SAFE+EQUAL

Standing strong against family violence

SUBMISSION TO THE MARAM 5-YEAR EVIDENCE REVIEW

23 June 2023

ACKNOWLEDGEMENT OF TRADITIONAL OWNERS

Acknowledgement of Aboriginal and Torres Strait Islander peoples

Safe and Equal acknowledges Aboriginal and Torres Strait Islander peoples as the traditional and ongoing custodians of the lands on which we live and work. We pay respects to Elders past and present. We acknowledge that sovereignty has never been ceded and recognise First Nations peoples' rights to self-determination and continuing connections to land, waters, community and culture.

RECOGNITION OF VICTIM SURVIVORS

Safe and Equal recognises the strength and resilience of adults, children and young people who have experienced family violence and recognise that it is essential that responses to family violence are informed by their expert knowledge and advocacy. We pay respects to those who did not survive and acknowledge friends and family members who have lost loved ones to this preventable and far-reaching issue.

ABOUT SAFE AND EQUAL

Safe and Equal is the peak body for specialist family violence services that provide support to victim survivors in Victoria. The interests of people experiencing, recovering from, or at risk of, family violence is at the heart of everything we do. Our vision is a world beyond family and gender-based violence, where women, children and people from marginalised communities are safe, thriving, and respected. We recognise the gendered nature of violence in our society, and the multiple intersecting forms of power and oppression which can compound the impacts of violence and limit people's access to services, support, and safety. We work closely and collaboratively with other organisations and support the leadership of victim survivors to amplify their voices and create change.

We provide specialist expertise across primary prevention, early intervention, response and recovery approaches and the inter-connections between them. Our work is focused on developing and advancing specialist practice for responding to victim survivors, building the capability of specialist family violence services and allied workforces, organisations and sectors that come into contact with victim-survivors; building the capabilities of workforces focused on primary prevention; and leading and contributing to the translation of evidence and research, practice expertise, and lived experience into safe and effective policy, system design and law reform.

We develop family violence practice and support workforces to ensure that victim survivors are safe, their rights are upheld, and their needs are met. The prevalence and impact of family and gender-based violence will be reduced because we are building a strong and effective workforce responding to victim survivors that can meet the needs of the community we serve, while also having a growing and impactful workforce working to prevent violence.

We work to strengthen and connect organisations, sectors, and systems to achieve safe and just outcomes for victim survivors irrespective of entry point, jurisdiction and individual circumstances. Joining efforts across prevention, response, and recovery we work to ensure the family violence system is informed and supported by a well-resourced and sustainable specialist sector. Our contributions to primary prevention workforces, initiatives and alliances contribute to social change for a safer and more respectful community.

We are building momentum for social change that drives meaningful action across institutions, settings, and systems for a safer and more equal society. Our workforce and practice development efforts are coupled with a partnership approach that builds community awareness and commitment to change. Our expertise and efforts enable citizens across the community to recognise and respond to family and gendered violence, hold perpetrators to account and support the ongoing recovery and empowerment of victim survivors.

We are a strong peak organisation providing sustainable and influential leadership to achieve our vision. The work we do and the way we work are integrated and align with our values. This is achieved through inclusive culture, and a safe and accessible workplace supported by robust systems and processes.

CONTENTS

INTRODUCTION

Safe and Equal welcomes the opportunity to provide a submission to the Multi-Agency Risk Assessment and Risk Management Framework's 5-year review. This review is an important opportunity to provide feedback on a key systems framework, to ensure victim survivors receive a best practice response wherever they seek support.

In preparing this submission we have widely consulted with our member specialist family violence services. We undertook seventeen one on one consultations with specialist family violence service workers across metropolitan, regional, two Aboriginal Community Controlled Organisations and one targeted service.[1] Safe and Equal also thank Victorian Alcohol and Drug Association Inc. (VAADA) for providing their expertise. In addition to these consultations, Safe and Equal have been involved in MARAM policy, advocacy, and capacity building work since its inception, and therefore hold relevant historic and current knowledge. We have subsequently also synthesised existing feedback received since the publication of MARAM via numerous channels, including our work in the Sector Capacity Building Grants, Communities of Practice, Network Meetings, and one on one member engagement.

---

[1] Specialist family violence targeted services provide support to victim survivors from specific communities. This may include but is not limited to multicultural communities, religious communities, LGBTIQ communities, and older people.

SUMMARY OF RECOMMENDATIONS

Recommendation: Move commonly utilised tables and appendices to easily locatable areas of the practice guides.

Recommendation: Within the practice guides, remove areas of repetition and areas that do not articulate practical application.

Recommendation: All redeveloped practice guidance be modelled on existing areas that services have noted articulate applying knowledge to practice, and limit text heavy explanations.

Recommendation: Create short, sharp practitioner focused summary guides for the practice guides, and maintain longer guides for reference as required.

Recommendation: Consider risk assessment formats that include key areas of practice guidance within the tool itself, where feasible and not compounding issues with tool length.

Recommendation: Practice guidance to be redeveloped to incorporate intersectionality across risk assessment and risk management. While Safe and Equal have provided key areas of feedback, all redeveloped guidance should be in collaboration with these communities.

Recommendation: The language of 'additional considerations' be removed and replaced, with consultation on new language to occur with the relevant communities.

Recommendation: Consider an amended risk assessment format with an opening narrative text box and questions grouped by theme.

Recommendation: Ensure interplay between the current victim survivor practice guidance and upcoming MARAM children and young person practice guidance is clear and accessible.

Recommendation: The current victim survivor practice guidance better articulate having conversations with adult victim survivors about children and young people, underpinned by the principle that non-violent parents are acting protectively.

Recommendation: Questions for each evidence based risk factors and their associated guidance be reviewed and updated with consideration to Safe and Equal's feedback.

Recommendations: Further clarification on roles and responsibilities across prescribed workforces.

Recommendation: The language within the practice guides be reviewed and updated to ensure they meet reform intent, and with appropriate consultation as required.

Recommendation: Reword assessment questions to reduce likelihood they will be read in a check-box manner.

Recommendation: Redevelop practice guidance to forefront conversational approaches and make clear that assessment over several engagements is appropriate.

Recommendation: The Risk Assessment Tool include brief detail defining recency. In addition, or alternatively, practice guidance include clear and accessible information about how to assess for recency specific to each evidence based risk factor.

Recommendation: Practice guidance be redeveloped to start with and build on what the victim survivor is already doing.

Recommendation: The questions within the existing Safety Planning Tool be moved to practice guidance, as optional conversational prompts.

Recommendation: The practice guidance reflect safety planning across all forms of contact.

Recommendation: The practice guidance reconsider wording relating to Police engagement, opting for guidance that explores the reasons victim survivors may not wish to engage and alternative solutions.

Recommendation: Safety Planning Tools be redeveloped to more user-friendly formats, including accessible options.

CONTEXTUALISING THE MARAM 5-YEAR REVIEW

- Safe and Equal understands that this review is limited to the content of the MARAM Framework, and Victim Survivor Practice Guidance with associated tools and appendices. Issues pertaining to resourcing, implementation and the broader reform context are subsequently out of scope. However, MARAM does need to be understood within its context.

- There are some key areas to note that impact whether the framework meets best practice and that limit its ability to do so.

Implementation

- It is important to recognise that we do not yet have MARAM in its entirety. The Adults Using Family Violence Practice Guidance is recently released and in the early stages of implementation. The additional MARAM Children and Young Person Practice Guidance is in development. MARAM is also a maturity model, with implementation ongoing. There are therefore some challenges in assessing whether the current framework and practice guides meet best practice family violence risk assessment and risk management, and to achieve perpetrator accountability.

- While the framework and guidance are critical, meeting best practice extends beyond them. The framework and guidance also need to be interpreted and imparted on practitioners through training, other learning tools, policies, and procedures. Accessibility of the framework and guides has hindered some of this interpretation into practice. Feedback also included that training needs to be more focused on practical application and extend beyond risk assessment, and that this requires resourcing.

Resourcing

- An area where the practice guidance is unable to be fully realised due to resourcing is the requirement for secondary consultation with targeted services and Aboriginal Community Controlled Organisations.[2]

- These services want to ensure members of their communities receive safe and appropriate services but are often already under resourced. The requirement to

---

[2] There are several areas of the practice guides that require or suggest secondary consultation with targeted services or ACCOs. Listed here are examples and not an exhaustive list: Family Safety Victoria, *MARAM Victim Survivor Practice Guides*, Melbourne, State of Victoria, 2021, Foundation Knowledge Guide p. 52, p. 61, p. 79; Responsibility 1 p. 138; Responsibility 3 p. 187, p. 250, p. 266; Responsibility 5 p. 312, p. 314, p. 316.

receive requests for secondary consultation without requisite resourcing places additional pressure on resourcing, while also undermining the aim of embedding intersectionality in family violence practice. For MARAM to be effective here, it is crucial that these services are adequately resourced.

- Under resourcing and associated waiting times were also noted to impact effective collaborative practice. Services noted it was hard to measure MARAMs impact on improving collaborative practice in this context.

Broader reform context

- Multiple services noted issues with how MARAM interacts with other pieces of legislation and key frameworks. While legislation prescribes sectors to align to MARAM, there hasn't been adequate thought for how other sector's guiding policies and frameworks need to be brought into alignment with MARAM. Reconciling conflicting practice frameworks should not be left to individual agencies to do but should be systematised. Child Protection's inclusion of MARAM risk assessment questions within their SAFER model was noted by multiple agencies as an example.

- Ensuring that new policies and legislation are tested against MARAM was suggested as a solution.

KEY THEMES APPLICABLE TO ALL AREAS

Accessibility

- The MARAM framework, practice guidance and tools were all frequently noted to be inaccessible due to length and density. Services reflected that as a result the practice guidance is underutilized, and the framework is reduced to its associated tools.

- Practitioners overwhelmingly noted that the length and density of the MARAM Practice Guides is a significant barrier and there are major difficulties in locating the relevant information. This is a particular challenge for non-specialist family violence sectors, which contributes to a lack of shared understanding and practice inconsistencies.

- Services fed back that the areas of the guidance were not always clear, and they could better illustrate the 'doing' component of the work. In contrast, areas that received a lot of praise articulated this 'doing' extremely well when practitioners were able to locate them. These include:

Responsibility 3: Appendix 8: Intermediate Risk Assessment and Practice Guidance for Adult and Child Victim Survivors
Services consistently mentioned this appendix as useful and well utilised when practitioners were aware of it.

Responsibility 2: Appendix 1: Observable Signs of Trauma That May Indicate Signs of Family Violence
Practitioners noted this is a useful tool, especially the section for children.

Responsibility 3: Intermediate Risk Assessment – Table 3.7.2 "Risk levels or 'seriousness'"
This was noted as particularly useful for newer practitioners in supporting an accurate assessment of risk level. While feedback was positive, suggestions for improvement included expanding on the guidance relating to recency and frequency, as well as including some of this guidance in the Risk Assessment Tool itself.

- Critically, while this submission outlines a number of missing areas within the guidance and tools, expanding on them will only compound the issue of density and length. We suggest that guidance be redeveloped to reduce repetition and remove text heavy areas. We suggest that redeveloped guidance consider formats that prioritise practice application with the above noted sections serving as useful examples.

- People noted the practice guidance in full contains useful and rich information, especially for roles that undertake practice leadership and capacity building. However, this was not suitable for practitioners. Multiple services suggested that short, sharp summaries focused on practice application be included for each MARAM responsibility. The remaining guides could continue to be longer, for reference as required and for roles who benefit from this depth of information.

Recommendation: Move commonly utilised tables and appendices to easily locatable areas of the practice guides.

Recommendation: Within the practice guides, remove areas of repetition and areas that do not articulate practical application.

Recommendation: All redeveloped practice guidance be modelled on existing areas that services have noted articulate applying knowledge to practice, and limit text heavy explanations.

Recommendation: Create short, sharp practitioner focused summary guides for the practice guides, and maintain longer guides for reference as required.

- The length and flow of the adult comprehensive risk assessment received significant feedback as needing attention. The tool was commonly described as 'clunky' and lengthy and did not intuitively support a conversational style of risk assessment. The questions are not well sequenced, have dense language and at times can be repetitive.

- As a result, the tool itself does not support a best practice conversational approach to family violence risk assessment. This was a challenge for all practitioners, but feedback consistently demonstrated this presented a particular challenge for newer workers. They felt more reliant on the questions as they were worded, and development of a conversational style was dependent on the individual worker.

- Services noted the tool was not easy to use in assessing risk when victim survivors are experiencing high degrees of distress and trauma. Undertaking multiple risk assessments, such as where there are large families or where there are multiple perpetrators, also compounds this challenge. Services also felt the current Risk Assessment Tool is an inadequate assessment of coercive control, and that it is difficult to clearly see a pattern of controlling behaviour over time.

- Several services suggested models such as grouping questions into a 'main' question with subset questions flowing on from this. Examples included questions pertaining to physical assault and weapons. This may reduce the 'tick box' approach that services felt the tool encouraged, and better support a best practice conversational approach. We note that there may be some difficulty in doing this, whereby questions relate to recency and imminency. Consideration to maintaining the integrity of recency, imminency, and each risk factor while allowing a more user-friendly tool will be required.

- Many services also felt an 'intelligent' form that incorporated key areas of practice guidance into the assessment itself in the form of 'pop up' boxes would greatly assist. Key areas included further information on evidence-based risk factors, supporting intersectionality throughout the whole of the assessment, and the 'seriousness of risk' table. For example, if a person has a disability the assessment form could have a series of prompts in a pop-up box about areas to explore such as controlling access to medication or support.

- Services also suggested that more space for narrative descriptions of the relationship history and overall pattern of coercive control would assist.

Recommendation: consider risk assessment formats that include key areas of practice guidance within the tool itself, where feasible and not compounding issues with tool length.

Recommendation: consider an amended risk assessment format with an opening narrative text box and questions grouped by theme.

Intersectional Lens

- Services note that intersectionality is not weaved throughout the entirety of the risk assessment and risk management process. Work is needed to ensure that intersectionality is not an 'addendum' but embedded throughout the entirety of the work.

- Structured professional judgement requires that we employ an intersectional analysis in family violence risk assessment. Services felt this was an improvement from the previous Common Risk Assessment Framework (CRAF). However, the framing of intersectionality as 'additional considerations' reduces it to individual identities which are siloed from each other, and the lens of structural oppression is lost.

- Practice guidance needs to better reflect how this structural oppression relates to and impacts family violence risk, in particular how perpetrators may weaponise this and how systems can replicate this oppression. Reframing of 'additional considerations' and 'diverse communities' to marginalised communities would also pivot to a focus on how the active process of structural oppression impacts family violence risk. This weaponisation is also key to understanding misidentification.

- The structure of the risk assessment was noted to compound this. Services noted that we ask victim survivors whether they belong to marginalised communities at the commencement of an assessment, but the additional considerations are an addendum on the end of standard questions. They are also not sufficiently linked to the safety planning process. The 'additional considerations' sections within the adult comprehensive tool were noted to be useful prompts to explore but not sufficient. However, the structure does not encourage the lens to be applied throughout the whole risk assessment and risk management process.

- While the Safety Planning Tool provides a prescriptive set of questions, there are also areas that are not well covered. This means that intersectionality is not embedded into the existing tool. Expanding the tool is likely to compound the aforementioned

issues regarding recognising victim survivors as experts in their own experience. We suggest that an expansion on practice guidance in a format that is user friendly to practitioners is a better approach.

Cultural Safety

In providing feedback on cultural safety Safe and Equal notes that we consulted with a small number of members within culturally specific services, and it is not appropriate for us to speak on their behalf. We strongly encourage that any practice guidance developed about marginalised communities be developed with communities and the organisations that work with them. Resourcing should be available to them to do so.

- We also note that while mainstream services should be able to respond in a culturally safe manner, not all work is suitable to be undertaken by mainstream services. Some questions and areas of exploration must be undertaken by a culturally specific service. This is particularly important for working with Aboriginal and Torres Strait Islander people. This needs to be clearly articulated within practice guidance.

- The framework and practice guidance were noted to not be culturally appropriate for Aboriginal and Torres Strait Islander communities and Culturally and Linguistically Diverse Communities, especially relating to language and individualistic approaches. For example, the wording of the risk assessment questions is not always culturally sensitive or accessible for people of non-English speaking backgrounds.

- Mainstream services noted that questions about culture were not framed in a way that explored what this meant for individual people, that most of the guidance is generic, and that there is not sufficient guidance on how to approach safety planning. Examples included that extended family are not included as caregivers, and there is no guidance on including additional family members in decision making.

- As people have a right to access culturally safe services where they choose, and given the broad range of services prescribed to MARAM, the framework and practice guidance should embed throughout a deep cultural understanding rather than this being limited to culturally specific services or an addendum to comprehensive risk assessment.

- Practice guidance should be enhanced to provide for an intersectional approach to risk assessment questions. For example, conversational prompts and different ways of framing questions would assist practitioners to ask questions in more suitable

ways.

- For Culturally and Linguistically Diverse victim survivors there are specific areas of practice that are not sufficiently covered. Notably, the Safety Planning Tool is focused on where to go, and not inclusive of what support a victim survivor may need. As an example, people need to be clearly informed that they have a right to request an interpreter, but this is not always provided even when requested.

Disability

- The practice guidance, risk assessment and safety planning tools do not account for the specific ways victim survivors with disability experience family violence, or account for access requirements in seeking safety and support.

Identification of a person with disabilities:

- It would be useful to have guidance for questions practitioners can ask to gauge whether a victim survivor has a disability and what their support needs may be. Notably, it would be important to recognise that 'non-engagement' of victim survivors may indicate they have a disability and require a different process to engage to reduce barriers to service access.

Approaches to risk assessment:

- For some victim survivors with a disability, the work cannot be time driven. Guidance needs to be clear that risk assessment can be built over several engagements, and information sharing can be used to reduce burden on the victim survivor. Some questions are also lengthy and may need to be broken down. Broken down conversational prompts within existing risk assessment guidance would assist.

- The additional considerations questions and disability specific family violence more broadly are also not sufficiently linked to evidence-based risk factors with the tool. The evidence base needs to be expanded upon to include seriousness of risk associated with this. For example, how over or under medication impacts seriousness of risk, or how removal of aids and equipment might reduce safety.

Approaches to safety planning:

- Asking questions in an open manner that explores what is and is not possible for the victim survivor were noted as helpful so that victim survivors are able to enact the solutions put into the safety plan. An example included that if the person has had their home modified it may not be appropriate to move.

- Specific areas that need to be considered in safety planning include solutions when the perpetrator is a carer, when access to equipment and medication is a consideration, and where a victim survivor requires access to support workers.

- The safety planning process needs to be accessible. There are existing resources available that the practice guides could link to. Examples provided included *Speak Up and Be Safe* which provides communications boards, and *How to Feel Safe at Home* which provides an Easy English guide to safety planning.

National Disability Insurance Scheme (NDIS)

- Questions relating to the inherent family violence risks within the NDIS were noted as lacking. Key areas of inclusion are whether the perpetrator is a plan nominee or correspondence nominee, are they applying to be, and are they interfering with access to services.

- Questions relating to the NDIS should be focused on family violence risk and safety, exploring the level of detail required to understand the family violence risk without overwhelming practitioners with a complex system. The focus should be on ascertaining how is the NDIS plan being used to exert control over the victim survivor, and what do practitioners need to do to safely mitigate this.

- Despite NDIS plans being a substantial perpetrator tactic of control, these aspects, their impacts, and management of these particular risks are not mentioned. NDIS plan abuse is not covered, for example abuse of NDIS funds and interference with NDIS plans and support.

Acquired Brain Injury (ABIs):

- Services felt that the specialist family violence sector has a strong role to play in identifying and responding to Acquired Brain Injury, given the high prevalence of this as a result of family violence.

- Within the Foundation Knowledge Guides, the section, 'Acquired brain injury as a result of family violence' provides text heavy information on the prevalence of ABIs but no practical application of screening and response.[3] Within Responsibility 7 the section, 'Assessing for traumatic or acquired brain injury as a result of family violence' provides brief but text heavy information with one suggested response of a neuropsychological assessment.[4]

---

[3] FSV, *MARAM Victim Survivor Practice Guides*, 2021, Foundation Knowledge Guides p. 92.

[4] FSV, *MARAM Victim Survivor Practice Guides*, 2021, Responsibility 7 p. 357.

- Comprehensive responsibilities should include a consolidated and less text heavy format with key information on recognising and responding to ABIs.

Rural and regional

- Safety planning within MARAM does not consider rural and regional issues such as taxi availability, neighbours close by or availability of Police. Rural and regional services tap into the local knowledge of practitioners when safety planning for these specific considerations, rather than relying on practice guidance.

Recommendation: Practice guidance to be redeveloped to incorporate intersectionality across risk assessment and risk management. While Safe and Equal have provided key areas of feedback, all redeveloped guidance should be in collaboration with these communities.

Recommendation: The language of 'additional considerations' be removed and replaced, with consultation on new language to occur with the relevant communities.

Working with children and young people

- In providing this feedback, we note that upcoming guidance may resolve some of these issues. As a result, we are outlining key areas of feedback to consider either for the current guidance or for the children and young person-specific guidance in development.

- We also ask that there be careful consideration to how the current victim survivor practice guidance interplay with the upcoming guidance. Given the aforementioned issues with accessibility, articulating when either guide should be used and how they interact will be key to practitioners being able to use them effectively.

- The current practice guidance does not sufficiently reflect working with children in a manner that considers age and stage. For example, while the guide mentions making decisions based on what is, 'safe, appropriate and reasonable', it does not articulate how to do this in practice. Age and stage should also consider children with disabilities. For example, a child victim survivor with a disability who is turning eighteen will have the legal rights of an adult. A perpetrator's loss of power and control as a result may impact family violence risk.

- Services also did not feel equipped by the guidance to have a range of conversations with adult victim survivors about child victim survivors. This included sensitive questions during risk assessment. These questions can be distressing, and if asked inappropriately can create feelings of shame for non-violent parents. Practice

guidance could better articulate approaching these questions in a sensitive and strengths-based manner, which is based on the assumption that non-violent parents are already acting protectively.

- The Safe and Together model was exemplified by multiple services as better supporting practice with children and families, including perpetrator accountability when you don't work directly with the perpetrator.5

- Services did not feel equipped by the guidance to talk about safety planning with children, or support victim survivors to do so. Services specifically requested practical guidance about having conversations, that consider age and stage and what is safe, reasonable, and appropriate.

- Family Law Court was noted to be a barrier in effective safety planning with children. Parenting orders often contradict safety planning. Important family violence risk management and safety planning strategies can also be seen as 'bad mouthing' the parent who is a perpetrator, resulting in poorer legal outcomes for victim survivors. These systems and culture issues cannot be changed with practice guidance. However, guidance could better articulate effective ways to navigate this such as safety planning for ongoing contact due to parenting orders.

- Services did not feel supported to undertake risk assessment and risk management with victim survivors where an adolescent was using violence. They were particularly unclear about whether and how the included appendices were relevant in these circumstances.

- The Child Risk Assessment Tool assessed the children's exposure to family violence instead of their experience of the violence, and services did not feel it was an adequate assessment of lethality. The wording, 'present or exposed' was noted to be inappropriate, as where there are children in a family, they are absolutely exposed to family violence. The language of 'present or exposed' also supports a problematic incident-based understanding of family violence that a child might 'witness'. Services noted there is a lack of assessment about children's experiences of coercive control.

Recommendation: Ensure interplay between the current victim survivor practice guidance and upcoming MARAM children and young person practice guidance is clear and accessible.

Recommendation: The current victim survivor practice guidance better articulate

---

5 For more information about the Safe and Together model see https://safeandtogetherinstitute.com/.

having conversations with adult victim survivors about children and young people, underpinned by the principle that non-violent parents are acting protectively.

Family violence across relationship types

- There is concern that the practice guides remain focused on heterosexual intimate partner violence, and do not appropriately address other relationship types, such as elder abuse, sibling violence, community violence or parent–child violence.

- Most services reported that the Adult Comprehensive Risk Assessment Tool also remains very focused on heterosexual intimate partner relationships. Services do not feel equipped to adequately assess risk across all relationship types including but not limited to LGBTIQ relationships, elder abuse, and community violence. In particular, services noted it was not always clear how risk factors applied across relationship types or which questions are most relevant. Instances where there are multiple perpetrators including perpetration of violence by extended families is also not easily assessed.

- Training and capacity building is required to truly embed the knowledge and skills required to respond to family violence across all relationship types. We also note that some of these areas are unfortunately under–researched. However, at a minimum, MARAM practice guidance should incorporate new and emerging evidence on how risk factors apply across relationship types to support better risk assessment and management.

Evidence based risk factors

Overall, the evidence–based risk factors are thorough and contribute to a good assessment of risk. There are questions that need to be either reviewed or added, and associated practice guidance enhanced to support appropriate exploration.

Substance use coercion

- Ability to assess for substance use coercion was noted as completely lacking. During the redevelopment from CRAF to MARAM we noted victim survivor substance use was excluded due to a lack of international evidence, as well as concerns for the consequences to victim survivors in including these in formal risk assessments.[6] In our 2018 feedback on the framework redevelopment we noted the exclusion of this

---

[6] Domestic Violence Victoria, No To Violence, Domestic Violence Resource Centre Victoria, Djirra, inTouch Multicultural Centre against Family Violence, Women with Disabilities Victoria, *Submission to Family Safety Victoria: Family Violence Information Sharing and Risk Assessment and Risk Management Framework*, Melbourne, Domestic Violence Victoria, 2018, https://safeandequal.org.au/wp-content/uploads/DV-Vic-Joint-Submission-FVIS-MARAM-Framework-2018.pdf, p. 28.

as a risk indicator left a gap in the ability to explore how a perpetrators' pattern of power and control impacts this.[7]

- Substance use coercion is a substantial issue that can hold serious risk, and victim survivors deserve a safe, non-judgemental response that explores how this impacts their experience of family violence risk and access to safety. Any framing of substance use coercion should focus on perpetrator behaviour, and not be seen through the lens of victim survivor circumstance.

- There is also a need to understand the various reasons outside of family violence that a person uses substances, a level of understanding of harm minimisation and best practice approaches to working with people using substances. This will both enhance risk assessment as well as reduce service barriers with safe and sensitive engagement.

- Practice guidance will need to carefully incorporate both family violence and AOD knowledge. We suggest a review of existing evidence and consultation of lived experience regarding substance use coercion should occur, with a view to include within practice guidance, risk assessment and risk management tools.

Sexual assault risk factor
- There remains some discomfort within specialist family violence services in asking about sexual violence. Practitioners with experience in this fed back that disclosure often happened in conversations between more formalised risk assessments. Victim survivors may be reluctant to disclose in initial engagements, or not recognise that what happened constitutes sexual violence.

- The 'practice considerations' within *Responsibility 3 Appendix 8* detail how to prepare a victim survivor for this conversation as well as how to respond sensitively after disclosure.[8] The guidance is therefore geared toward asking the question in a direct and once off fashion, which is not reflective of member services experiences of sexual assault disclosure.

- Practitioners found that defining what sexual assault is, including what it looks like in a family violence situation was important to opening up a conversation about a victim survivor's experience of this.

- Practitioners found that conversations framed around choice and consent were helpful. Good areas of exploration included asking whether there are times a victim

---

[7] DV Vic et al., 2018, p. 28.

[8] FSV, *MARAM Victim Survivor Practice Guides*, 2021, Responsibility 3 Appendix 8 pp. 256-257.

survivor felt they could not say no to sex, what would have happened if they had said no, and what choice they had in having children (if applicable). *Responsibility 3 Appendix 8* could create additional conversation prompts based on these areas, with accompanying practical explanatory guidance.

- People with disabilities are more likely to experience all forms of violence including sexual assault. Where a person has a disability, this may impact how they understand and talk about sexual assault, guidance should include practical information about how to explore this question. Positively, there is some existing guidance in *Responsibility 3 Appendix 8* which details how a person receiving personal care may be targeted by the perpetrator for sexual abuse.[9]

- Guidance needs to extend to support practitioners in how to identify this is occurring. The victim survivor may have communication needs, or the abuse may be normalised. There are existing resources that can assist practitioners to explore this with a victim survivor, such as work on body autonomy, and Easy English resources about sexual assault and family violence.[10]

- While sexual assault within family violence is most likely to occur by an intimate partner, the question should still be asked in all scenarios. This is particularly relevant for people with disabilities. The Foundation Knowledge Guide also outlines the link between family violence and child sexual abuse, but practice guidance is missing from *Responsibility 3 Appendix 8* and from *Responsibility 7*.[11] Services reported additional challenges to approaching this risk factor outside of intimate partner relationships, and as a result it was not always adequately explored in all circumstances. Amendments to *Responsibility 3 Appendix 8* including additional example conversation prompts will assist in ensuring this risk factor is addressed.

Strangulation risk factor
- The specialist family violence sector has a strong understanding of how strangulation impacts family violence risk. However, we consistently received feedback that the health risks associated with strangulation remain poorly understood and responded to.

- Some of this requires appropriate training and resourcing outside of the MARAM framework and practice guides. However, the practice guides could better articulate the health risks and how practitioners need to respond. This includes responding to

---

[9] FSV, *MARAM Victim Survivor Practice Guides*, 2021, Responsibility 3 Appendix 8 pp. 256-257.

[10] As an example, SECASA's Making Rights Reality Program created a serious of Easy English Resources about sexual assault, including sexual assault and family violence. See resources here https://www.secasa.org.au/programs-and-services/making-rights-reality/.

[11] FSV, *MARAM Victim Survivor Practice Guides*, Foundation Knowledge Guide, p. 34.

recent incidents, as well as responding to long term health implications such as the likelihood of Acquired Brain Injury (ABI).

- Existing guidance within *Responsibility 3 Appendix 8* has some limited prompts, which would benefit from expanding. Practitioners with experience in this area noted that practice guidance could include questions that better unpack the severity such as whether the perpetrator cut off access to air, whether the victim survivor lost consciousness and for how long, and whether the victim survivor experienced incontinence as a result of strangulation. We note that there is existing and ongoing work on non–fatal strangulation that can be drawn upon. New South Wales Health have completed work including information cards that can be provided to victim survivors.[12] Insight Exchange have developed a 60- minute learning module.[13]

- Services also noted that the question may need to be asked in different ways. Existing guidance within *Responsibility 3 Appendix 8* already outlines the prompt, *"Have they ever applied pressure to your throat or neck?"*. Further prompts could be included such as whether they used a tool to do so, and whether they restricted breathing.

Weapons risk factors
- For the question 'access to weapons' services noted that most households contained weapons and in particular kitchen knives. It was acknowledged that it is useful to understand if there were specific weapons, such as machetes or guns, however clarity on what weapons should be covered in this risk factor is required. Existing practice guidance leaves a grey area here.

- For the question, 'threatened or used a weapon against you?': as practice guidance notes any object can be used as a weapon. Subsequently, services reported that unpacking what the perpetrator has used as a weapon would be more helpful than a question which implied the object was a weapon.

'Has a crime been committed' risk factor
- A person with a cognitive impairment or mental illness has a right to an Independent Third Person (ITP) when making a statement, among other Police processes. When exploring options for reporting with a victim survivor with cognitive impairment or mental illness, practitioners should provide this information and advocate for this

---

[12] Western New South Wales Local Health District PARVAN Team, *Seeking Help Could Save Your Life,* New South Wales Government, 2019, https://aci.health.nsw.gov.au/__data/assets/pdf_file/0004/580198/SOS-card-final-Non-Fatal-Strangulation.pdf.

[13] Insight Exchange's 60-minute module on non-fatal strangulation can be viewed here https://www.insightexchange.net/strangulation/.

service if required. Currently, such guidance is lacking.

- We suggest that underneath the question in the risk assessment an italicised sentence be included asking if the person needs an Independent Third Person to report the crime/make a statement. Associated brief and clear practice guidance separate to this should be developed to support practitioners to understand this option.

Misidentification as a risk factor

- Services are acutely aware of the deep and long-lasting impacts of misidentification on the lives of victim survivors. While early work has commenced, there remains substantial work to do on both preventing and rectifying this. Consideration may also need to be given as to whether misidentification might be a risk factor.

- A Queensland review demonstrated that 44.4% of women murdered due to family violence had at some point been misidentified as the perpetrator. For Aboriginal and Torres Strait Islander women, almost all had been misidentified[14]. This review demonstrates the link between lethality and misidentification, as well as how critical intersectionality is to this.

Tech abuse

- Tech abuse is not well captured within the risk assessment, with questions relating to technology only found in the Safety Planning Tool.

- Some questions will undoubtedly fit within questions pertaining to other risk factors, notably controlling behaviours. However, tech abuse is a substantial and ever-changing area that is not well accounted for in the current Tool.

- Practice guidance would benefit from core principles of tech safety planning. There are inherent challenges to narrowing down guidance in an ever-changing area. Guidance should focus on how the specific risk identified within risk assessment might be mitigated, whether it is safe to do so, and where to gain further information. Tech safety planning must also cover how children's devices are often targeted for tech facilitated abuse.

Risk to pets

- Current guidance within Responsibility 3 Appendix 8 on assessing harm or threats to harm to pets and animals is limited. The guidance is useful, but conversation

---

[14] Domestic and Family Violence Death Review and Advisory Board, *2016–17 Annual Report*, Brisbane, Queensland Government, 2017, https://www.courts.qld.gov.au/__data/assets/pdf_file/0003/541947/domestic-and-family-violence-death-review-and-advisory-board-annual-report-2016-17.pdf, p. 82.

prompts would support exploration of the full range of behaviours towards pets and animals.

Impending family Court hearings

- There is currently nowhere within the risk assessment to record upcoming Court matters outside of Family Law Court. Guidance on this risk factor indicates how the perpetrator may feel a loss of control, which can escalate risk. The same may apply for other Court hearings. An example provided included victim survivors with an upcoming hearing to change a guardianship.

- The assessment Tool could include a broader risk factor that encompasses a number of hearings, or provide an additional risk factor if there is strong evidence that Family Court hearings should be considered separately. *Responsibility 3 Appendix 8* could be updated to cover common Court hearings and practice considerations for each.

Financial abuse

- Financial abuse can occur via an NDIS plan. A perpetrator may fraudulently use NDIS funds for their own benefit. Responsibility 3 Appendix 8 should be expanded to include financial abuse of an NDIS plan, including key examples of this.

Recommendation: Questions for each Evidence Based Risk Factors and their associated guidance be reviewed and updated with consideration to Safe and Equal's feedback.

MARAM FRAMEWORK

Role and responsibilities

- Positively, the MARAM Framework has led to better recognition of family violence across community service sectors, more services undertaking family violence work, and an uplift in collaboration between organisations. However, significant improvements are still required, and the broadening of responsibilities under MARAM has come with challenges.

- Good collaborative practice requires a comprehensive shared understanding of service roles and boundaries. There remains a lack of clarity on roles and responsibilities across prescribed workforces, including within each level of employment.

- Practitioners note the framework is still largely seen as a specialist family violence framework, that there is an absence of shared responsibility and that allied sectors are quick to refer on to specialist family violence services, even when required to manage the risk themselves. Recommendations relating to accessibility of the framework and practice guides may assist here.

- Practitioners note there is a lack of accountability within the framework for when services do not meet MARAM requirements.

Recommendations: Further clarification on roles and responsibilities across prescribed workforces.

Language

- There are language inconsistencies across MARAM practice guides in both victim survivor and adult using family violence guides. Multiple terms are in use including, 'perpetrator', 'person using violence', 'adult using family violence', 'victim survivor' and 'person experiencing violence'.

- We note we have used the terms 'perpetrator' and 'victim survivor' throughout this submission, but these are not appropriate to use in all spaces. In particular, the terms 'perpetrator' and 'victim survivor' are often not considered to be culturally safe within ACCOs and Aboriginal communities. Other language, including 'person using violence' and 'person experiencing violence' may be used.

- While it can be important for different language to be used in different spaces, there is now significant inconsistencies which is contrary to reform intent. The reasons why we use certain language over others is not well understood, with terms being interchanged. The language inconsistencies are complex and require a consultation broader than the context of this review.

- Services also felt the language used in MARAM practice guidance and tools was deficit focused rather than strengths-based and did not sufficiently acknowledge victim survivors as experts in their own experience. The practice guides and tools could better unpack and acknowledge acts of resistance, with response-based practice noted as a good practice approach here.

- The framework and practice guides also do not always 'pivot to the perpetrator'. An example provided included mutualising language within the Foundation Knowledge Guide, "*Family violence can occur in relationships between spouses, domestic or*

other…".[15] The guides require thorough review to ensure the content matches reform intent.

Recommendation: The language within the practice guides be reviewed and updated to ensure they meet reform intent, and with appropriate consultation as required.

FEEDBACK ON THE RISK ASSESSMENT

- Overall, services reported an improvement in risk assessment practice since the publication of the MARAM framework and associated practice guidance. Services mostly felt there was a greater level of sophistication in the information we gather, and the level of assessment completed comparative to when services used the Common Risk Assessment Framework (CRAF). However, there remains areas of significant feedback that require addressing to enhance risk assessment as well as the overall engagement with victim survivors.

Practice improvements

Conversation approaches

- The area we received the strongest feedback regarding risk assessment across all consultations related to practice approaches. Contrary to best practice, the risk assessments are often conducted in a check box manner, with practitioners repeating the questions as is before moving on to the next listed question. This approach prevents us from sitting with, seeing, and hearing the people we work with. As well as being contrary to best practice family violence risk assessment, this was noted to be a particular barrier to culturally safe practice with Aboriginal and Torres Strait Islander people.

- Member services feel there is change required to the Tool in order to meet best practice conversational risk assessment. While existing MARAM practice guidance outlines this as a best practice approach, this specification of a conversational approach is lost, and the flow of conversation is not well supported by the format of the assessment tools.

- Quite often services are receiving completed risk assessments with only 'yes, no or unknown' boxes checked but no further information. This not only means the level and nature of risk is not evident, but the narrative itself is lost.

---

[15] FSV, *MARAM Victim Survivor Practice Guides*, Foundation Knowledge Guide, p. 26.

- Existing recommendations regarding accessibility of practice guidance and tools will assist. We also suggest reviewing the way questions are worded to discourage them being read directly. The Queensland redeveloped Domestic and Family Violence Common Risk and Safety Framework (the CRASF) question phrasing could be replicated. This assessment tool does not phrase the questions in ways that could be read out to victim survivors as is. Instead, the questions are worded as questions to the practitioner to explore. For example, one question is phrased as, 'has the PuV ever threatened to kill or seriously harm the victim–survivor? (can include threats to incinerate or commit arson)'.[16] The same question within the MARAM Comprehensive Assessment Tool is phrased as, 'have they ever threatened to kill you?'. We believe phrasing questions in this manner may encourage practitioners to explore assessment questions conversationally, and reduce the tool being a tick box exercise.

Trauma informed approaches

- Undertaking risk assessment can be a traumatic experience for victim survivors, and trauma and violence informed approaches are not well embedded. Feedback received included that there is a need for better guidance on establishing rapport, emotional and psychological safety as well as practice in how we make victim survivors aware of the sensitive questions we may ask. Assessments may not be able to be completed in one session.

- There is also a need for practitioners to know when it is safe, reasonable, and appropriate to undertake a risk assessment, and when it is not. Currently, completing the assessment as a matter of process is prioritised over emotional and psychological safety.

Recommendation: Reword assessment questions to reduce likelihood they will be read in a check-box manner.

Recommendation: Redevelop practice guidance to forefront conversational approaches and make clear that assessment over several engagements is appropriate.

See also recommendations provided in 'accessibility'.

---

[16] Department of Justice and Attorney-General, *Domestic and Family Violence Common Risk and Safety Framework Version 2*, Queensland Government, 2022, https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/c927ea9b-6973-4912-966e-dc11d1d46a67/common-risk-safety-framework-2022.pdf?ETag=70793b6943532f9f1f2c9f038704f600, pp. 20-29.

Structured Professional Judgement and Risk Rationale

- Practitioners reflected positively on the model of Structured Professional Judgement, especially the holding of the victim survivor at the centre. [17] However, the model is not always evident in practice and a clear analysis of risk is often lacking.

- While risk rationale is an area within the Risk Assessment Tool, there is no guidance on undertaking a risk rationale. Development of existing practice guidance on articulating a risk rationale needs to be expanded upon, with practitioners noting current practice does not sufficiently capture risk analysis, recency, and frequency.

Recency, frequency and timing

- Multiple services raised that a lack of clarity exists when considering and defining recency as it pertains to each risk factor. Where possible, guidance on what evidence suggests is recent should be provided for each of these risk factors. Recency may be difficult to narrow down to a firm timeframe, in which case practice guidance needs to be provided. What is recent in one instance may not be in another. Firm timeframes can mean essential professional judgment is eroded and risk is not captured. Where possible and within an evidence base, guidance should indicate a timeframe. Guidance should also outline these limitations.

- Guidance should also outline recency may not apply if there has been a period of no contact such as from a refuge stay or time in custody. In these instances, what may be considered 'historic' might still apply.

- Frequency and timing of events is not clearly visible within the existing Tool. The result can be that the pattern of behaviour, including points of escalation, are not easily understood from the assessment which has flow on impacts for risk management including safety planning.

- Frequency may be better captured within the MARAM Comprehensive Risk Assessment Tool through a model such as the Queensland CRASF. The CRASF level 2 Tool provides a table to record frequency within most assessment questions (all of the time, often, occasionally, once).[18]

Ongoing risk assessment

- Practitioners reported that non–specialist family violence services often completed a single risk assessment and/or provided old MARAM risk assessments to specialist

---

[17] FSV, *MARAM Victim Survivor* Practice Guides, Foundation Knowledge Guide p. 37.

[18] Department of Justice and Attorney-General, *CRASF Version 2*, 2022, pp. 20-29.

family violence services. There is a lack of capacity regarding ongoing risk assessment, inconsistent with both best practice and MARAMs requirement for ongoing risk assessment across all levels of responsibility.

- Recommendations relating to accessibility of practice guidance and tools and supporting a conversational approach to risk assessment are likely to assist.

Recommendation: The Risk Assessment Tool include brief detail defining recency. In addition, or alternatively, practice guidance include clear and accessible information about how to assess for recency specific to each evidence–based risk factor.

Recommendation: A narrative text box be provided to be articulate the pattern of coercive control, and provide space for timing.

Recommendation: Consider whether the Risk Assessment Tool could incorporate a simple approach to recording of frequency, without compromising accessibility.

FEEDBACK ON RISK MANAGEMENT TOOLS

Victim survivors are experts in their own experience

- Best practice risk management starts with and then builds on what the victim survivor is already doing. Victim survivors already been safety planning throughout their experience of family violence, and often found creative ways to keep themselves, their children and family safe. Any practice approach and Tool that services use must first begin with this understanding.

- The strongest piece of feedback we received regarding the current Comprehensive Safety Planning Tool was that it does not recognise this. The tool instead provides a prescriptive set of tick box questions. Services felt it goes against best practice, their values, and acknowledging victim survivors as experts in their own experience.

- Services noted that while the Tool was quite prescriptive, there were also substantial exclusions meaning it was not suited to a range of circumstances. In providing feedback, we suggest that priority be given to a flexible Tool with enhanced practice guidance which centres the victim survivor, rather than increasing the number of prescriptive questions in the existing Tool.

Safety planning when remaining and after leaving

- The current Tool is focused on leaving an intimate partner relationship and ceasing all contact. This is contrary to respecting a victim survivor's choice regarding contact and does not acknowledge family violence across relationship types. It also does not account for the escalation of risk associated with leaving.

- A less prescriptive Tool will greatly assist in rectifying this. Redeveloped practice guidance should also be expanded to include safety when remaining in the relationship, planning for ongoing contact, or safety across relationship types. Practice guidance should recognise that forms of contact may vary from living with the perpetrator, having once off contact such as at Court or ongoing contact such as through parenting arrangements.

Engagement with Police

- The question, "would you feel comfortable calling the Police (000) in an emergency? If not, how can we support you to do so?", needs further consideration.[19] Police engagement is not an inherent protective factor for all victim survivors. They may be marginalised, criminalised, the perpetrator may be a Police officer or know Police. They may be a part of closed or small communities where they are reluctant to engage Police. They may also live in rural or regional locations where Police presence is limited.

- Practitioners need to explore these reasons with victim survivors, whether there are any times they may consider engaging (if so, when, and how), or whether alternatives should be included within the plan. In not acknowledging the reasons why someone may not want to engage Police, we risk creating ineffective safety plans or disengagement from services.

- For people who are comfortable calling 000, guidance that those with a hearing or speech impairment should call 106 for a text emergency function is required.

Risk assessment informing risk management

- There needs to be a clearer link within practice guidance that risk assessment informs risk management. As a result, services reported seeing poor application of this in practice. Services are seeing safety planning occurring for risks that are not present, or not the risk that most need to be prioritised.

---

[19] FSV, *MARAM Victim Survivor* Practice Guides, 2021, Responsibility 7 Appendix 14 Comprehensive Safety Plan p. 424.

- Pre-determined risk management and safety planning options do not support mitigating the specific family violence risks victim survivors face. Amendments to the safety planning template will greatly assist in making this link. Practice guidance should also outline the importance, and examples of how this might apply in practice. Risk rationales within risk assessments were noted as clear areas where practitioners can build risk management from.

Format and Practice Guidance

- The current format was noted as being geared towards professionals and not victim survivors. The tool is approximately 7 pages of small text font when printed and includes a range of questions that are not tailored to the victim survivor's individual circumstances. Services also noted the format was another assessment tool rather than a safety plan itself.

- As a result, a range of services completed the Tool to be kept on file but did not provide the Tool to their clients, nor did many of their clients want a copy of it as is. Instead, many found creative ways to provide the plan in different and more usable formats.

- The best way to provide a safety plan to victim survivors will depend on the individual, and therefore one format will never suit everyone. However, a change to the format of the Tools would assist in providing a more usable safety plan in many circumstances. Services noted useful formats for safety plans were often written, shorter, used clear language, were easy to read through, and contained clear action statements about what to do.

- The current Tool format is also inaccessible to some victim survivors with a disability. Where victim survivors have a cognitive impairment, mental illness or difficulties reading or writing other formats may be required. The development of accessible Easy English and visual formats would assist safety planning here. These plans cannot be pre-determined, but instead be adaptable for what is relevant to each victim survivor.

- While the format of the Safety Planning Tool is not suitable, services noted the questions within can be very useful prompts to use as appropriate. We suggest that much of what is in the Tool could instead be incorporated into practice guidance. Guidance must include a focus on starting with and building on what a victim survivor is already doing. Guidance could be modelled off existing useful formats, such as conversational prompts about how to explore this.

- It also important to understand the limitations of practice guidance when it comes to safety planning expertise. Multiple services reported the importance of learning from colleagues and drawing on practitioners local and community expertise in the safety planning process.

Recommendation: Practice guidance be redeveloped to start with and build on what the victim survivor is already doing.

Recommendation: The questions within the existing Safety Planning Tool be moved to practice guidance, as optional conversational prompts.

Recommendation: The practice guidance reflect safety planning across all forms of contact.

Recommendation: The practice guidance reconsider wording relating to Police engagement, opting for guidance that explores the reasons victim survivors may not wish to engage and alternative solutions.

Recommendation: Safety Planning Tools be redeveloped to more user-friendly formats, including accessible options.

CONCLUSION

The MARAM framework, practice guides and associated tools have resulted in improvements in risk assessment and risk management practice across the service continuum. Our member consultations, historic and current work on MARAM have demonstrated that there remain areas to strengthen and amend to truly meet current best practice.

Safe and Equal have made a number of recommendations relating to accessibility, intersectionality, working with children and young people, evidence-based risk factors, risk assessment and safety planning tools. Safe and Equal, in collaboration with our sector and relevant stakeholders, look forward to unpacking these recommendations and broader feedback with Allen and Clarke in further consultations throughout the review process.