



National Risk Assessment Principles for domestic and family violence

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Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present, and future, and we value Aboriginal and Torres Strait Islander history, culture, and knowledge.

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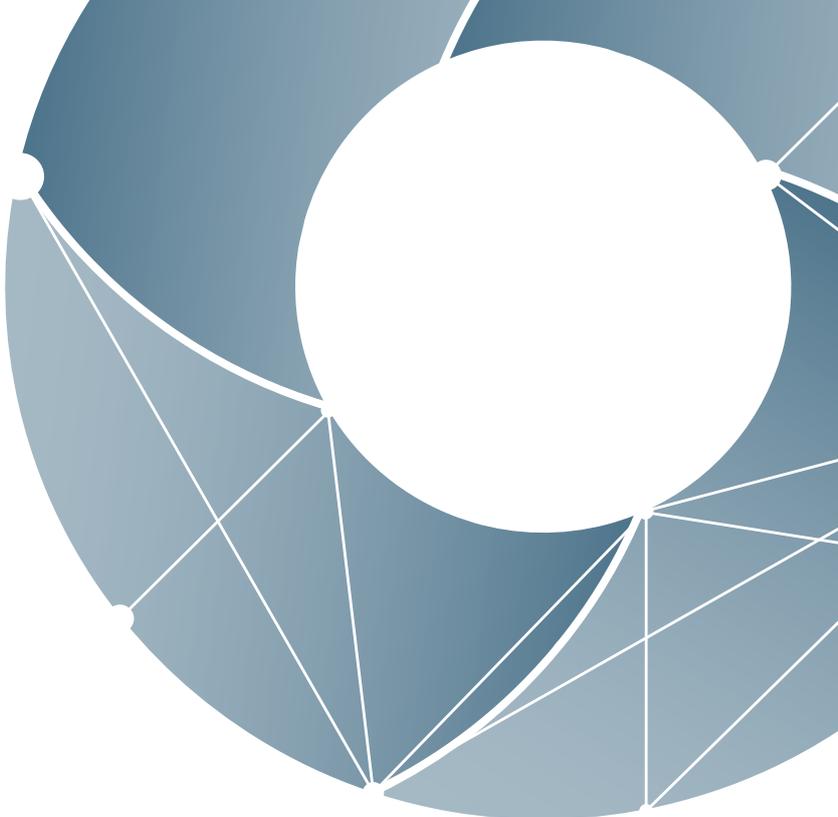
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National Risk Assessment Principles for domestic and family violence

BACKGROUND

The Third Action Plan under the *National Plan to Reduce Violence against Women and their Children 2010-2022* (the National Plan) commits the Australian Government to developing and implementing National Risk Assessment Principles for survivors and perpetrators of violence, based on evidence, including the risks that are present for children and other family members who experience or are exposed to violence (National Priority Area 3, Action Item 3.1).

The National Risk Assessment Principles aim to provide an overarching national understanding of risk and managing risk in the area of domestic and family violence (DFV). The principles **do not replace** existing state and territory frameworks or tools that are currently being used in practice. Instead, they aim to provide a guide for jurisdictions in developing, revising or evaluating risk assessment frameworks, tools and resources for various cohorts (adult survivors, perpetrators, children, other family members). The key understandings that the National Risk Assessment Principles are built on are outlined below.

TERMINOLOGY

The National Plan identifies domestic and family violence (DFV) and sexual assault as gendered crimes that have an unequal impact on women and are the most pervasive forms of violence experienced by women in Australia.

While national and international evidence and data acknowledge a small proportion of men are victims of domestic violence and sexual assault, the majority of people

who experience this kind of violence are women in their homes, at the hands of men they know. The 2016 Personal Safety Survey conducted by the Australian Bureau of Statistics (ABS) highlights that since the age of 15, an estimated 17 percent of women (1.6 million) and six percent of men (547,600) had experienced violence by a partner since the age of 15 and women were eight times more likely to experience sexual violence by a partner than men (Australian Bureau of Statistics, 2017). Men are more likely to be the victims of violence from strangers and in public, so different strategies are required to address these different types of violence (Council of Australian Governments, 2011, p.1). Although gender neutral language is used, these principles are based on the understanding and recognition that domestic and family violence is gendered in nature. Gender neutral language has been used to encourage a broader, more inclusive application of the principles.

How adults and children who have experienced DFV are described is contested. The term “victim” is most commonly used in public, legal and criminological discourse, while “victim-survivor” and “survivor” are used to reflect the process of victimisation and work survivors do to rebuild their lives after violence. Current literature is moving towards including children also as survivors of violence. The above terms are used interchangeably in the principles, high risk factor table and companion literature review, reflecting their diverse application across the sector.

DOMESTIC AND FAMILY VIOLENCE (DFV)

A common, shared definition of DFV is an important component of these principles. In an Inquiry aimed at informing nationally consistent interpretation of the law,¹ the Australian and New South Wales Law Reform Commissions recommended contextualising domestic violence as “violent or threatening behaviour, or any other form of behaviour that coerces or controls a family member or causes that family member to be fearful” (ALRC & NSWLRC, 2010, p. 246). This definition was adopted in the *Family Law Act 1975* (Cth), while other jurisdictions (e.g. Victoria and Queensland) include coercive control and fear in a list of behaviours, rather than as an overarching context:

Domestic violence is behaviour perpetrated by one person against another, where two people are in a relevant relationship, which is: physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening; coercive, or in any other way controls or dominates the victim and causes the victim to fear for their own, or someone else’s, safety and wellbeing (*Domestic and Family Violence Protection Act 2012* (Qld)).

The term “domestic violence” usually refers to violence against an intimate partner or ex-partner, while “family violence” may include violence perpetrated against children, older people, of parents by children, and other kin or family members. However, some jurisdictions (e.g. Victoria and the Commonwealth) use the term “family violence”

¹ This Inquiry was recommended by the National Council to Reduce Violence against Women and their Children (2009, p. 119), which wrote the blueprint for the COAG National Plan to Reduce Violence against Women and their Children 2010-2022.

to include intimate partner violence. Many Aboriginal and Torres Strait Islander communities prefer the use of the term “family violence” to reflect broader family and kin relationships involved in violence. Family violence is often connected to intimate partner violence, with women and children continuing to experience its most profound effects and women continuing to be most at risk of harm from their intimate partners.

INTIMATE PARTNER VIOLENCE AND RISK ASSESSMENT

The only strong evidence base regarding risk factors for DFV is for heterosexual intimate partner violence (McCulloch, Maher, Fitz-Gibbon, Segrave, & Roffee, 2016, p 21). This is consistent with international practice where:

“most family violence risk assessment tools and frameworks address only heterosexual intimate partner violence because this is the most prevalent form of family violence and the type of family violence that most is known about” (McCulloch et al., 2016, p. 21).

Although the principles focus on intimate partner violence, the term “domestic and family violence” is retained to be consistent with the policy and legislative context in Australia.

PEOPLE WHO IDENTIFY AS LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX AND QUEER (LGBTIQ)

Emerging evidence on the prevalence of DFV for people of diverse sex, sexuality and gender indicates that LGBTIQ-identifying people experience violence at similar rates or even higher than those in heterosexual relationships (O’Halloran, 2015).

While LGBTIQ people experience similar forms of violence to heterosexual women, some types of abuse are unique, such as threats from perpetrators to “out” their partner’s sexual and gender identity or history and perpetrators suggesting that their victim’s reports of violence won’t be believed because of discrimination against gender and sexually diverse people in society. Additionally, transgender, gender diverse and intersex people may experience violence which directly undermines their identity, such as being pressured or forced to end transition-related healthcare, including hormone-treatments, or pressured or forced to begin an unwanted medical transition.

RISK ASSESSMENT FOR DOMESTIC AND FAMILY VIOLENCE

All DFV should be considered a risk which requires a response. A risk assessment is a more comprehensive appraisal than asking routine questions. It involves gathering information to determine the level of risk, including any protective factors of the adult and child exposed to violence, as well as the likelihood and severity of future violence (Albuquerque et al., 2013). Risk assessment can be defined as:

“the formal application of instruments to assess the likelihood that intimate partner violence will be repeated and escalated. The term is synonymous with dangerousness

assessment and encompasses lethality assessment, the use of instruments specifically developed to identify potentially lethal situations” (Roehl & Guertin, 2000).

Risk assessment is a complex, ongoing and evaluative process rather than a one-off event and should include an examination of:

- static and dynamic (changing) risk factors;
- patterns of perpetrator behaviour;
- patterns of violence; and
- use of coercive control.

Events and circumstances may change frequently which will alter the severity of risk at points in time. It is important that risk assessments are undertaken by workers who have the necessary skills, knowledge and training to conduct such assessments. Central to risk assessment is safety and, even more importantly, action (beyond solely referral and/or information sharing) in responding to risk.

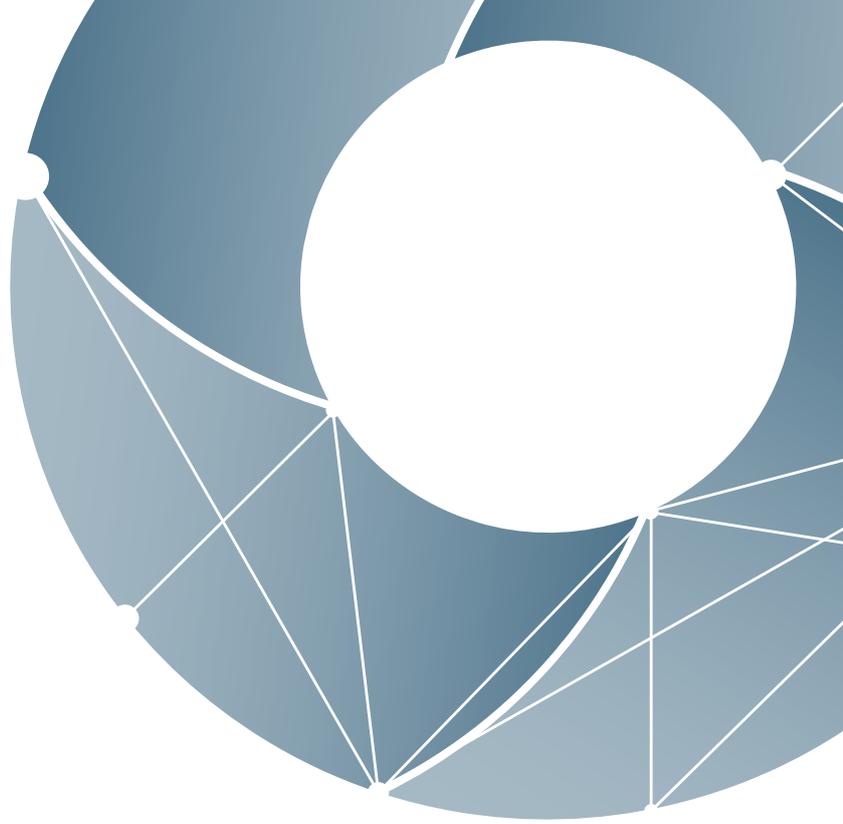
RISK MANAGEMENT AND COLLABORATIVE SAFETY PLANNING

Risk management is a dynamic, active and collaborative process that aims to promote the safety and security of adult and child survivors by developing an integrated strategy and service response to reduce and prevent further violence (Western Australia. Department for Child Protection and Family Support, 2015). Ideally, risk management should occur as part of a collaborative, integrated or multi-agency approach. For cases assessed as “high risk”, an integrated response is minimum practice and cases should be referred to a relevant high-risk team if available in the local area. Where no high-risk teams exist, workers engaged with adult and child survivors should work collaboratively with other agencies to manage risk and enhance safety, supporting a “wraparound approach” to service delivery.

A SHARED LANGUAGE

A broad range of vocabularies, sets of attitudes, policies and practices inform the ways risk is understood in the context of DFV. A common language is crucial so that services hold a shared understanding of risks to safety, allowing them to respond and manage the safety of adults and children exposed to violence appropriately and consistently. Ideally, professionals will be guided towards a shared understanding of risk and safety by incorporating these key elements into the common evidence-based risk assessment and risk management frameworks that underpin multi-agency or integrated service system responses. These frameworks facilitate a shared understanding of safety through mechanisms including:

- multi-agency and active ongoing safety planning (personalised, detailed documents which outline clear and specific strategies that are intended to improve victims’ and children’s safety across a wide range of situations);
- formalised referral pathways; and
- information sharing arrangements and secure data managing infrastructure.



The Principles

PRINCIPLE 1 Survivors' safety is the core priority of all risk assessment frameworks and tools.

Safety is a fundamental human right. The safety and wellbeing of those who experience DFV should be the first priority of any response. Risk must be identified, comprehensively assessed and appropriately responded to. Safety can be best achieved by managing the risk associated with the perpetrator of violence by holding them responsible and accountable for their behaviour and actions.

In practice, a comprehensive approach to managing risk and supporting adult and child survivors should be guided by structured risk assessment processes so that risk is continuously assessed, reviewed and actively managed. These processes should:

- identify strategies to manage risk;
- develop and monitor safety plans² in partnership with adult and child survivors and relevant others;
- provide a range of support services, preferably as part of a coordinated integrated or multi-agency response that addresses multiple needs;
- define roles and responsibilities of support services and formalise referral pathways; and
- consider the specific risk management and safety needs of those from priority population groups³ and provide appropriate and sensitive responses.

² A **safety plan** is a personalised, detailed, action-oriented document that enables victims, with the support of professionals and services, to outline clear and specific help-seeking and escape strategies for themselves and their children, based on available resources. Multi-agency safety plans with clear and coordinated information sharing are particularly important in cases of high risk.

³ In the context of these principles, "priority population" refers to diverse groups for whom there is

PRINCIPLE 2 **A perpetrator’s current and past actions and behaviours bear significant weight in determining risk.**

Perpetrators must be kept “in view” across all aspects of risk assessment and safety management. While workers must always prioritise the safety of adult and child survivors, they must also keep the focus on the behaviour of the perpetrator, rather than only on the protective strategies of survivors. Perpetrator interventions must include assessing, monitoring and responding to the perpetrator’s violence, including patterns of coercive control. To support this, systems (including the justice system, and the broader community) must be in place to ensure perpetrators are both held accountable and have access to culturally appropriate and evidence-based supports to stop their violence.

PRINCIPLE 3 **A survivor’s knowledge of their own risk is central to any risk assessment.**

A survivor’s assessments of their own risk should be considered one of the primary elements of a risk assessment, providing intimate knowledge of their lived experience of violence and patterns of coercive control. Service providers need to approach risk assessment and safety management with adult and child survivors through a collaborative process which respects and builds on their own assessment of their safety.

Survivor-led approaches can help ensure that responses will meet their needs rather than override their decision-making (Humphreys, Healey & Diemer, 2015). A survivor’s own assessment of risk should be collected⁴ as one component of the process. This should be complemented with:

- victim statements and narratives, particularly in relation to level of fear and self-assessment of risk;
- use of a well-tested actuarial risk assessment tool, which is appropriate to the expertise of workers expected to use the tool;

significant evidence of heightened vulnerability to violence, both in frequency and severity, and who may encounter a range of specific barriers to seeking support and securing safety, related to intersecting identity-based and situational factors and experiences of discrimination. These **priority population groups** are: Aboriginal or Torres Strait Islander people; people with a disability; lesbian, gay, bisexual, transgender and intersex people; people who are culturally and linguistically diverse, including migrants and refugees; people in regional, rural and remote (including isolated) communities; people experiencing mental illness; people who are or have been incarcerated; older people and younger people; and women who are pregnant or in early motherhood.

4 A number of studies have found that even though women’s perception of risk of re-assault can be accurate, there is also evidence that abused women often underestimate the potential that they might be killed (Campbell, Webster & Glass, 2009). Murray, Marsh Pow, Chow, Nemati & White, (2015) found that, in the experiences of many service providers, victims did not see their safety as a significant concern and so empowering them to understand the dangers of being in an abusive relationship is one of the “most instrumental roles professionals can play” (p. 392). Findings from the study indicate that certain perceptions and belief systems around abuse lead some victims to minimise their risk, including: patterns of desensitisation around abusive dynamics either within their own relationship or from observing abuse in their families from an early age; fears of retaliation if they publicly acknowledge the abuse or seek help, fears of judgement - that others would believe them to be “crazy” or think they are overreacting; and a lack of self-esteem that at its extreme, manifests in beliefs from the victim, that they “deserve the abuse” or have “no right to help” (Murray et al., 2015, pp. 391-392).

- professional judgement and practice wisdom drawn from workers' specialist knowledge of DFV to inform the process; and
- information gathered from other organisations, such as criminal records.

Typically, this process is referred to as a “structured professional judgement approach”. It is guided by common tools and templates for collecting information in risk assessment frameworks.

PRINCIPLE 4 Heightened risk and diverse needs of particular cohorts are taken into account in risk assessment and safety management.

DFV is prevalent across all of Australia's communities. It transcends cultural, social and economic boundaries. However, there are some people in diverse communities who are more vulnerable to DFV and experience violence more frequently and with more severity.

People from these diverse communities face a range of specific barriers to securing safety. Often these barriers will be a product of multiple and intersecting challenges relating to gender, ethnicity, sexuality, disability, culture, mental health issues, citizenship, age, economic status, geographical isolation and other identity-based and situational factors. An understanding of the effect of these intersections is critical to undertaking risk assessment and managing safety. In practice, this means understanding the compounding effect multiple forms of discrimination and disadvantage have on adult and child survivors. It is important to remember that no matter which group or community they belong to, each survivor's experience of violence will be unique, requiring risk to be carefully assessed on an individual basis.

All risk assessment tools and safety management processes should be developed with an understanding of specific contexts and needs of population groups. Common tools should be flexible enough to support local initiatives, place-based strategies and community-led innovations.

PRINCIPLE 5 Risk assessment tools and safety management strategies for Aboriginal and Torres Strait Islander peoples are community-led, culturally safe and acknowledge the significant impact of intergenerational trauma on communities and families.

Governments and services acknowledge past failures and the need for new collaborative, holistic approaches to preventing violence against Aboriginal and Torres Strait Islander

people. Development of risk assessment tools and frameworks for Aboriginal and Torres Strait Islander adult and child survivors must incorporate collaborative approaches that are community driven, culturally safe and responsive to the intergenerational trauma that comes from dispossession of land and identity and break down of culture, language and family.

It is important to work with extended families and communities in responding to Aboriginal and Torres Strait Islander family violence. Workers need to respond to the whole of the family rather than to individuals. Healing for adult and child survivors, and perpetrators is key to all responses, including risk assessment and management.

Community-driven, trauma-informed approaches to family violence which prioritise cultural healing and understand that culture is a key protective factor that supports Aboriginal and Torres Strait Islander families to live free from violence, are critical to challenging *deficit-based approaches* to risk assessment and safety management for Indigenous families (Secretariat of National Aboriginal and Islander Child Care, National Family Violence Prevention Legal Services, & National Aboriginal and Torres Strait Islander Legal Services, 2017).

Part of the healing for Aboriginal and Torres Strait Islander survivors is the need for perpetrators to be held accountable for their behaviours, not only within the courts and the judicial system, but also within the community. The development of risk assessment tools needs to take this into account and be led by Aboriginal and Torres Strait Islander people and community controlled organisations. A “one size fits all” approach is not appropriate.

Risk assessment tools and safety management processes must also be flexible enough to be adapted to suit the needs of Aboriginal and Torres Strait Islander people living in regional, urban and remote areas of Australia.

PRINCIPLE 6 To ensure survivors’ safety, an integrated, systemic response to risk assessment and management, whereby all relevant agencies work together, is critical.

Working collaboratively across agencies is fundamental to improving the safety and well-being of adult and child survivors. The safety of survivors and holding the perpetrator accountable are best achieved through an integrated, systemic response that ensures that all relevant agencies work together on risk assessment and risk management processes in partnership with the survivor. Effective leadership and governance arrangements which support collaboration and partnerships are essential for collaborative service delivery.

Service integration is best understood as operating along a continuum, ranging from agency partnerships to a whole of government or community response. An example of this may include: a Memorandum of Understanding between two agencies around information sharing and consent or a referral agreement.

Conducting risk assessment within the context of an integrated, or multi-agency response will lead to:

- an increased focus on safety;
- reduction in secondary (systems-created) trauma and victimisation, through limiting the need for adult and child survivors to repeatedly recount their story;
- increased perpetrator accountability;
- facilitation of shared language between agencies contributing to more cohesive, consensus-based responses to risk;
- increased cost-effectiveness through minimising duplication of services; and
- formalised information sharing protocols between agencies for the benefit of client safety (Breckenridge, Rees, valentine & Murray, 2015).

PRINCIPLE 7 Risk assessment and safety management work as part of a continuum of service delivery.

Risk assessment tools and frameworks should be used in conjunction with appropriate service provision and not viewed in isolation when assessing risk. Risk assessment should always form part of a safety management approach which moves with the adult or child survivor, on their journey away from violence. Development of a continuum of service responses which address survivor safety, perpetrators taking responsibility for their violence and aspects of prevention and healing is critical. As risk factors change over time, ongoing risk assessment and management along the service continuum also changes.

Specialist DFV services and sexual assault services play a critical role in providing immediate support to survivors, including assistance with physical and emotional injuries, emergency accommodation, domestic violence orders, practical support and brokerage for transport and food, income support, drug and alcohol support, housing and others (Taylor & Green, 2014). Risk assessment and safety management should also involve a broad range of agencies who consider the “whole person” to reduce the risk of compounding survivors’ trauma through inadequate or fragmented service responses.

In practice, this means that risk assessment with adult and child survivors should be complemented with a collaborative, multiagency “continuum of care” (Desmond, 2011), which seeks to meet their needs, as well as identify risks. This is particularly important for those whose support needs exceed the often time and resources limited nature of crisis interventions and require access to a range of other services such as counselling, healthcare, children’s services, specialist mental health, alcohol and other drugs services, migration agents and family law experts, employment assistance services, disability support services and community-based healing programs.

PRINCIPLE 8 Intimate partner sexual violence must be specifically considered in all risk assessment processes.

Intimate partner sexual violence (IPSV) is a uniquely dangerous form of DFV which must be specifically considered in all risk assessment and safety management processes and practices.⁵ Survivors who are sexually abused by their partners are at a much higher risk of being killed, particularly if they are also being physically assaulted. IPSV is a significant indicator of escalating frequency and severity of DFV.

IPSV is a term used to describe sexual activity without consent in heterosexual and non-heterosexual intimate relationships (whether married or not). It includes vaginal, oral or anal sex which is obtained by physical force or psychological/emotional coercion (rape), any unwanted, painful or humiliating sexual acts and tactics used to control decisions around reproduction (for example, refusing to wear a condom) (Bagwell-Gray, Messing & Baldwin-White, 2015)

More so than other factors, IPSV is under-reported and often not disclosed. Commonly held assumptions that IPSV is less serious than sexual violence perpetrated by a stranger or that discussing sex and sexual assault within relationships is “taboo” and should remain private, contributes to the particularly acute shame that many victims of IPSV experience. Survivors consequently may not seek the help they need and continue to suffer their trauma in isolation (Wall, 2012).

Training on IPSV for all workers conducting DFV risk assessment is essential. Training should include:

- details on the myths and dynamics of sexual violence within relationships;
- guidance on “how to ask” sensitively and building trust;
- the specific effects and health consequences of IPSV;
- how best to manage victim-survivors’ safety;
- cultural considerations; and
- legal options and evidence requirements.

Risk assessment tools are used to guide the discussions professionals have with survivors and the development of safety plans. Including IPSV in all risk assessment tools and supporting frameworks and emphasising the importance of asking (as well as listening, believing and understanding) about sexual violence separately, distinct from physical abuse, will assist in better identification of IPSV and appropriate service responses.

⁵ For further information on high risk factors for domestic and family violence, see Appendix 1.

PRINCIPLE 9 **All risk assessment tools and frameworks are built from evidence-based risk factors.**

In practice, common understandings of risk and safety can be achieved through recognition of the complex and multi-faceted nature of risk in both the assessment and management of violence against adult and child survivors. The factors critical to developing a shared understanding include:

- Evidence-based risk factors:⁶ static and dynamic variables which assist in assessing the likelihood that violence will be repeated or escalate and developing an appropriate service response.
- Conditions of vulnerability: identification of identity-based and situational factors which may indicate heightened vulnerability to violence and which may intersect with other factors to compound the risks and effects of violence.
- Protective factors: characteristics which mitigate or eliminate risk or which reduce conditions of vulnerability.
- Risk threshold: identification of “risk” or “high-risk” through thorough assessment, so that the allocation of support and treatment interventions address the specific needs of individual victim-survivors and perpetrators.

Specific evidence-based risk factors and their impact on determining risk thresholds are outlined in the following table: *High-risk factors for domestic and family violence*.

⁶ The question of which **risk factors** to include in risk assessments is continuously being revised in the literature as more validation studies are undertaken to measure the predictive power of individual factors, the level and nature of risk indicated by particular patterns of co-occurrence and the validity of risk factors in different social and geographical contexts. Additionally, risk factors identified in the empirical research have almost exclusively been developed using heterosexual samples and their applicability to people in LGBTIQ relationships remains unclear. Risk assessment practices and common tools should be adapted in accordance with emerging knowledge about specific risk factors for diverse communities and as further research determines how well the existing evidence base on risk factors for DFV applies to priority population groups.

High-risk factors for domestic and family violence

NATIONAL RISK ASSESSMENT PRINCIPLES QUICK REFERENCE GUIDE FOR PRACTITIONERS

There are many factors which contribute to the risk of domestic and family violence (DFV). However, findings from empirical studies, academic and practice-based literature, and reports produced by international and Australian domestic violence death review committees and Coroner's Courts indicate that some risk factors are associated with a higher likelihood of violence reoccurring, serious injury, or death, in the context of intimate partner violence by men against women.⁷ The relationship between these factors and risk of reassault or lethality are not always straightforward, and no one factor can be considered singularly "causal". Importantly, there are diverse forms of DFV that do not necessarily involve risk of physical violence or lethality, but which can have a devastating impact on victims' lives. While there is significant evidence that the below risk factors indicate high risk of serious harm or death when mediated by other risk factors or an individual's situation, all of these factors are salient in any case of DFV and should be responded to appropriately and proportionately, whether or not there is a clear intent of homicide.



Lethality/High-risk factors	Key facts
History of family and domestic violence	<ul style="list-style-type: none"> • The most consistently identified risk factor for intimate partner lethality and risk of reassault is the previous history of violence by the perpetrator against the victim. • In their 11-city study in the United States (US), Campbell et al. (2003) found that 72 percent of intimate partner femicides were preceded by physical violence by the male perpetrator. When there was an escalation in frequency or severity of physical violence over time, abused women were five times more likely to be killed. • Smith, Moracco, & Butts (1998) found that for 75 percent of homicides perpetrated by women, the relationship was characterised by a history of abuse by her male partner and the homicide was preceded by male-initiated violence. • Homicide is rarely a random act and often occurs after repeated patterns of physical and sexual abuse and psychologically coercive and controlling behaviours.
Separation (actual or pending)	<ul style="list-style-type: none"> • Women are most at risk of being killed or seriously harmed during and/or immediately after separation. • The NSW Domestic Violence Death Review Team recorded that two-thirds (65%) of female victims killed by a former intimate partner between 2000-2014, had ended their relationship within three months of the homicide. • Separation is particularly dangerous when the perpetrator has been highly controlling during the relationship and continues or escalates his violence following separation in an attempt to reassert control or punish the victim. • Children are also at heightened risk of harm during and post-separation.

⁷ Risk factors identified through empirical research have almost exclusively been identified using heterosexual, intimate partner samples, and their applicability to people in non-heterosexual LGBTQI relationships, or for violence occurring more broadly within families, remains unclear. In this resource, the terms "intimate partner violence" or "intimate partner lethality" have sometimes been used instead of "DFV" to accurately reflect the nature of the data source (such as the ABS Personal Safety Survey). Risk assessment practices and tools should be adapted in accordance with emerging knowledge and as further research determines how well the existing evidence-base applies to diverse relationships, families, communities and priority population groups.

High-risk factors for domestic and family violence

NATIONAL RISK ASSESSMENT PRINCIPLES QUICK REFERENCE GUIDE FOR PRACTITIONERS

Intimate partner sexual violence

- Intimate partner sexual violence (IPSV) is a uniquely dangerous form of exerting power and control due to its invasive attack on victims' bodies and the severity of mental health, physical injury and gynaecological consequences.
- Campbell et al. (2003) found that physically abused women who also experienced forced sexual activity or rape, were seven times more likely than other abused women to be killed and IPSV was the strongest indicator of escalating frequency and severity of violence, more so than stalking, strangulation and abuse during pregnancy.
- The 2016 ABS *Personal Safety Survey* (PSS) found that since the age of 15, 5.1 percent (480,200) of Australian women have experienced sexual violence by a partner. Heenan (2004) found that Australian domestic violence workers believe that 90-100 percent of their female clients have experienced IPSV.
- More than other factors, IPSV is under-reported by victims. Shame and stigma caused by commonly held assumptions that discussing sex or sexual assault within relationships is "taboo", are significant barriers to seeking help for IPSV.

Non-lethal strangulation (or choking)

- Strangulation is one of the most lethal forms of intimate partner violence. When a victim is strangled, whether by choking or other means of obstructing blood vessels and/or airflow to the neck, they may lose consciousness within seconds and die within minutes.
- Glass et al. (2008) found that women whose partner had tried to strangle or choke them were over seven times more likely than other abused women to be killed, whether by repeat strangulation or another violent act.
- The seriousness of strangulation as an indicator of future lethality is often misidentified, or not responded to proportionately, as a consequence of the often minimal visibility of physical injury. However, many victims suffer internal injuries which may result in subsequent serious or fatal harm.
- Most perpetrators do not strangle to kill but to show that they *can* kill. Non-lethal strangulation is a powerful method of exerting control over victims. Through credible threat of death, perpetrators coerce compliance.

Stalking

- Stalking behaviours (repeated, persistent and unwanted) including technology-facilitated surveillance, GPS tracking, interferences with property, persistent phoning/texting and contact against court order conditions, increases risk of male-perpetrated homicide.
- The 2016 ABS PSS found that since the age of 15, one in six Australian women (17% or 1.6 million) have experienced at least one episode of stalking.
- McFarlane et al. (1999) found that stalking was a factor in 85 percent of attempted femicides and for 76 percent of femicide victims.
- The vast majority of perpetrators of stalking, and the most dangerous, are intimate partners of the victim, and not a stranger.

High-risk factors for domestic and family violence

NATIONAL RISK ASSESSMENT PRINCIPLES QUICK REFERENCE GUIDE FOR PRACTITIONERS

Threats to kill

- Perpetrators who threaten to kill their partner or former partner, themselves or others including their children, are particularly dangerous. Threats of this nature are psychologically abusive.
- Campbell et al. (2003) found that women whose partners threatened them with murder were 15 times more likely than other women experiencing abuse to be killed.
- Humphreys (2007) found that actual attempts to kill are difficult to separate from serious physical and sexual abuse, and that as above, attempted strangulation is of particular concern given the prevalence of femicide through strangulation.

Perpetrator's access to, or use of weapons

- Use of a weapon (any tool used by the perpetrator that could injure, kill or destroy property) indicates high risk, particularly if used in the most recent violent incident, as past behaviour strongly predicts future behaviour.
- Campbell et al. (2003) found that women who are threatened or assaulted with a gun or other weapon, are 20 times more likely than other abused women to be killed. The severity of abuse-related harm is significantly heightened when weapons are involved.

Escalation (frequency and/or severity)

- The escalation in frequency and severity of violence over time is linked to lethality and often occurs when there are shifts in other dynamic risk factors, such as the attempts by the victim to leave the relationship.
- Campbell et al. (2003) found that when there is an escalation in either frequency or severity of physical violence over time, abused women are more than five times more likely to be killed.
- Dwyer and Miller (2014) found that police investigations and family, criminal or civil court proceedings can trigger an escalation in the aggressive and violent behaviour of the perpetrator and heighten risk to the partner and children. Transition points such as this should be treated with great caution.

Coercive control

- Reports from death review committees and Coroner's Courts highlight the prevalence of patterns of coercive and controlling behaviours prior to male-perpetrated intimate partner homicide, including verbal and financial abuse, psychologically controlling acts and social isolation.
- Elliott (2017) found through a synthesis of key empirical research, that coercive control is a gendered pattern of abuse, and is the primary strategy used to coerce and exercise control over female survivors by a current or former male partner. Understanding violence as coercive control, highlights that it is ongoing, cumulative, chronic and routine.
- Coercive and controlling patterns of behaviours are particularly dangerous and can heighten the risk of lethality, in contexts where other high-risk factors are present, such as attempts by the victim to leave the relationship.

High-risk factors for domestic and family violence

NATIONAL RISK ASSESSMENT PRINCIPLES QUICK REFERENCE GUIDE FOR PRACTITIONERS

Pregnancy and new birth

- Violence perpetrated against pregnant women by a partner is a significant indicator of future harm to the woman and child, and is the primary cause of death to mothers during pregnancy, both in Australia and internationally.
- The 2016 ABS PSS found that nearly half (48% or 325,900) of women who have experienced violence by a previous partner and who were pregnant during that relationship, experienced violence from their partner while pregnant.
- Humphreys (2007) highlights this violence as “double-intentioned”, where perpetrators may aim physical violence at their partner’s abdomen, genitals or breasts, so that abuse is both of the mother and child.
- Women with a disability, women aged 18-24 years and Indigenous women are at particularly significant risk of experiencing severe violence from their partner during pregnancy.
- Violence often begins when women are pregnant, and when previously occurring, it often escalates in frequency and severity.

Other Risk factors

Key facts

Victim’s self-perception of risk

- A victim’s perception of their own risk of experiencing future violence is not sufficient by itself to accurately determine severity or incidence of violence. However, there is significant consensus across the literature that it is important to consider the victim’s own assessment as at a minimum, they can provide information relevant to their safety management.

Suicide threats and attempts

- Hart’s (1988) study found that the combination of attempts, threats or fantasies of suicide, availability of weapons, obsessiveness, perpetrator isolation and drug and alcohol consumption indicates severe or lethal future violence.
- Threats of suicide, like most threats in the context of DFV, are a strategy used by perpetrators to exert control. The NSW Domestic Violence Death Review Team recorded that 24 percent of men who killed an intimate partner in NSW between 2000-2014 suicided following the murder.

Court orders and parenting proceedings

- In their review of the *Victorian Common Risk Assessment Framework* (CRAF), McCulloch et al. (2016) found that from their experience, victims/survivors considered Family Law proceedings and intervention orders a critical and often overlooked indicator of DFV risk.
- DFV is common and often escalates among separating parents. Perpetrators may use their joint parenting role or judicial options as a way of exercising control over their former partner.

High-risk factors for domestic and family violence

NATIONAL RISK ASSESSMENT PRINCIPLES QUICK REFERENCE GUIDE FOR PRACTITIONERS

Misuse of drugs or excessive alcohol consumption

- Alcohol and/or drug misuse and abuse are often exacerbating or moderating factors in predicting the dangerousness of a perpetrator, and may increase the severity of future violence.
- Recent cessation of drug or alcohol use, particularly where addiction was present, can also exacerbate violent behaviour when the perpetrator is not actively involved in a recovery and rehabilitation process.

Isolation and barriers to help-seeking

- Isolation, including limiting interactions with family, friends, social supports and community support programs is a control strategy used by some perpetrators and increases the risk of severe harm.
- A victim is at increased risk of future violence if she has had no prior engagement with services and is presenting with DFV. A systematic review by Capaldi et al. (2012) found that social support and tangible help are protective against both perpetration and victimisation and that a lack of support is a significant risk factor for victims.

Abuse of pets and other animals

- Cruelty and harm directed to pets and other animals can indicate risk of future or more severe violence and are often used as a control tactic by perpetrators.
- Having to leave pets behind is a recognised barrier to victim-survivors leaving their violent partners.

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