, and provide them with contact information.

## For more information

If you have any questions or would like more information about the Risk Assessment and Management Framework or about making a submission, please email [familyviolencerisk@justice.govt.nz](mailto:familyviolencerisk@justice.govt.nz).

## Safety concerns

Your safety is important to us. If the issues raised in this document are personal for you and you would like to talk to someone, there are many support lines and places you can contact for information or help. They are all free.

### **New Zealand Police**

**111**

If you have immediate safety concerns for yourself or anyone else, dial for 111 and ask for Police.

### **Child, Youth and Family**

**0508 FAMILY 0508 326 459**

If you are worried about a child or young person, you can call the freephone number to talk to a social worker, 24 hours a day, 7 days a week.

### **Are You OK? Helpline**

**0800 456 450**

This helpline can provide you with information and put you in touch with services in your own region for those experiencing or witnessing violence, or who want help to stop being violent. The helpline operates every day of the year and is open from 9am to 11pm.

### **Women's Refuge**

**0800 REFUGE**

**0800 733 843**

If you're a victim or are concerned about someone you know, you can call Women's Refuge helpline for information, advice and support about family violence. The helpline is available 24 hours a day, 7 days a week.

### **Shine**

**05008 744 633**

If you're a victim of family violence or concerned about someone else, you can call Shine's domestic abuse helpline from 9am to 11pm, 7 days a week.

### **Shakti**

**0800 SHAKTI**

**0800 742 584**

Shakti provides culturally specialist services for women of African, Asian and Middle Eastern descent and their children. They can discuss safety options in other languages if English is not your first language. Their crisis line can be reached 24 hours a day, 7 days a week.

### **Family Violence Information Line**

**0800 456 450**

The Family Violence Line can connect you with the right services to help you or just provide you with information relevant to your needs. It is available 7 days a week, from 9am to 11pm.

## Glossary

Some terms used in this document

Term	Definition
<b>co-occur</b>	the common occurrence where both Intimate Partner Violence and Child Abuse are occurring in the same family.
<b>dynamic factors</b>	factors that can change with circumstances, causing the risk of further violence to fluctuate.
<b>indicators</b>	the signs and symptoms that raise concerns (or 'red flags') that a person may be experiencing or perpetrating family violence.
<b>Intimate Partner Violence (IPV)</b>	physical or sexual violence, psychological/emotional abuse, or threat of physical or sexual violence that occurs between intimate partners. Intimate partners include: current spouses (including de facto spouses), current non-marital partners (including dating partners, heterosexual or same-sex), former marital partners and former non-marital partners.
<b>key risk factors</b>	known markers of serious or escalating risk emerging from research.
<b>predominant aggressor</b>	the person who poses the most serious, ongoing threat.
<b>professional judgement</b>	uses the knowledge, experience and expertise of the assessor to finalise the risk assessment.
<b>risk assessment</b>	assessing levels of risk and need accurately by considering a range of factors that research shows indicate the likelihood and severity of family violence.
<b>risk factors</b>	factors that are associated with greater likelihood and/or severity of family violence.
<b>risk management</b>	a wide term that encompasses the range of responses to family violence to ensure the safety of victims, including children and to contain, challenge and change perpetrator behaviour.
<b>routine enquiry</b>	an enquiry, either written or verbal, by providers to an individual about their personal history of partner abuse, child abuse or neglect.
<b>screening</b>	the recognition of family violence indicators within victims, children and perpetrators, and actively supporting the victim to feel comfortable enough to disclose their experience of violence.
<b>victim's own view of their risk</b>	to keep themselves and their children safe, victims often undertake their own, informal risk assessments and are forced to alter their behaviour accordingly.
<b>vulnerabilities</b>	based on factors such as age, location, disability, ethnicity, language.
<b>warm referral</b>	contacting a service provider for or with the person needing a service, following up as needed to ensure the connection with that service is made.

# Minister's foreword

## A better way to assess and manage family violence risk

Family violence is a harsh reality for many people in New Zealand - we have some of the highest rates in the developed world. Across Government, we are committed to reducing family violence, keeping victims safe and managing perpetrators more effectively so people can live free from violence. We know that identifying risk and intervening earlier and in a more coordinated way is critical to achieving this.

Establishing a common approach to assess and manage family violence risk will help to enable a more consistent and effective way to get people the help they need. Although many organisations working in family violence have their own risk assessment and management methods, we do not have a national common approach in place. By introducing this approach we hope to achieve a level of consistency and best practice to better support family violence victims.

Creating a better understanding of the risks involved in family violence is essential to ensure victims receive a consistent response from the different agencies involved. Regardless of which agency they go to, we want to ensure there is no wrong door and people receive effective help that meets their individual needs.

This discussion document draws on key evidence and examples of effective practice, as well as early discussions with a number of people who work with those experiencing family violence. It discusses the roles and responsibilities of organisations in responding to family violence and begins to develop practice guidance on screening for family violence, assessment of risk and a collective approach to taking responsibility for the management of that risk.

Thank you for taking the time to be part of this consultation. Your feedback is important to ensure we have considered everything we need to in developing a robust risk assessment and management framework. We want you to share your views and insight to create a useful approach in assisting how we deal with family violence effectively.

Hon Amy Adams

Minister of Justice

## Acknowledgements

We have particularly drawn on and want to acknowledge the analyses of the Family Violence Death Review Committee and the New Zealand Family Violence Clearinghouse as well as Australian risk assessment frameworks – particularly those of Victoria and Western Australia.

# Introduction

Family violence and sexual violence are serious problems in New Zealand – we have some of the highest rates in the world. We know there are missed opportunities to help families experiencing violence in New Zealand. In family violence homicides in this country, warning signs are often missed or misunderstood.

The Government is committed to reducing family violence and sexual violence and keeping victims safe. It has set up an all-of-government work programme focused on improving the family violence system to better support victims and manage perpetrators more effectively.

The programme is led by a Ministerial Group on Family Violence and Sexual Violence, which is co-chaired by the Minister of Justice and the Minister for Social Development and brings together Ministers from 16 portfolios.

## The purpose of the framework

All organisations have a role to play in risk management both in terms of assisting in victim safety and monitoring and/or addressing perpetrator behaviour.

This framework is the first step towards a common understanding of family violence and its dynamics, as well as a consistent and coordinated approach across agencies and services to undertake the following:

- *screening*: the recognition of family violence indicators within victims, children and perpetrators, and actively supporting the victim to feel comfortable enough to disclose their experience of violence
- *risk assessment*: assessing levels of risk and need accurately by considering a range of factors that research shows indicate the likelihood and severity of family violence. Accurate and ongoing risk assessment is critical for effective intervention
- *risk management*: encompasses the range of responses to family violence to ensure the safety of victims, including children and to contain, challenge and change perpetrator behaviour to prevent further violence occurring.

All of these activities are underpinned by a shared understanding of family violence and its dynamics.

## Why we need a common understanding and definition of family violence

Our family violence system is fragmented and difficult for families to navigate.

- Family violence is often not recognised early.
- Information is not always shared.
- There is no coordinated way to refer people for further assessment and support.



- It is not always clear who is responsible for victim safety and managing the perpetrator's behaviour.

A shared understanding and definition of family violence is essential if New Zealand is to move towards an effective and consistent response to family violence. A shared definition will help agencies and services speak a common language and have a shared understanding about family violence, enabling them to deliver a consistent, effective response to families experiencing violence.

The dynamics of family violence are complex. If practitioners are to intervene effectively, they must have a comprehensive knowledge of the dynamics and recognise how these present in the context of core practice. Misunderstandings and different understandings between practitioners can adversely affect the effectiveness of the response to families experiencing violence. We know that this lack of consistency contributes to poor and even unsafe responses in New Zealand.

Many international jurisdictions have developed a common risk assessment tool that all their key agencies use when working with victims of family violence. We seek your views on whether the development of a common risk assessment tool, a screening tool and more prescriptive practice guides would be of value.

The Risk Assessment and Management Framework is a foundation for a better family violence system. It aims to support a consistent approach to assessing and managing family violence across the many agencies and services that work with families experiencing violence.

## A consistent response

We want this framework to help shift New Zealand to a place where there is no wrong door for families to get effective help to live free from violence. This means families experiencing violence would get a consistent response from the wide range of agencies and services they interact with on a daily basis. The response would recognise abusive behaviour, be appropriate and effective, and ensure victims are safe. Over time, this will:

- build victims' trust in the system
- enable violence to be identified earlier
- enable an earlier, more effective risk management response.

## A common understanding of family violence

A diverse range of agencies and service providers contribute to the family violence system. Individually and collectively, they all play a role in identifying and responding to victims and perpetrators of family violence.

To work together collectively and as part of an integrated system, they all need to have a common understanding of family violence, how it can manifest in clients who might present for other reasons, and how to effectively and safely respond.

## A practical resource

This consultation draft has been developed through a review of existing risk frameworks and evidence on family violence screening, risk assessment, and risk management.

We have focused on intimate partner violence and its intersection with child abuse. As the framework progresses, we will develop more detailed guides for other forms of violence, for example, abuse of the elderly and the disabled.

It is important that the framework is practical and easily understood by all agencies and service providers who work with families experiencing violence. The framework is a resource to be used in a wide range of contexts; it will be supported with guidance and tools where you say this is most needed.

The framework reflects evidence about risk assessment, approaches that we know are working in other jurisdictions, and solutions to problems in our current family violence system.

## Your feedback is vital

To greatly improve our response to family violence, the framework must reflect the knowledge and experiences of frontline service providers across the entire system. It is vital this consultation draft is further developed based on your information and evidence.

When providing your views, we are particularly interested in understanding:

- current practice, that is, examples of good practice the framework could benefit from considering and ideas for implementation
- how you think the framework will work in practice and how it could improve our response to family violence
- issues in your current practice or between your practice and the practice of others that could be improved through a common understanding and approach as set out in the framework.

## What happens next

As well as online consultation about the framework's content, we will run regional workshops with frontline staff to get their views about how it could be implemented.

All the responses will be collated and analysed, then a summary report will be provided capturing the main feedback and key themes. The framework will be refined and the final version confirmed. Implementation, including the development of training, tools and any resources, will then begin.

## Implementing the framework

The framework is currently a draft document designed to get feedback from agencies and services that work with families experiencing violence. It is not intended to replace other

agencies' or providers' policies, practices and processes (for example, Vulnerable Children's policies).

A wide range of agencies and services are involved in identifying and responding to family violence in a variety of contexts – from staff in emergency rooms to police attending a callout. The framework is not intended to override existing examples of good practice. It is intended to allow agencies and services to assess and identify areas to improve their practice over time, supported by our wider efforts to improve the system response to family violence.

In order to ensure there is no wrong door within the system for family violence victims and perpetrators to be treated effectively and consistently, it is important to have a consistent approach, supported by consistent guidelines and practice expectations. This is what the framework sets out to achieve.

We recognise that agencies and services can be overburdened and there can be a lack of clear pathways to funded services. Therefore, meeting the expectations in the framework will take time.

With this in mind, we want to know what the implications are for you and your practice and how we can take these into account when it comes to implementation. We want to work with you early to ensure we have considered everything we need to and make sure that, when the framework is finalised and released, there is support to put it into practice.

The framework will be implemented within the wider family violence work programme, which includes:

- pilots of an Integrated Safety Response to family violence: a new multi-agency case management approach in response to family violence episodes to test innovative new integrated responses to family violence
- workforce development to build upon the core skills in the family violence workforce to make sure services are delivered effectively and meet the needs of families
- examining the services needed by victims and perpetrators to make sure these are effective, and to address any gaps or lack of capacity.

We also acknowledge that the ongoing transformation of New Zealand's care and protection system for children will be critical. We intend this framework to work alongside those reforms to support better outcomes for families.

## Achieving successful implementation

We want to make sure this framework is successfully implemented. There are many ways we could support implementation, such as:

- provide cross-sector training and workforce development so people can put the framework into practice safely and effectively
- show how the framework can support and streamline referrals into multi-agency family violence responses

- develop standardised processes for recording and sharing information about families experiencing violence
- show how the framework can help people inside and outside the justice system to get support appropriate to their level of risk
- develop a regionally-based intake system for at-risk families so referral pathways are standardised and clear. These intakes could have skilled staff to undertake comprehensive risk assessments, triage and allocation of the appropriate service mix.

## The structure of the framework

### *Part 1: the framework*

This section outlines family violence and its dynamics, the family violence service system in New Zealand, expectations when agencies conduct family violence screening, risk assessment and risk management and the principles that underpin good practice in these areas.

### *Part 2: a common approach to practice*

This section provides practical guidance on screening, risk assessment and management that will support the implementation of the framework's common expectations in daily practice.

### *Part 3: fact sheets*

This section provides detailed information that underpins the framework's practice expectations. This is core information that agencies and services should understand before working with families experiencing violence.

# Part 1: a framework for assessing and managing family violence risk

This section aims to support a shared understanding of family violence and its dynamics, the system for responding to family violence in New Zealand, expectations when agencies and services conduct family violence screening, risk assessment and risk management and the principles that underpin good practice in these areas.

## Family violence and its dynamics

Family violence is a pattern of violent behaviour intended to coerce, control and create fear within an intimate or familial relationship. It is generally perpetrated by a predominant aggressor (that is, the relationship is characterised by one-sided violence, where one person uses violence to dominate and control another – the primary victim).<sup>i</sup>

### Not only physical violence

Types of family violence include:

- intimate partner violence (current and former partners)
- abuse of a child
- abuse of an elder
- other intra-familial violence (such as parental and sibling abuse).

Family violence is not solely about physical violence – this view is still widely held and must be dispelled. It has a variety of different forms including physical abuse, economic and financial abuse, and emotional abuse. Fact sheet 1 outlines the forms of family violence and tactics perpetrators use.

Family violence is unacceptable and preventable. It occurs in all communities, ethnicities, cultures, ages and socio-economic groups. It involves the exploitation of power imbalances within relationships of trust and dependency.

Family violence occurs within a variety of relationships. Also, different communities vary in their understanding of what constitutes family (for example, whānau).

### Data

As family violence is under-reported, we have limited data. We know, however, that while both men and women can be perpetrators of family violence, the most severe and lethal cases of family violence in New Zealand are perpetrated mostly by male aggressors against female primary victims.<sup>ii</sup>

While there is a range of research about different types of violence within families, once these are placed in context and issues such as meaning, motivation and the impact of the violence are understood, it is men's violence against women and children that is the most significant social problem.<sup>iii</sup>

## Responsibility

Family violence perpetrators are responsible for their violent behaviour. Family violence cannot be attributed to victim behaviour or to the dynamics of individual relationships.

## Wider health issues

Family violence 'directly contributes to and accompanies a wide range of health (physical, sexual and mental) and social issues (such as employment and education) along with other sources of vulnerability (such as disability)'.<sup>iv</sup> Victims are therefore likely to present to a range of services with issues where family violence is the underlying cause.

## Identifying patterns

Patterns of abuse and the potentially quickly-changing nature of family violence situations require us to recognise and respond to family violence whenever risk is identified.

In identifying risk, we have to move beyond reacting to single incidents to considering ongoing patterns of abuse as a whole. Identifying patterns also ensures that support is always available to victims, even when violent episodes are not presenting.

## Moving towards a common understanding of family violence

Taking these dynamics into account, we can say family violence is best understood as any violent or threatening behaviour in an intimate or familial relationship that is coercive or controlling in nature. As mentioned, this requires us to understand that family violence is far broader than physical assaults – a view that is still common in New Zealand.

## Family violence is different from other violence

Family violence is different from other forms of violence because of the complex emotional, economic, legal and cultural ties and obligations that exist among family members. These ties make family violence particularly difficult to detect, report and remedy.

Also, it is usually an ongoing pattern of behaviour that controls, coerces and causes victims to live in fear. It can strip a victim of autonomy and trap them in the relationship (for example, if the victim has no money, it is much harder for them to leave a violent relationship).

The significance of any one particular incident can only be perceived when placed in the context of past abusive behaviours and the total effect these have on the victim.

## Other forms of family violence

There is a range of literature that identifies other forms of family violence in addition to coercive controlling violence. Views within the literature vary widely, with some

commentators seeing an understanding of coercive control as absolutely fundamental to understanding family violence. Others consider that practitioners need to be equally alert to other forms of family violence such as situational couple violence and mutual violent control.<sup>v</sup> There is no doubt family violence is complex; people's experience of family violence will vary, and the reasons that underpin violent behaviour will differ.

However, we know the dynamics of family violence are already misunderstood across the system. We know services often do not perceive the risks posed by coercive and controlling behaviours and there is also a tendency to focus on physical assaults to the detriment of robust risk assessment of other dangerous behaviours.<sup>vi</sup>

Encouraging equal emphasis to be placed on these other forms of family violence in New Zealand could perpetuate these misunderstandings unless accompanied by comprehensive training and appropriate experience.

To ensure the framework helps improve the common misunderstandings of family violence and its dynamics, we consider that the starting point for an assessment should be based upon identifying coercive and controlling behaviours.

If a risk assessment indicated these behaviours are not present, it may be appropriate for an expertly trained and experienced practitioner to consider the relevance of other forms of violence to their client and what this means for risk management.

We think further research in a New Zealand context is required in this area before deciding whether or not best practice in assessing and managing family violence risk involves placing emphasis on a wider range of forms of family violence, alongside coercive control.

Note, even if they are not included within the Framework, consideration of other forms of family violence can still be beneficial to expert practitioners working with perpetrators.



## Questions

1. Do you agree with how we have described family violence and its dynamics?
2. Do you see any benefit of discussing other forms of family violence within the framework? If so, what forms are most relevant to New Zealand?

## Starting with intimate partner violence and child abuse

The framework is intended to cover all types of family violence and recognises the need for a coordinated response to the various, interconnected forms of abuse that can occur within families, for example, abuse of elders or abuse of the disabled.

However, developing and implementing an effective framework is complex and will take significant time and resources. We need to phase our efforts. As a starting point, the framework will focus on intimate partner violence and child abuse, recognising the high level of co-occurrence between these two forms of violence.

The most common types of family violence are intimate partner violence and child abuse. These types often occur together: in approximately 65% of child abuse cases reported to Child, Youth and Family (CYF), there is also intimate partner violence.

In 70% of intimate partner violence cases involving children, the children are being abused too.<sup>vii</sup> Even if children are not physically abused, their exposure to violence can cause serious and sometimes permanent harm.

Intimate partnerships include past and present, lesbian, gay, bisexual, transgender, questioning and intersex unions, married, de facto, separated couples, couples in a close intimate relationship and those who regularly spend time together.<sup>viii</sup>

Any response to intimate partner violence must have access to appropriate actions and pathways to support children. Services working with children must recognise that abuse of children is also often a dual tactic; it is often used to abuse and control an adult victim.

We anticipate that alignment with the work on the ongoing reform of CYF and the Children's Action Plan will be important in implementing our framework and securing this alignment in practice.

## Responding to diversity

Family violence occurs between family members in families of all cultures, classes, backgrounds and socio-economic levels. The dynamics may be different across population groups in New Zealand. Some populations have greater and compounding vulnerabilities to family violence than others, and can experience family violence at a significantly higher frequency or severity than the general population.

Māori in particular are overrepresented as victims of family violence. Of victims of intimate partner violence who reported to Police in 2013, 45% were Māori, despite Māori being 14% of the New Zealand population.

It is vital that the practice described in this framework is responsive to these dynamics and additional vulnerabilities when conducting screenings, risk assessments and risk management to ensure we can effectively meet the needs of such groups.

Population groups that are known to experience vulnerabilities to family violence are outlined in Fact sheet 2.



# The family violence system in New Zealand

Broadly, agencies and services can be divided into three categories:

- generalist services
- justice and statutory services
- specialist family violence services.

Some identify family violence by asking **screening** questions. Others do an **initial assessment** of risk. More qualified agencies and services regularly do an in-depth, **specialist assessment** of the risk of further or more serious family violence harm occurring.

All play a role in **risk management** - both in terms of victim safety and containing, challenging and changing perpetrator behaviour.

The system is diverse because family violence 'directly contributes to and accompanies a wide range of health (physical, sexual and mental) and social issues (such as employment and education) along with other sources of vulnerability (such as disability).'<sup>ix</sup> There are, therefore, many services and providers whose clients are potentially experiencing family violence.

The framework sets out how agencies and services can best recognise and respond to family violence in a way that complements their specialist daily practice.

A common approach to screening, risk assessment and management is essential for the successful communication of risk levels and risk management strategies – especially because one agency or service often works with the perpetrator, a different one works with the victim and yet another one works with the children.

It is important these services understand their role in the system and how they can contribute to addressing violence. The roles of different categories of services are outlined below.

## Generalist services

Generalist services may encounter victims and/or perpetrators of family violence but family violence is not part of their core business. Such services include health services (including maternity, drug and alcohol, mental health), social services (including Work and Income), and education providers.

They will most likely screen when they suspect family violence and refer the person to justice and statutory services and/or specialist services after establishing their immediate safety.

They may also consider a routine enquiry if they work with families suffering greater levels of violence on average than the general population.

## Justice and statutory services

These are involved in delivering statutory or legal responses to victims and/or perpetrators of family violence and their children. Their core business is not solely family violence. Such

services include Police, judges, court registrars, probation officers, lawyers, specialist report writers for courts, and social workers.<sup>x</sup>

They will most likely screen or do an initial risk assessment in response to an escalating or crisis situation. They must be prepared to act immediately to ensure victims and children are safe and perpetrators are held to account for their behaviour.

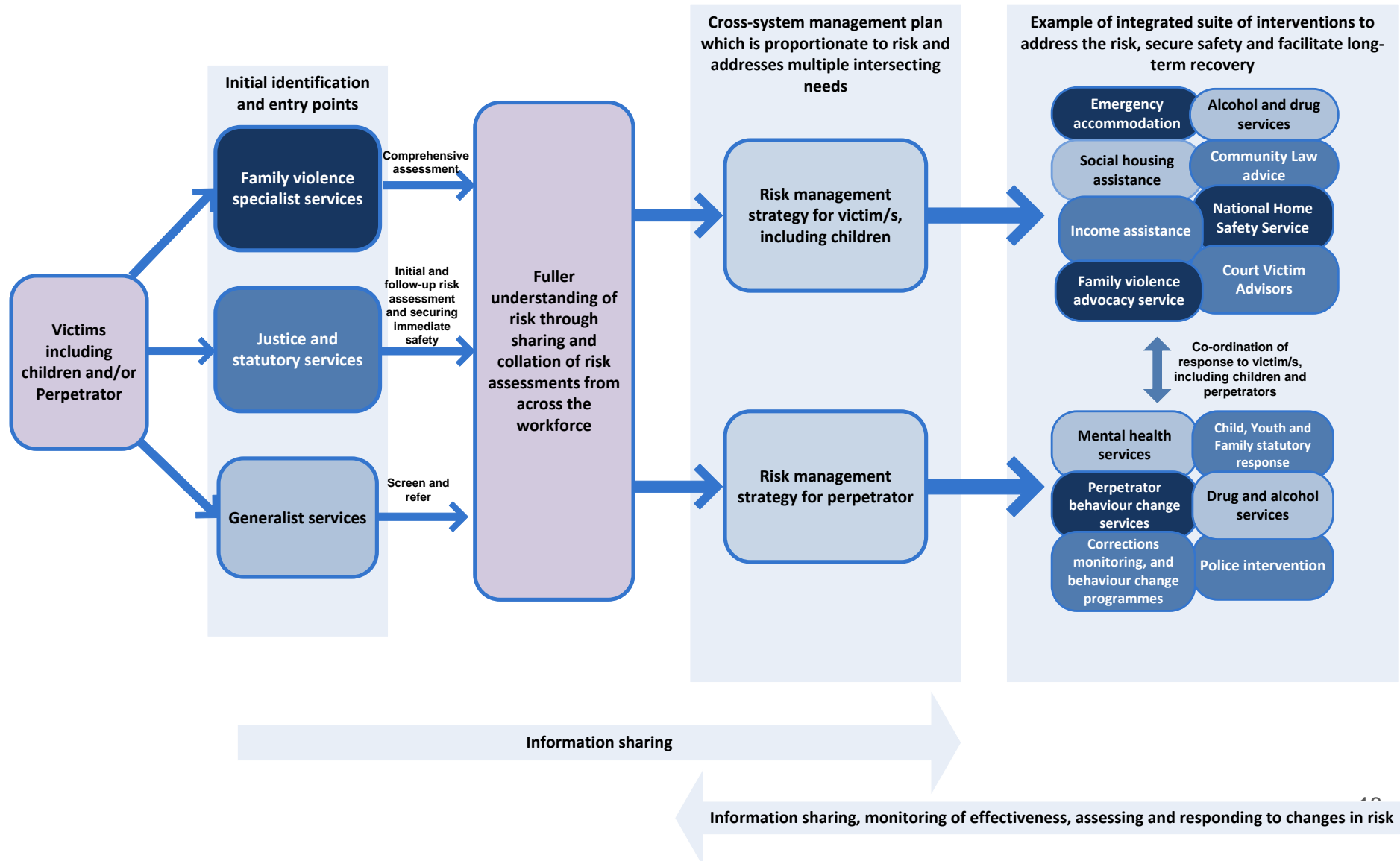
## Specialist family violence services

These services have a core mandate in responding to family violence. Practitioners have specialist knowledge, expertise, and skills specific to the population group(s) that they interact with. Examples of these services are behaviour change programmes, safety services, intensive family violence advocacy and support.

Also, specific individuals participating in multi-agency case management of family violence (Family Violence Interagency Response System (FVIARS) or the Integrated Safety Response model (ISR)) are part of this category whether or not their home agency is a specialist family violence service.

These services will do a specialist family violence risk assessment and lead the coordination of victim safety and/or perpetrator change and containment.

## A co-ordinated system for assessing and managing family violence risk in New Zealand



## Expectations and fundamentals of good practice

In order for the framework to improve consistency and coordination of practice, it sets out practice expectations and underlying fundamentals of good practice in screening, risk assessment and risk management. These procedures are mapped against the three principles set out below, which underpin the framework. Additionally, the practice described should be undertaken in accordance with the guidance on information sharing which follows.

These expectations are not comprehensive; they are designed to promote responses to families experiencing violence that are consistent, aligned and, most importantly, safe.

## Guiding practice principles

The principles set out in this framework underpin safe and effective practice when working with victims, perpetrators and their children. These principles are mapped against each of the core activities: screening, risk assessment and risk management.

- **Principle one – Victim safety:**<sup>xi</sup> the first priority of every response and intervention must be the safety and wellbeing of victims of family violence, including children
- **Principle two – Perpetrator behaviour change and accountability:** accountability for family violence lies with the perpetrator and should never be attributed to a ‘bad relationship’; achieving victim safety requires abusive behaviour to be contained, challenged and changed
- **Principle three – Collective action:** all service providers must consider how their practice can take action to address violence when it is uncovered; these actions can only be effective when they are part of an integrated approach taken in partnership with other agencies. These actions may appear to be beyond an individual provider’s mandate; however, presenting issues are unlikely to be addressed without first addressing abusive behaviours.

# Screening and identification of family violence

Victims may proactively disclose their experience of family violence to some providers. While this section is designed around eliciting a disclosure, the same expectations apply to proactive disclosures.

Screening is the process of identifying whether or not someone is experiencing family violence by asking a set of questions designed to help them feel comfortable enough to disclose their experience.

Ideally, screening helps identify family violence early to enable intervention prior to escalation. However, it may also elicit disclosures of severe and long-term violence.

The goal of screening is to identify individuals and families who need further assessment and some form of intervention to reduce the likelihood of further violence.

## Expectations when screening

Providers should proactively screen for family violence whenever they suspect it is occurring. To do this, all providers should be familiar with the indicators of family violence. A list of indicators is found in Fact sheet 3.

Providers should consider if conducting routine enquiry would be appropriate for their practice. Some providers may be interacting with population groups that experience higher than average rates of family violence. Thus screening on intake or shortly afterwards may be appropriate. This is the approach taken by the Ministry of Health in its Violence Intervention Programme.

Screening should be informed by the principles that underpin the framework.

## What this means in practice for screening

### Victim safety

Service providers must screen for family violence whenever indicators of family violence are present and the practitioner believes violence may be occurring.

To screen safely, all service providers will have an understanding of the dynamics and forms of family violence. They must also recognise that victims can present to a range of service providers for issues that ultimately stem from their experience of violence. Until violence is addressed, service providers will be unlikely to address the presenting issue. This will require a collaborative approach with other agencies.

The practitioner should consider if there other victims beyond the one immediately presenting. If the victim is a child, the practitioner must consider if a parent might be suffering abuse. The practitioner must also consider the safety of any children in the household or family.

**Perpetrator  
Behaviour  
Change and  
Accountability**

Service providers must be aware that perpetrators could present to their service for other concerns (for example, courts for non-family violence-related offences, parenting issues, mental health and addiction services) so they should be familiar with the characteristics and tactics of perpetrators of family violence.

Providers should not actively screen potential perpetrators unless they are specially trained to do so.

If a potential perpetrator reports they are not (or no longer) committing violence this should be verified with other agencies or providers.

Any action work or services provided must consider if it will impact on victim safety; unskilled interactions with perpetrators can escalate violence and put potential victims in increased and immediate danger of further harm.

Do not assume a 'desire to change' indicates an 'ability to change'.

**Collective action**

*Actions when working with victims:*

When family violence is identified, the provider should first consider the immediate safety of victims, including children, before deciding making other decisions.

Police and/or CYF should be contacted where the provider suspects there are immediate safety or child welfare concerns. While consent should be sought, it is not necessary. The victim should be informed unless this could increase the risk to them or their children.

The identification of violence should be followed up by a risk assessment. This will be conducted either by the identifying agency if appropriate or by a '**warm referral**' to a specialist agency, subject to victim consent. This means the identifying agency will lead the referral process and follow up as needed to ensure the connection with the specialist agency is made. All relevant information should be recorded and shared to inform the risk assessment and avoid the victim having to repeat their story.

Victims should be offered information about local support services and how to access them – particularly if the victim does not consent to a referral or the service provider suspects violence despite no disclosure when screening.

*Actions when working with perpetrators*

When the perpetration of violence is identified, the practitioner must take action to ensure the immediate safety of victims, including

children. Police should be contacted where the provider suspects there are immediate safety concerns or child welfare concerns.

When working with a potential perpetrator and providers suspect family violence is occurring, providers should share their concerns with other agencies or arrange for screening of the potential victim – subject to the caveats around information sharing discussed later.

The practitioner should be aware of the ways in which they can utilise their service and relationship with the family to contain the abusive behaviour (some may simply be monitoring perpetrator behaviour and sharing relevant information, whereas others may be utilising their role to contain behaviour e.g. proposing stricter bail conditions).

The language used to describe the violence should not be minimising and should not conceal or diminish the perpetrator's responsibility for the violence.

Identified or suspected perpetrators should be encouraged to participate in a specialist behaviour change service only if they have acknowledged their violent behaviour and are receptive to receiving help.



## Questions

1. Do you have feedback on this discussion of screening for family violence?
2. What makes it difficult for you to conduct effective family violence screening?
3. In your area, are there services available to take referrals to conduct risk assessment, following screening?
4. What needs to be done to support effective screening to occur, either within the framework or as part of efforts to implement it?
5. Would you find the provision of a screening tool based on best available, local and international evidence valuable in your practice? If so, what are your needs?

## Risk assessment

Fundamentally, family violence risk assessment is the process of finding out if there are factors present that research indicates are closely linked with an increase in the likelihood or severity of family violence occurring or re-occurring.

Risk assessment is inseparable from risk management: it is part of the process of deciding how to keep victims safe and how intensively to contain, challenge and attempt to change perpetrator behaviour.<sup>xii</sup>

Risk assessment is not a 'one-off' procedure. The risk a victim faces can change quickly and drastically change over time.

### Expectations when conducting risk assessments

Justice and statutory services and Specialist Family Violence services should use a common approach to family violence risk assessment that includes:

- evidence-based risk factors
- the victim's own view of their risk, and
- if the practitioner is suitably skilled, professional judgement.

Risk assessments should be informed by the principles that underpin the framework as outlined below.

Fact sheet 4 outlines evidence based risk factors and the significance of the victim's assessment of their level of risk.

### What this means in practice for risk assessment

#### Victim safety

Those service providers (generally family violence specialist services and justice and statutory services) responsible for risk assessment should assess family violence risk using a common approach, which includes:

- identification of evidence-based risk factors, including those that indicate lethality;
- considering the victim's views on the risks they face; and
- applying professional judgement

An accurate interpretation of risk requires a robust understanding of family violence, how it impacts victims and intersects with child abuse. Further, an understanding of the victim's cultural and social context and how this might impact a risk assessment should be considered (e.g. immigration status, lack of access to money or other resources).

Practitioners should consider if there are potential victims beyond



	<p>whom they primarily encounter. For example, those working with the child must attempt to identify any safety concerns for the non-abusive parent or partner, and any other family members, including siblings or elderly parents.</p> <p>The (often intersecting) vulnerabilities that impact some groups of people's risk should be considered.</p> <p>Service providers should utilise opportunities to update risk assessments if service providers have regular contact with a victim.</p>
<p><b>Perpetrator Behaviour Change and Accountability</b></p>	<p>Service providers working with perpetrators of family violence should always prioritise victim safety over other obligations and actions.</p> <p>An accurate interpretation of perpetrator risk requires a robust understanding of family violence, the tactics used by perpetrators, and risk factors indicating family violence.</p> <p>Service providers should consider a range of sources of information when conducting risk assessment with perpetrators, including victims and other service providers who have had contact with the perpetrator and family.</p> <p>Practitioners should attempt to identify the <b>predominant aggressor</b> where this is not immediately clear.</p>
<p><b>Collective action</b></p>	<p>A risk assessment that indicates immediate safety concerns requires service providers to take immediate actions to reduce the likelihood of re-victimisation and to contain the abusive actions of the perpetrator. Police or CYF should be contacted where the provider suspects there are imminent safety concerns or if a crime has or is likely to be committed.</p> <p>The practitioner must consider what actions they can take to promote victim safety and lower the risk of further violence. However, securing on-going safety is likely to involve collaboration and coordination between agencies and other services. Practitioners need to know what services are available in their local area and must be able to clearly communicate the level of risk to these agencies where appropriate.</p> <p>Where the service provider that conducted the risk assessment is not the appropriate one to lead the response, a <b>'warm referral'</b> to another service is required. Referral does not absolve that service from responsibility of utilising their core business to promote victim safety.</p>

Service providers should use risk assessment to determine whether their service is appropriate given the level of risk identified (e.g., relationship counselling, restorative justice or family dispute resolution may not be appropriate when there is a risk of further family violence occurring).



## Questions

1. Do you have feedback on this discussion of risk assessment?
2. What support is needed to ensure that risk assessment is effective? (For example, the development of information sharing protocols between organisations, addressing barriers to accessing appropriate and timely risk management services, the development of mechanism/s to collate risk information from across agencies)
3. Do you have guidance, tools or practice approaches within your organisation that align with this framework, or could help to develop the proposed approach?

# Risk management

Risk management is a term that encompasses the various ways in which individual service providers in collaboration with the wider family violence system, act to secure victim safety and contain, challenge and change the actions of perpetrators.

## Expectations of when and how risk management is undertaken

Service providers must proactively seek to manage family violence risk by prioritising actions that promote victim safety and recovery and/or that contains, challenges and changes the behaviour of perpetrators.

Effective risk management will usually involve interagency communication, coordination and collaboration.

Risk management should be aligned with the principles of the framework:

## What this means in practice for risk management

### Victim safety

Where family violence has been identified and the level of risk assessed, service providers should, in partnership with the adult victim, develop a safety plan. The provider should consider if they need any further information to make a robust safety plan.

Mainstream services are unlikely to have the necessary qualifications or skills to conduct robust safety planning. If in doubt, actively refer the victim to a specialist agency using the techniques of a **'warm referral'**. The provider should consider if children or other victims also require a safety plan.

Safety planning should be conducted in conversation with the victim and identify what has worked for the victim in the past and what has not. The service provider must ensure the victim has the capacity and resources to enact the actions in the safety plan.

A safety plan outlines strategies the victim can do to keep themselves safe from abusive behaviour whilst ensuring they understand that the violence is not their fault. Safety plans that make the victim responsible for change are *not an adequate or safe response given the dynamics and impacts of family violence on victims*.

Service providers must identify what actions they can take themselves and other actions they can mobilise in collaboration with other services to promote victim safety (i.e. actual actions not advice for the victim to act upon). The service mix required will be determined based on the level of risk and victims' unique

	<p>circumstances, and could include:</p> <ul style="list-style-type: none"> <li>a 'warm referral' to a specialist family violence service</li> <li>reporting knowledge of a criminal offence to Police (including breaches of Police Safety Orders and Protection Orders)</li> <li>contacting CYF when worried about the safety of children or young people</li> <li>convening or referring the case to a local multi-agency risk assessment and management meeting (e.g., FVIARS or ISR)</li> <li>navigation and support to access services that respond to any co-occurring issues (mental health, emergency accommodation, addiction services)</li> <li>referral or support to access services that will reduce vulnerabilities and increase protective factors or enhance resiliency.</li> </ul> <p>The safety of any children exposed to or experiencing violence must also be established and the appropriate action taken.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>Perpetrator Behaviour Change and Accountability</b></p>	<p>Service providers working with perpetrators of family violence should always prioritise victim safety over other obligations and actions. Victims should never be considered responsible for managing abusive behaviour.</p> <p>Stopping the perpetrator's abusive behaviour is the best way to reduce the likelihood of revictimisation.</p> <p>Service providers will implement or mobilise a range of risk management strategies as appropriate to the identified level of risk, for example:</p> <ul style="list-style-type: none"> <li>referral to specialist family violence behaviour change programme</li> <li>facilitating criminal sanctions: e.g., reporting breaches of Police Safety Orders and Protections orders; recording evidence of other offences and reporting these to the Police; reporting breaches of bail or probation conditions to probation staff;</li> <li>reporting the risk the perpetrator poses to children to CYF</li> <li>convening or referring the case to a local multi-agency risk assessment and management meeting (e.g., FVIARS or ISR)</li> <li>supporting the perpetrator to access services to address other co-occurring issues, including mental health and addiction services, emergency accommodation, income support</li> </ul>
---------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	proactively sharing information related to the success or otherwise of interventions to services working with the victim.
<b>Collective action</b>	<p>The results of a risk assessment must inform the intensity of how service providers take action to promote the safety of victims and contain the abusive actions of the perpetrator.</p> <p>Where the risk assessment reveals immediate safety concerns, calling the Police and/or CYF as appropriate must be the first response.</p> <p>Securing on-going safety is likely to require the mobilisation of a multi-agency response that will involve agencies coordinating their services. Service providers must be able to clearly communicate the level of risk and all other relevant information to these agencies to enable an integrated- response.</p> <p>Where the service provider that conducted the risk assessment is not the appropriate one to lead the response, a 'warm referral' to another service is required. Referral does not mean the provider should cease any actions they can take to promote victim safety.</p> <p>Service providers should use risk assessment to determine whether their service is appropriate given the level of risk identified (e.g., relationship counselling, restorative justice or family dispute resolution may not be appropriate when there is risk of further violence).</p>



## Questions

1. Do you have feedback on this discussion of risk management?
2. Is effective risk management possible within the current system? Do the services necessary for effective risk management exist? Do these services have the capacity to meet demand?
3. Are there mechanisms in place for coordinated, integrated risk management?
4. What are the barriers to effective risk management?
5. Existing multi-agency risk assessment and management approaches all involve statutory agencies (e.g., Police, Corrections, CYF). What approaches do you think are needed to support families if they are experiencing violence but are not within the justice system?

## Part 2: developing a common approach in practice

The following three early draft practice guides will be further developed to support agencies and services to integrate the expectations into their daily practice. They are generic enough so they can be adapted to suit the diverse range of service contexts in which they will be used.

The guides have been adapted from international and local examples of good practice and other research about effective responses to family violence. At this stage they are examples and will be refined based on your feedback in this consultation process. Additionally, a thorough review by experts is intended.

We are interested in your views on whether:

- you see value in having common practice guides across all agencies and service providers
- the guides provide the right level of information and guidance to be used in practice
- any gaps or issues you have identified.

### A common approach to identifying or screening for family violence

#### What is screening?

Screening is a systematic process used to identify if a person is experiencing family violence. It involves asking a standard set of questions to potential victims to seek a disclosure of abusive behaviour.

Screening potential perpetrators should not be undertaken unless the provider is specifically trained to do so.

#### Why screen?

Family violence is not always visible. Research shows victims often do not actively disclose unless specifically asked but are nevertheless supportive of the act of screening.<sup>xiii</sup>

Often, families experiencing violence are only noticed by the family violence system when serious harm occurs or when someone reports the matter to Police or CYF. Sometimes victims' circumstances are not understood until they are killed despite being in contact with numerous services.<sup>xiv</sup>

Screening is ultimately conducted to initiate a response to stop abusive behaviour and to help victims recover.

## When should screening occur?

Screening should occur at the earliest possible point of contact that victims or perpetrators have with any of the services that make up the family violence system.

Screening should be undertaken when indicators of family violence are present. These indicators may not always be obvious to service providers upon initial presentation, but may become apparent during, and throughout, interactions over time (during second or third presentations, for example). Fact sheet 3 contains a list of potential indicators.

For this reason, screening should not be a one-off event. People who have been screened previously, but have not disclosed family violence, should be screened again if new indicators are apparent, or new information becomes available to the service provider.

Providers should consider if conducting routine enquiry would be appropriate for their practice. Some providers may be interacting with population groups that experience higher than average rates of family violence. Thus screening on intake or shortly afterwards may be appropriate. This is the approach taken by the Ministry of Health in its Violence Intervention Programme.

## Who should screen for family violence?

Screening is the responsibility of all agencies and services who may meet victims and/or perpetrators of family violence.

There are particular safety risks with screening potential perpetrators of family violence and specific training is needed to conduct this activity.

## Screening in practice

This guide does not prescribe an exact process for screening in practice; this will be determined by the context and setting within which a service sits, the individual client's background and circumstances, and the relationship between the practitioner and the victim. Instead, this guide outlines the key considerations for conducting effective and safe screening.

## Pre-screening process

Screening should only take place in an appropriate setting and ensure that:

- screening of a potential victim should never take place in the presence of potential perpetrator
- the process should be conducted in a private space that is comfortable and supportive – the disclosure of violence is likely to be a distressing and fearful experience

- the client should be alone (away from family, friends and children; preverbal children are okay). If this is not immediately possible, or you feel this could place the client at risk of further harm, try to arrange a meeting with the client when you know they will be alone
- generally, the practitioner with the strongest relationship and rapport with the client should undertake screening.

### The practitioner screening should have knowledge of Part 1 of the framework

At a minimum, the provider should be able to meet the expectations and fundamentals outlined in part one of the framework. Poorly executed screening is likely to do more harm than good, and could place the victim at greater risk. This is likely to require training.

### The potential victim should be introduced to the concept of screening

The service provider should introduce and explain why they are about to ask personal questions, for example:

‘I am little bit concerned about you because [describe indicators present], and would like to ask you some questions about things at home.’<sup>xv</sup>

## The screening process itself

Screening questions should be used to structure a discussion with the victim – they will be more effective and elicit greater information when weaved into a conversation with the victim that is not rushed or mechanical.

Disclosing violence can be traumatic for victims and trigger fearful and emotional responses. Screening can also trigger shame or embarrassment.

Validate the victims’ experiences. Reinforce that violence is the sole responsibility of perpetrator and the victim is in no way responsible.

### Examples of screening questions

- Are you ever afraid or scared of someone in your family or household? If so, who?
- Has someone in your family or household ever put you down, humiliated you or tried to control what you can or cannot do or who you see or cannot see?
- Has someone in your family or household ever hurt you? Or, threatened to hurt you or someone you love?
- Has someone in your family or household ever forced you to do something you don’t want to do?
- Are you worried about your children or someone else in your family or household?
- Are there things in your family or household you wish you could change? If so, what?
- What happens in your family/house when people argue?



## What needs to happen next

Three outcomes are possible after screening has been conducted. These are outlined in the table below, together with the responses agencies and services must consider in response.

Outcome	What needs to happen next
<p><b>Family violence is not disclosed</b></p>	<p>A non-disclosure must be respected. While it could mean the victim is too afraid or has had unhelpful responses in the past, it may simply mean violence is not occurring.</p> <p>Inform the victim where they can access information about support services.</p> <p>If the service provider is adamant that violence is occurring (and believes the victim or child faces a critical risk), CYF or the Police should be contacted.</p>
<p><b>Family violence is occurring and the victim is willing to accept assistance</b></p>	<p>The identifying service provider is responsible for making safety arrangements for the victim and any children – even if the victim offers to make arrangements for themselves.</p> <p>The service provider should conduct a family violence risk assessment if they are prepared and qualified to do so to inform risk management.</p> <p>Mainstream services and those who cannot conduct a risk assessment should make a ‘warm referral’ to family violence specialist so they can conduct a risk assessment. All reasonable and practical steps should be taken to ensure the victim is able to attend (e.g., accompanying the victim, providing transport, requesting the other provider comes to meet the victim). The referring provider should be satisfied that the provider referred to is willing and able to assist the victim.</p> <p>Mainstream services and those not conducting risk assessments must consider how to keep the victim safe in the meantime. This includes considering if statutory services or Police should be notified.</p>
<p><b>Family violence is occurring but the victim is unable to accept assistance at that time</b></p>	<p>Victims may be unable to participate in a risk assessment. The victim may not feel safe enough to engage any further (for example, they may have had a negative response in the past, have a fear of escalating the violence if the perpetrator finds out or be concerned their children could be removed).</p> <p>Victims should be provided with information about family violence services and other support services and actively encouraged to access them.</p> <p>If victim’s disclosure has indicated there are immediate safety concerns statutory services or the Police should be contacted.</p>

## A common approach to risk assessment in practice

Many agencies already have procedures and tools in place for assessing and managing risk. However, these differ in line with each agency's target client (for example, child, victim, perpetrator or family as a whole) and the agency's statutory or contractual mandate.

Some generic risk assessment tools do not account for the dangerous dynamics of family violence, such as coercive and controlling behaviours. If these are relied upon as the sole measure of risk, there is a chance that family violence-specific risk is missed. Therefore, when family violence is identified, providers should use a common approach to specifically assess the risk of family violence.

### What is risk assessment?

Risk assessment is a structured process to identify the likely degree of harm (incorporating the severity and frequency) from current or future family violence.

Service providers should use a common approach to risk assessment that includes:

- **Key risk factors.** These are known markers of serious or escalating risk emerging from research. Some indicate a greater chance of serious harm or death such as pregnancy, strangulation and separation. Others are related to risks of ongoing severe violence. Some are overt such as ongoing and brutal physical attacks. Some are less immediately obvious, such as controlling and emotional abuse. Each type is just as important as the others.
- **The victim's view of the risks they face.** Victims have lived with and understand the perpetrator's patterns of behaviour. To keep themselves and their children safe they often undertake their own, informal risk assessments and are forced to alter their behaviour accordingly. Research has shown that a better interpretation of risk is gained when the victim's view is incorporated.

However, while this can be a good measure of risk, some victims may minimise the level of risk through trauma or as a coping mechanism. Other victims may not be equipped to accurately assess risk due to mental health or alcohol and other drug issues.

- **Professional judgement.** This is about using the knowledge, experience and expertise of the assessor to finalise the risk assessment. However, judgement should never be used to lower an assessment of risk when either the presence of risk factors or the victim's assessment suggests otherwise. It involves understanding the victim's unique circumstances (such as the nature of the relationship, the presence of disability, trauma or isolation) and how these impact on safety.

Professional judgement requires the application of a comprehensive knowledge of family violence, its dynamics and effects to be effective.

## Why assess the level of risk?

Risk assessment for the purposes of the framework is ultimately a preventative activity rather than a purely predictive one. That is, understanding the risk of further violence is the first step in developing a risk management strategy.

Viewed in this way, risk assessment is the process of collecting and analysing information to develop an effective and proportionate response to reduce the likelihood of further violence.

## When should risk assessment occur?

The risk of further violence fluctuates as circumstances change (these changes are known as dynamic factors). Because of this, risk assessment should be an ongoing process, not a one-off activity.

Agencies should undertake (or facilitate access to) a family violence risk assessment whenever family violence is identified and as part of the ongoing process of risk management.

Risk can rapidly increase so providers should undertake risk assessment whenever they are aware of any changes that affect the family. Risk assessments should be updated at the earliest opportunity when:

- the victim has left the perpetrator
- the victim is thinking of leaving the perpetrator (including non-verbal indicators)
- the victim is pregnant or has a newborn child
- there are family court cases underway (particularly child custody cases)
- the victim and perpetrator get back together
- the victim obtains a protection order.

## Who is responsible for conducting a risk assessment?

The agencies and services who should be conducting family violence-specific risk assessments are, in general, family violence specialist services and justice and statutory services, when appropriately trained. For example:

- Police
- CYF
- Corrections
- some health care providers
- court registrars, specialist court report writers; alternative dispute resolution providers (for example, Restorative Justice, Family Dispute Resolution)
- Whānau Ora providers
- providers of family violence-specific services
- providers of perpetrator behaviour programmes
- some social workers.

## Risk assessment in practice

As mentioned, the framework sets out the core commonalities required for successful and respectful risk assessment of people experiencing family violence.

### Pre-assessment process

The victim should be informed of the process and why it is being done and what will happen next

The victim should be aware of why the risk assessment is being conducted. That is, to put in place actions to help the family live free from violence. The provider should inform the victim that the assessment will result in actions being taken to do this – which will often mean providing the information to other agencies or services so they can also assist and support the victim.

If the victim does not consent to sharing their information, they must be made aware of the professional and statutory obligations of the agency or service. This might include sharing their information without consent; such as reporting child protection concerns or involving Police if there are critical safety concerns.

However, it should be emphasised that the aim of the process is to help find the best way to help the victim's family to live free from violence and for any plan to be conducted in partnership with the victim.

Some examples of the words to use when explaining this position, are:

'I am sorry that this has happened to you. No one deserves to be hurt in that way. There are options – people and places – that can help to make you safer. We can help you sort these out, but first, we need a little more information about what has been going on for you. We ask all people who have been hurt by their partners to do this. It will help us find the right people to help you and your family stay safe from violence.'<sup>xvi</sup>

or

'I would like to have a talk with you to find out more about you, your family and about [the perpetrator] so that I can understand your experiences of the violence, so that together we can work out any risk to you and your children. Once we have done that, we will need to explore what happens next to keep you and your children as safe as possible from harm. Does that make sense? Are you okay with starting this now?'<sup>xvii</sup>

### The assessment itself

The common approach to family violence risk assessment requires the provider to explore the presence, frequency and severity of violence in a structured and systematic way.

The risk assessment must consider:

1. Key risk factors. Appendix 4 lists and discusses these. They should not be explored in step-by-step checkbox exercise; rather, they should inform a discussion. If required, the provider can elicit clarification through phrases like 'Can you tell me a little more about what happened/what injuries were caused/what form the violence took?'
2. The victim's view. This can be explored through prompts such as:<sup>xviii</sup>
  - how scared do you feel, given what has just happened/the last incidence?
  - is the violence happening more often or getting worse?
  - on a scale of 1 to 10, with 1 being 'not at all scared' to 10 being 'extremely scared/terrified', where would you place yourself on that scale right now?
  - what are you afraid might happen?
3. Professional judgement. Based on the information obtained through the processes above, the assessor should use their professional judgement (their knowledge, skills and experience) to complete the risk assessment. This requires a robust knowledge of the dynamics of family violence, its impacts on victims and children, as well as knowledge of the family experiencing violence and their history.

Risk assessment should be responsive to diversity and consider the barriers some people face when they seek assistance to stay safe and for their long-term recovery.

Fact sheet 2 discusses some of the groups that may face additional barriers who providers should be aware of when conducting risk assessment and management.

## Determining the level of risk

The framework does not provide a method (or tool) to come to a 'risk score' because of the variety of different contexts in which agencies and services encounter families experiencing violence (from late night emergency visits by Police to one-on-one interviews with a family violence specialist).

Instead, it uses a generic approach of analysing the information collected from the risk assessment to place victims into one of two categories:

1. A victim is at high risk of serious harm when a risk assessment reveals evidence there is a serious risk to their safety and urgent action is necessary to reduce that risk.
2. A victim is at risk of harm when a risk assessment reveals risk factors are present that pose a risk to victim safety.

**A victim should be categorised at high risk of serious harm if:**

- one or more key risk factors that indicate lethality are identified through risk assessment (see Fact sheet 4)  
and/or
- there is an ongoing and/or escalating pattern of physical violence  
and/or

- the number of risk factors present indicates an ongoing pattern of coercive or controlling behaviour or otherwise violent behaviour  
and/or
- professional judgment (which factors in key risk factors, the victim's view of their level of risk and any other barriers or vulnerabilities deemed relevant to the case) indicates that there is a serious risk to the safety of the victim.

A victim is at risk of harm when the risk assessment reveals evidence of a risk to their safety.

**A victim should be categorised at risk of harm when:**

- one or more risk factors are present but there is no evidence of an escalation in frequency or severity of their occurrence  
and/or
- physical violence has occurred in the past but does appear to be ongoing or escalating  
and/or
- the provider in their professional judgment suspects violence is occurring but it has not been disclosed.

As mentioned above, risk assessment is an ongoing process and should be continuously reviewed. The level of risk identified should determine the intensity of the response from the assessing agency or service.

## Working with perpetrators

Agencies and services should privilege the victim's account of the violence and recognise any attempts to blame the victim or attempts to deflect responsibility (for example, blaming the incident on drinking or drugs). Agencies and services should never collude with this sort of behaviour.

Those responsible for working with perpetrators must ensure their practice prioritises the safety of victims and their children; some perpetrators will escalate the use of violence once their use of violence has become known to others.

A perpetrator's refusal or reluctance to participate in behaviour change programmes can indicate a significant risk of future violence. The same applies if their attitude changes part-way through a course or if they stop attending. This information, and any other new information about risk with safety implications, should be passed on to any agencies or services working closely with the victim.

# A common approach to risk management in practice

Effective risk management is the most crucial and challenging area of practice described in this document. We know that, even where risk is assessed accurately and effectively, the lack of appropriate, coordinated responses is often what puts victims at risk of further violence.

This section is a first step in helping agencies and services consider how to integrate their responses with others.

Once the risk of family violence has been determined through a risk assessment, it is imperative that all agencies and services involved act to reduce the risk of further violence and help the family stay free of violence.

We are aware that current fragmentation and gaps in the availability of services make good, coordinated risk management practice difficult in many areas and contexts. This document aims to support a shift in the consistency and effectiveness of our approach to risk, as well as providing a description of good practice to assess service availability against.

## What is risk management?

Risk management is the actions taken to secure victim safety and curtail the behaviour of perpetrators. It is sometimes undertaken by one agency as a first responder but often by a group of agencies and organisations in a multi-agency setting.

A risk management plan is an agreed and regularly reviewed set of actions to be taken to increase immediate and ongoing safety. Ideally, actions to support a victim of violence should be well integrated and coordinated with those that manage the risk posed by the perpetrator. A risk management approach should be tailored according to the level of risk identified and should take the level of need into account.

The ultimate goal of a risk management plan is victim autonomy.

Agencies and services working with perpetrators should consider their responsiveness to particular treatments or interventions.

Those working with victims should consider what risk management strategies the victim may already have tried and their effectiveness. They should also consider the victim's social, cultural and economic resources and how the lack of these could affect the effectiveness of the risk management strategy.

## Why take a collective approach to managing risk?

Risk management approaches, particularly where higher levels of risk are present, must be integrated across a range of agencies in order to be effective. There may be a range of interconnected issues present for a family; a coordinated approach is essential for ensuring

these issues are effectively addressed – it is unlikely that related issues (such as alcohol addiction or mental health) will ever be addressed until the violence has stopped.

Working together in an integrated manner is also essential so that more than one agency or service is monitoring the level of risk over time and considering what this means for the risk management strategy.

Also, it is vital the system as a whole takes responsibility for managing risk once it has been identified, rather than leaving the onus on the victim to navigate complex systems in order to get help.

## What should be covered in a risk management plan?

A comprehensive risk management plan must identify goals and objectives and ways of achieving them, roles and responsibilities, and timelines. Risk management strategies must also include:

- safety planning (including for children)
- ongoing risk assessment mechanisms
- plans to address the needs of victims through counselling, advocacy, legal or other appropriate services
- and liaison and communication between services working with the victim and with the perpetrator (if appropriate).

One agency or service should be nominated to be responsible for leading and coordinating the plan, and for assessing whether the planned approach is working as intended. That agency, and other agencies involved, should regularly reassess the level of risk, particularly if any changes occur in the circumstances of the victim or the perpetrator.

## Risk management in practice

Fact sheet 2 discusses some of the groups that may face additional barriers that agencies and services should be aware of when conducting risk assessment and management.

### Risk management strategies

The risk assessment should inform the types of risk management strategies employed for both perpetrators and victims of family violence. These strategies include, but are not limited to, the following:

- developing, implementing, and monitoring safety plans
- coordinating referrals to specialist family violence services (including emergency housing, stopping violence services and the National Home Safety Programme) and to other services (including alcohol and drug and mental health services) as needed
- reporting immediate safety concerns and/or knowledge of criminal offences to the Police and/or statutory child protection services
- monitoring and supervising perpetrators through criminal justice responses, where necessary



- supporting applications for protection orders
- engaging in integrated multi-agency case management.

Note, however, if there are serious concerns for the immediate safety of the victim and/or children Police must be contacted.

### *Safety planning*

Safety planning is the process of identifying and documenting steps to secure victim safety (including children) from family violence to the greatest extent possible.

To be effective, a safety plan must be developed with an integrated multi-agency approach, with clear accountability across agencies for taking specific actions, and for ongoing monitoring and risk assessment to ensure a safe, effective outcome for any victims involved, including children. Victims should be involved in developing their own safety plans where possible.

Safety planning should be complemented by other risk management strategies.

### *Referral*

Referral is the process of making contact with service providers who possess the necessary expertise for the purposes of accessing services on behalf of victims or perpetrators.

It may also be the case that those mainstream service providers, who would not conduct risk assessment (such as Work and Income staff), make referrals to other service providers for the purposes of risk assessment, rather than risk management.

Referral is an important means of ensuring provision of wraparound supports, and seamless responses, to those experiencing or perpetrating family violence.

It is imperative that victims and perpetrators of family violence are referred to appropriate services. Inappropriate referrals may perpetuate, or even exacerbate, family violence.

To this end, all service providers have a responsibility to be clear about their level and area of expertise, and ensure that people are able to obtain services that best meet their needs. For this reason, practitioners should be familiar with specialist and mainstream services available in their region.

**It will generally be necessary to make referrals to other service providers in the following circumstances:**

- the life of the victim is at risk if they remain in their current environment
- urgent medical (including psychiatric) care is required
- criminal justice responses are required (where a crime has been, or is deemed likely to be, committed)
- culturally appropriate support is required
- coexisting issues that may compromise safety, or exacerbate violence, are present (such as mental health concerns, alcohol and drug issues, homelessness)

Beyond immediate safety concerns, individuals should be supported to obtain the necessary legal, practical, financial, and emotional supports. This could take the form of making referrals for emergency housing, for example.

Practitioners should also ensure that referrals for one-off/episodic care are complemented by referrals to services that will provide long-term/ongoing support.

Referrals should be made in consultation with victims/perpetrators. Those being referred should be made aware of:

- why they are being referred
- the benefits of the referral
- the risks of the referral
- the responsibilities of both referring and receiving service providers
- what information will be shared in order to facilitate the referral.

Referral should be an active or 'warm' process. This means that referrers should be responsible for contacting receiving service providers for or with victims or perpetrators (rather than requiring they do it themselves), and making necessary arrangements (for example, transport) to see this through.

The sharing of relevant, timely and accurate information between agencies and services is, therefore, a key component of referral.

When communicating risk, there is a need for clarity around:

- identifying the risk (ie, what is the risk?)
- who is at risk?
- how will the risk be mitigated?
- what timeframe will apply to the risk
- the roles, responsibilities and accountabilities of agencies and services.

If the agency or service receiving the referral does not have the capacity to provide sufficient support, the referrer should arrange for the victim to attend the next most appropriate agency or service.

There should also be follow-up mechanisms in place to ensure the referral has been successful and victims/perpetrators are receiving appropriate assistance and support.

Agencies and services responsible for working with perpetrators must ensure their practice prioritises the safety of victims and their children. They should actively monitor the perpetrator's behaviour and be alert to any new or increasing risk factors (see Fact sheet 4), and consider who else needs this information to keep the victim safe.

## Effective information sharing

Sharing relevant, timely, accurate and purposeful information between service providers is essential for informing risk assessment and risk management responses, as well as safe and effective referrals for adult and child victims, and perpetrators of family violence.

As part of a comprehensive review of family violence laws, the Minister of Justice is considering options for clarifying the law about information sharing and privacy, including in relation to family violence and the protection of children. This document will be developed to provide detailed information sharing practice guidance once new legislation is in place in this area.

Currently, all information shared must adhere to the provisions of the Privacy Act 1993, the Children, Young Persons, and their Families Act 1989, the Health Act 1956, the Health Information Privacy Code 1994, and the Domestic Violence Act 1995. This includes, but is not limited to, sharing personal information under the following circumstances:

- a. if it is believed on reasonable grounds that doing so could prevent a serious threat to someone or to public safety
- b. if it is shared for the purpose in which it was legitimately obtained
- c. by consent, or in the cases of those too young to consent, with the consent of parents or guardians

Agencies and services must explain to their client the reason why their information might be shared and how the service will treat the sensitive and personal data it is given. They should explain that every case is individual but, in general, the service does not need consent to share information where the client or their children are at risk of serious harm.

Only information relevant to risk and safety issues should be shared between organisations for the purposes of risk assessment. Information that relates, for example, to an individual's medical history or history of receiving another service, and that is not relevant to the determination of current safety and current level of risk, should not be shared for this purpose (noting that there may be reasons other than risk assessment for sharing a broader range of information).

Always be aware that careless sharing of information or inadvertent disclosure of family violence with family members, perpetrators or others in the community may put victims at risk of further harm.

## What this means in practice

<b>Victim safety</b>	<p>The safety of people who experience family violence will be the primary consideration when service providers request information from, or provide information to, another service provider. Safety for adult and child victims will be used as the guiding principle to inform a service provider's decisions about what information to share and for what purpose.</p> <p>Wherever possible, service providers will seek informed consent from the victim prior to sharing any information with other service providers. However, consent is not a requirement for information sharing in circumstances of family violence where there are concerns for the safety and well being of adult and/or child victims.</p>
<b>Perpetrator Behaviour Change and Accountability</b>	<p>Information that is disclosed by the perpetrator to a service provider that indicates risk to an adult and/or child victim should be shared with service providers working towards victim safety.</p> <p>Information related to the perpetrator of family violence may be shared for the purposes of referral to a support service with the perpetrator's consent.</p> <p>Information may be shared without consent where service providers consider the perpetrator to pose a serious risk to the adult and/or child victim.</p>
<b>Collective action</b>	<p>The sharing of relevant, timely, and accurate information between service providers supports communication, integration and coordination across the family violence system. It is particularly important for identifying patterns of risk and cumulative harm.</p> <p>Agencies and services working with a victim or perpetrator should identify who is responsible for bringing together the key pieces to assess risk and lead the development of a risk management approach.</p>

# Part 3: fact sheets

## Fact sheet 1: Forms of family violence

This fact sheet<sup>xix</sup> supports practitioners to speak a common language and have a shared understanding about family violence. It outlines the variety of ways violent behaviours can manifest as in a relationship. These behaviours should be understood in the context of an ongoing pattern of behaviour.

### Coercion and Threats

Threatened to do something to hurt you or children or other family members

Threatened to leave

Threatened to commit suicide

Threatened to report you to (for example, Immigration, CYFS, Work and Income)

Made or pressured you to do illegal things

Pressured you to drop legal charges

### Intimidation

Made you afraid by using gestures or looks

Stood close to you in a menacing or intimidating way

Screamed at you or yelled at you

Said things to scare you

Smashed or threw things

Punched walls or doors or pounded fists

Destroyed your personal items (for example, ripped up your clothes)

Drove recklessly when you were in the car

Displayed weapons

Stalked you (for example, sent you unwanted presents, texts, emails or letters, or continued to visit when you had said not to)

### Economic and Financial Abuse

Prevented you from getting or keeping a job

Put you on an allowance

Prevented you from having money for you to use

Made you beg for money

Took your money or used your cards without your permission

Didn't give you a say in financial decisions

Refused to provide for the children and/or pay child support

### **Emotional Abuse**

Put you down, called you names, criticised you, called you "irrational"

Tried to make you feel bad about yourself

Played mind games, twisted your words, tried to make you think you're crazy

Gave you the silent treatment, caused you to tip-toe around

Humiliated you alone or in public

Cut you off when you wanted to discuss something

Tried to make you feel guilty

Had unrealistic expectations (for example, about how tidy the house should be)

Ridiculed your religious or spiritual beliefs

Made you do something humiliating or degrading (for example, beg for forgiveness, ask permission to do something)

Refused to look after the children

Taken out a protection order (or other court order) against you as a means of threatening you

Refused to do housework

Become upset with you because dinner or the housework, etc were not ready or done the way he/she expected

### **Alcohol and Other Drugs**

Made you drink more than you wanted, or made you take drugs

Frightened you when you or they were drunk or high

## Isolation

Controlled what you do, who you talk to, what you need

Controlled what you wear (for example, told you not to wear makeup or short skirts)

Limited your outside involvement or where you go

Checked up on you

Went through your mail, email, text messages, or call history, or accessed your online social media accounts

Criticised or made a fool of you in front of family or friends

## Using Children

Used children to relay messages or check up on you

Tried to make you feel guilty about the children and your parenting

Used visitation or contact changeover to harass you

Deliberately turned up late, returned children late, not returned children, or not turned up for contact visits

Used the children to threaten you

Threatened to take the children away

Repeatedly sought contact with your children in order to get back into the relationship

## Physical Abuse

Pushed, grabbed, tripped, shoved, poked, or prodded you

Slapped, hit, punched, or kicked you

Pulled hair, scratched, or bit you

Harmed pets (for example, teased, starved, punished, or locked up)

Held you down or pinned you to the wall against your will

Shook you or threw you to the ground

Choked or strangled you

Burned you

Used a knife, gun, or other weapon against you

### **Sexual Abuse**

Made you watch sex movies or pornography

Demanded to have sex with you

Refused to have sex with you as 'punishment'

Physically forced you to have sex

Forced you to have sex in a way you didn't want

Tried to make you feel guilty for not wanting sex

Had sex with you while you were asleep

Pressured or manipulated you into sex by making threats

Attacked your sexual parts or touched you when you didn't want to

Sexually interfered with the children

Other (please specify)

### **Gender or Social Privilege**

Treated you like a servant

Made all the big decisions

Acted like he/she 'owns' you

Acted as if they should be in charge

Acted as if his/her needs are more important than yours

### **Minimising, Denying, Blaming**

Made light of your abuse and your concerns about it

Said the abuse didn't happen

Shifted responsibility for the abuse on to you (for example, said you provoked him)

Focused on your behaviour

Used jealousy, envy or 'love' to justify the abuse



## Fact sheet 2: Responding to diversity

Family violence occurs between family members in all families of all cultures, classes, backgrounds and socio-economic circumstances. Dynamics of family violence may be different across population groups in New Zealand. It is important to consider the implications of these dynamics, in order to ensure that any screening, risk assessment and intervention undertaken is responsive to the needs of such groups. Population groups that are known to experience vulnerability to family violence, and factors that may impinge on engagement, screening and risk assessment processes as they pertain to such groups, are described below.

### Responding to diversity – cultural and population group considerations<sup>xx</sup>

#### *Women*

Gender remains a significant risk factor for family and sexual violence.

According to the latest NZCASS survey, an estimated 26.1 percent of women experience intimate partner violence and 23.8 percent of women experience sexual violence over their lifetime. This represents around one in four women.

Some groups of women are at higher risk than others, including young women and Māori women.

Deprivation, single parenthood, multiple family households and certain types of relationships are significant factors associated with violence against women.

Evidence shows that girls who are victims of violence are far more likely to be re-victimised later in their lives.

#### *Women in Gangs*

The Family Violence Death Review Committee, in its Fourth Annual Report, notes that women in gangs are at heightened risk of experiencing frequent and extreme violence from gang-affiliated partners. Almost half of the serious offences committed by gang members in New Zealand are family violence related.

Factors that increase vulnerability to family violence for women in gangs include:

- Social coercion (with this coercion being applied by an intimate partner and his associates)
- Fears of retaliatory violence and intimidation if they challenge the violence or leave the relationship
- Gangs are social environments where society's traditional assumptions about women's roles and justification for violence against women are compounded and exacerbated
- Histories of trauma (experienced child abuse, lived amidst violence and, frequently, deprived communities)
- Socialisation that violent behaviour is the norm

### *Māori*

Māori are significantly overrepresented as both victims and perpetrators of family violence in New Zealand.

When engaging with Māori using the framework, it is important that agencies and services:

- Are culturally competent (have a level of understanding of tikanga Māori, Māori culture, values, and beliefs appropriate to their role)
- Ensure provision of a Māori-friendly environment where possible (e.g. images, signage and having Māori staff)
- Recognise the diversity of Māori (in culture and experience)
- Do not assume that whānau should be involved without discussion with victims
- Collaborate with services that specialise in engaging with Māori

### *Pacific peoples*

When engaging with Pacific peoples using the framework, it is important that agencies and service:

- Are culturally competent (have an understanding of diverse Pacific cultures, values, and beliefs appropriate to their role)
- Ensure provision of a Pacific-friendly environment
- Recognise the diversity of Pacific peoples
- Ensure provisions are in place for communication where needed (e.g. interpreters - this should not be a family member)
- Don't assume that fanau should be involved without discussion with victims – bring into the open any issues about confidentiality and clarify the benefits and risks involved in informing other people or organisations
- Collaborate with services that specialise in engaging with Pacific peoples

### *Lesbian, gay, bisexual, transgender, and intersex people*

People who identify as LGBTI may be vulnerable to experiencing family violence, and reluctant to engage with family violence services for reasons that relate to broader societal issues of discrimination. These include:

- Concerns about confidentiality (i.e. being 'outed' by service providers) – understand the level of 'outness' they may have and the implications this has on safety and responses
- Myths/denying that violence experienced by LGBTI people is not family violence
- Assumptions that there are no services that cater for LGBTI victims of family violence
- Fears about how service providers treat LGTBI people (e.g. homophobia, transphobia)

When engaging with LGBTI people using the framework, it is important that agencies and service:

- Are respectful of pronouns and identities people choose to use
- Address concerns regarding discrimination, homophobia, biphobia, and/or transphobia
- Are aware of the reasons why people who identify as LGBTI may be reluctant to engage with risk assessment processes

### *Children and young people*

Children and young people are vulnerable to the impacts of family violence. Their experiences of the violence are different to those of their caregivers, by virtue of their stage of development and relationship to/dependence on the perpetrator and victim. Infants can be particularly vulnerable to harm. The safety of unborn children must also be considered.

The impacts for children and young people can be long-term and enduring.<sup>xxi</sup> Poor long term outcomes associated with exposure to family violence can include permanent damage to the development of the brain (especially for infants), anxiety, profound feelings of being unsafe, challenging and sometimes violent behaviours, depression, learning difficulties, and increased chance of being in violent relationships as adults (both as victims or perpetrators).

It is important that those engaging with children and young people:

- Are aware of their developmental stage and engage with them in an age-appropriate manner
- Understand the impact of cumulative harm and how it must be considered in the context of resilience and vulnerability
- Are aware of how trauma manifests itself in children/young people (e.g. chronic illness)
- Work collaboratively with professionals/service providers most involved in their lives (e.g. teachers, general practitioners)

### *Older people*

Violence towards older people often occurs within relationships of trust and dependence (perpetrated by family members or carers, for example), involving abuse and/or neglect. The barriers that render older people vulnerable to experiencing family violence, and impede access to family violence services, include:

- Dependence on the perpetrator (for personal care, mobility, income, transport) or the perpetrator being dependent on the victim
- Decline in social networks
- Reduced access to (economic) resources
- Frailty or physical dependency
- Limited housing options
- Reduced access to information
- Reduced lucidness and short term memory

When engaging with older people using the framework, it is important to ensure that agencies and service:

- Make sure provisions are in place for communication
- Explore what assistance is needed to access other support services (e.g. alternative accommodation)
- Make specific provisions regarding safety planning (addressing mobility or communication issues, for example)

### *Ethnic migrant communities*

People from ethnic migrant communities may face distinct social, cultural, and economic barriers that render them vulnerable to experiencing family violence, and impede access to family violence services. These include:

- Speaking no or limited English

- Having a lack of social networks (including both family and community)
- Living with family members co-perpetrating or colluding with family violence (e.g. in-laws)
- Being unaware of support services available
- Encountering systemic barriers to access (e.g. racism on part of service providers)
- Service providers lacking cultural competency
- Being unaware of rights/laws regarding family violence in New Zealand (e.g. fears that reporting family violence will have repercussions for residency)
- Lacking independent access to (economic) resources
- Holding cultural beliefs that preclude separation (e.g. honour/shame)

When engaging with people from ethnic migrant communities using the framework, it is important to ensure that agencies and service:

- Check that the person understands the purpose of risk assessment and the terms used throughout
- Ensure provisions are in place for communication (e.g. interpreters - this should not be a family member)
- Understand peoples' cultural contexts and how this informs reactions/responses during the process
- Discuss reasons for your concerns and emphasise that these do not arise from cultural misunderstandings
- Collaborate with services that specialise in engaging with ethnic migrant communities
- Be aware of the reasons why people from ethnic migrant communities may be reluctant to engage with risk assessment processes

### *People with disability*

Perpetrators of family violence often use a person's disability to increase their power and control over them. Additionally, when people with a disability have diminished autonomy (in family or institutional settings, for example), perpetrators are often perceived as having greater credibility. For these reasons, and those described below, people with a disability may be vulnerable to experiencing family violence, and encountering barriers that impede access to family violence services. These barriers include:

- Dependence on the perpetrator (for personal care, mobility, income, transport)
- Lack of independent access to (economic) resources
- Social isolation (which often stems from marginalisation of people with disability)
- Lack of access to appropriate communication/information supports
- Normalisation of 'controlling' experiences

When engaging with people with disabilities using the framework, it is important to ensure that agencies and services:

- Check whether the person identifies with having a disability
- Make sure provisions are in place for communication
- Explore what assistance is needed to access other support services (e.g. alternative accommodation)
- Make specific provisions regarding safety planning (addressing mobility or communication issues, for example)

### *People living in rural communities*

By virtue of the location in which they reside, people living in rural communities may face barriers that render them vulnerable to experiencing family violence, and impede access to family violence services. These barriers include:

- Geographic isolation (including isolation from support networks)
- Limited access to, or availability of, support services (particularly specialist services)
- Lack of transportation options
- Lack of alternative accommodation options
- Fears privacy/confidentiality may be breached (if there is a perception that 'everybody knows everybody' within the community)
- Fears of not being believed if the perpetrator is a prominent member of the community
- It may also be the case that weapons are more readily available or easier to access in rural communities, increasing victims' vulnerability.

When engaging with people living in rural communities using the framework, it is important to ensure that agencies and services:

- Ensure provisions are in place to address safety concerns (i.e. if people live a distance from neighbours and/or support services)
- Facilitate access to out-of-area services (e.g. emergency accommodation)
- Respond to peoples' concerns regarding confidentiality
- Address concerns regarding fears of not being believed

## Fact sheet 3: Indicators of family violence

Indicators of family violence are the signs and symptoms that raise concerns (or ‘red flags’) that a person may be experiencing or perpetrating family violence. The presence of indicators should prompt service providers to consider if screening is necessary.

### Possible indicators of family violence

Known indicators of family violence in adults and children are presented in the tables below. Their presence does not mean family violence is occurring. However, if multiple indicators are present and you suspect this could be because of family violence, screening should occur. This is especially so you see a pattern of escalation in the indicators.

Form	Potential indicators of family violence in adult victims	
<b>Physical</b>	<ul style="list-style-type: none"> <li>Bruising, burns, fractures, scars</li> <li>Signs of strangulation (red eyes, neck swelling or bruising, red spots)</li> <li>Chronic pain</li> <li>Headaches, migraines</li> <li>Pregnancy complications</li> <li>Multiple presentations for unrelated injuries</li> </ul>	<ul style="list-style-type: none"> <li>Gastrointestinal (stomach or bowel) disorders</li> <li>Gynaecological problems</li> <li>Delay between time of injury and presentation for treatment</li> </ul>
<b>Psychological</b>	<ul style="list-style-type: none"> <li>Anxiety</li> <li>Depression</li> <li>Self-harming behaviour</li> <li>Suicidal ideation or attempts</li> </ul>	<ul style="list-style-type: none"> <li>Eating disorders</li> <li>Sleep disorders</li> <li>Alcohol abuse</li> <li>Drug abuse</li> </ul>
<b>Emotional</b>	<ul style="list-style-type: none"> <li>Fear</li> <li>Anger</li> <li>Shame</li> </ul>	<ul style="list-style-type: none"> <li>Feelings of hopelessness and worthlessness</li> <li>Feeling dissociated</li> </ul>
<b>Social</b>	<ul style="list-style-type: none"> <li>Isolation</li> <li>Lack of support from friends or family</li> <li>Recently separated or divorced</li> </ul>	<ul style="list-style-type: none"> <li>Homelessness</li> <li>Unemployment</li> <li>Financial debt or has to ask partner for money</li> </ul>
<b>Demeanour</b>	<ul style="list-style-type: none"> <li>Appears hesitant, nervous, or evasive</li> <li>Unconvincing explanations of injuries</li> <li>Accompanied by partner who does most of the talking</li> <li>Appears anxious in presence of partner</li> </ul>	<ul style="list-style-type: none"> <li>Describes partner as controlling or prone to anger</li> <li>Reluctant to follow advice</li> <li>Unable or not allowed to make their own decisions</li> <li>May make excuses for partner’s controlling or abusive behaviour</li> </ul>

Age of Child	Potential indicators of family violence for children	
Unborn children	Premature birth Miscarriage Low birth weight Bruising or injuries to the abdomen area of the mother	Foetal injury Foetal death
Babies and toddlers	Frequent crying and signs of irritability and anxiety Underweight for age – malnourished Delayed mobility and/or failure to thrive Physical injury Feeding or sleep difficulties	Neglect Sexual abuse Very demanding or very passive Wary of new people and startle easily
Pre-schoolers	Eating and sleeping difficulties Concentration problems Inability to play constructively Clinginess Fearfulness Seeming unfazed by arguments and violence around them (applies to older children also)	Numbing Increased arousal Adjustment problems Developmental delay Physical complaints
School age/pre-adolescent	Defiant behaviour Rebelliousness Temper tantrums Cruelty to pets Physical abuse of others Bullying behaviour or being the victim of bullying behaviour	Overly compliant behaviour Withdrawal Loss of interest in social activities Self harm Poor school performance Truancy Avoidance of peers
Adolescents	Truancy and/or dropping out of school Academic failure Delinquency / offending Eating disorders Substance misuse Depression Self harming and/or suicide ideation Use of controlling behaviours Early pregnancy	Distrust of adults Anti authority attitudes and behaviour Running away from home Violent behaviours which may include sexual violence Bullying behaviour or being the victim of bullying behaviour Violence toward a parent

## Fact sheet 4: Risk factors

Research indicates that a number of factors are associated with greater likelihood and/or severity of family violence. These risk factors may interact in multiple and complex ways. However, whilst these risk factors may co-occur with family violence, it is important to note that no factor is causal. This means that the presence (or absence) of certain risk factors does not determine whether or not family violence will occur.

The following table illustrates known risk factors for family violence.

Most participants' needs and risk will change over time, and so assessment is best understood as a continuous process. Risk is not static and safety must be continually assessed.

Risk factors present for victims <sup>xxii</sup>	
<p><b>Is pregnant or has recently given birth*</b></p> <p>Pregnancy or recent birth often correlates with the commencement or an increase of family violence. Family violence during pregnancy is a significant indicator of future harm.</p>	<p><b>Misuses or abuses alcohol and/or other drugs</b></p> <p>Alcohol or other drugs may be used by victims to cope with the effects of family violence; this may make them more vulnerable to further family violence.</p>
<p><b>Has depression or a mental health issue</b></p> <p>Having depression or a mental illness may cause victims to be more vulnerable to family violence.</p>	<p><b>Is isolated</b></p> <p>Being isolated from family, friends and other social networks causes victims to be more vulnerable to family violence. This isolation may be caused by the perpetrator not allowing the victim to have social interaction.</p>
<p><b>Has ever verbalised or had suicidal ideas or attempted suicide</b></p> <p>Contemplating or attempting suicide point to the victim being extremely vulnerable.</p>	
Risk factors present for perpetrators	
<p><b>Used weapon in most recent event*</b></p> <p>Previous behaviour is a likely predictor of future behaviour therefore a perpetrator's recent use of a weapon indicates a high level of risk.</p>	<p><b>Has stalked or is stalking the victim*</b></p> <p>Having had an intimate relationship with the victim means a stalker is more likely to be violent. Stalking, when paired with physical assault, is strongly linked to attempted murder or murder. Stalking is a related behaviour to obsessive behaviour.</p>
<p><b>Has access to weapons*</b></p> <p>Having access to weapons, means</p>	<p><b>Has breached a protection order or police safety order</b></p>



perpetrators are much more likely to seriously harm or kill a victim than perpetrators without access to weapons.

Breaching an protection or police safety orders order points to a perpetrator not being willing to follow police/court orders and should be considered as a serious indicator of increased risk of future violence.

**Has ever harmed or threatened to harm victim\***

There is a strong link between psychological and emotional abuse, and continued abuse including physical abuse.

**Misuses or abuses alcohol and/or other drugs\***

Being under the influence of alcohol and other drugs can make perpetrators more dangerous.

**Has ever tried to choke the victim\***

Male perpetrators commonly use strangulation or choking to kill female victims.

**Is unemployed\***

Perpetrators who are unemployed are associated with an increased risk of committing lethal assault. A sudden change in employment status is also associated with increased risk.

**Has ever tried to kill the victim\***

If a perpetrator has already tried to kill a victim, there is a significant risk of further severe or lethal violence.

**Uses controlling behaviours\***

Perpetrators who demonstrate controlling behaviours such as, controlling access to money, determining when victims see friends or family or telling the victim how to dress are more likely to use various forms of violence against their partners.

**Has ever harmed or threatened to harm or kill children\***

There is correlation between violence against an intimate partner and increased risk of abuse of children in the family.

**Demonstrates obsession/jealous behaviour toward victim\***

This is often linked to controlling behaviours in perpetrators and has been associated with physical violence.

**Has ever threatened or tried to commit suicide\***

Threatening or attempting suicide is a risk factor for murder-suicide.

**Has depression or a mental health issue**

Perpetrators having depression or a mental health issue has been linked to family violence related murder-suicides.

**Has ever harmed or threatened to harm or kill pets or other animals\***

There is a link between family violence and animal abuse. Perpetrators can use harm or threats of harm against pets as a means of controlling victims.

**Has a history of violent behaviour (not limited to domestic violence)**

Having a history of violent behaviour means perpetrators are more likely to use violence against family members. Perpetrators with a history of violence tend to commit more frequent and more severe family violence

than perpetrators who do not have a violent history.

**Has ever harmed or threatened to harm or kill other family members**

Perpetrators can use harm or threats of harm against other family members as a means of controlling victims.

**Risk factors present in relationship**

**Recent separation\***

Recent separation, as well as the period immediately prior to taking action and the time of separation itself, is a high risk period for women experiencing family violence. Separation increases the risk of lethal assault.

**Financial difficulties**

Families having a low income or being under financial stress may be related to increased risk for victims of family violence.

**Escalation – increase in severity and/or frequency of violence\***

A perpetrator committing violence more frequently or with increasing severity is associated with a higher risk of lethality for a victim.

\* Factors that indicate an increased risk of being killed (lethality) or seriously harmed

*The Victim's Assessment*

Research has found that many victims are well/best-placed to assess their own level of risk. They are often familiar with the perpetrator's patterns of behaviour, and become attuned to changes in the nature and level of risk this presents as a result. In other words, victims often undertake informal 'risk assessments' to keep themselves as safe as possible. For this reason, it is important that their perspectives are included in any assessment of risk, and the subsequent actions taken to ensure their safety.

However, it is important to remain cognisant that there may be instances when victims are not in a position to make an accurate assessment (for example, when experiencing mental health issues or severe, ongoing coercive control), when they underestimate their level of risk, or are otherwise reluctant to engage with services. Regardless of whether or not a victim is in a position to make an assessment about their level of risk, any conclusions should be supported by professional judgement and evidence-based risk factors.

## End notes

---

<sup>i</sup> This is adapted from a evidence from a range sources, including the Family Violence Death Review Committee and international family violence risk assessment literature and frameworks.

<sup>ii</sup> Analysis of the statistics included in Family Violence Death Review Committee, 2014. *Fourth Report*. Wellington: Family Violence Death Review Committee.

<sup>iii</sup> New Zealand Family Violence Clearinghouse. (2007). Family Violence and Gender Fact sheet. Auckland: University of Auckland and analysis of the statistics included in Family Violence Death Review Committee, 2014. *Fourth Report*. Wellington: Family Violence Death Review Committee.

<sup>iv</sup> Family Violence Death Review Committee, 2016. *Fifth Report*:. Wellington: Family Violence Death Review Committee, page 26.

<sup>v</sup> Australian Institute of Criminology, 2015. *Domestic violence typologies: What value to practice?* Australian Government.

<sup>vi</sup> Family Violence Death Review Committee, 2014. *Fourth Report: January 2013 to December 2013*. Wellington: Family Violence Death Review Committee, chapter three.

<sup>vii</sup> Herbert, R. and Mackenzie, D. 2014. *The way forward - an Integrated System for Intimate Partner Violence and Child Abuse and Neglect in New Zealand*. Wellington, The Impact Collective, page 25.

<sup>viii</sup> Other forms of family relationships include:

- Close familial relationships including children (adopted and whāngai) brother and sister, including half or step. Parent/step parent, child/step-child. Grandparents and grandchild. Uncles and aunts.
- Wider familial/whānau relationships for example: step parents, cousins, in-laws, foster parents and foster children.
- any other person who is or has been related to the person by blood or by or through marriage, a civil union, or a de facto relationship, or by adoption; and any other person who is a member of the person's whanau or other culturally recognised family group (per section 2 (a) and (b) Domestic Violence Act 1995)

<sup>ix</sup> Family Violence Death Review Committee, 2016. *Fifth Report*. Wellington: Family Violence Death Review Committee.

<sup>x</sup> As a separate branch of government, Courts are not a provider of services as such, but they have a significant role to play in terms of making informed decisions based on information about risk, and in terms of taking action to manage risks.

<sup>xi</sup> 'Victim' includes any children exposed to family violence, not just those children that are victims of physical assault. Children's exposure to violence is harmful and is a form of family violence and child abuse.

<sup>xii</sup> New Zealand Family Violence Clearinghouse, 2015. Risk assessment: What is it and how can it be applied in family violence? Auckland, University of Auckland.

<sup>xiii</sup> NZ Standard for Risk Assessment and Management, page 32.

<sup>xiv</sup> Family Violence Death Review Committee, 2016. *Fifth Report*. Wellington: Family Violence Death Review Committee, 75.

<sup>xv</sup> Department for Child Protection and Family Support, 2015. *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework (2<sup>nd</sup> ed.)* Perth, Western Australia, Western Australia Government. 30

<sup>xvi</sup> Fanslow J L, Kelly P, Ministry of Health. 2016. *Family Violence Assessment and Intervention Guideline: Child abuse and intimate partner violence* (2nd ed). Wellington: Ministry of Health, 58.

---

<sup>xvii</sup> Department for Child Protection and Family Support, 2015. *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework (2<sup>nd</sup> ed.)* Perth, Western Australia, Western Australia Government. 38.

<sup>xviii</sup> Department for Child Protection and Family Support, 2015. *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework (2<sup>nd</sup> ed.)* Perth, Western Australia, Western Australia Government. 30

<sup>xix</sup> Adapted from the New Zealand Domestic Service Provider Violence Code of Practice. Second Release, 2015, Ministry of Justice, Wellington.

<sup>xx</sup> Adapted from Victoria, Australia Common Risk Assessment and Management Framework.

<sup>xxi</sup> The Treasury (2016), *Characteristics of Children at Greater Risk of Poor Outcomes as Adults*.

<sup>xxii</sup> Adapted from the New Zealand Domestic Service Provider Violence Code of Practice. Second Release, 2015, Ministry of Justice, Wellington.