Factsheet 2: Evidence-based risk factors

A risk factor for DFV is a variable or indicator associated with the likelihood of future, ongoing or escalating harm to victim-survivors (including escalation which could lead to death).

Our understanding of risk of escalating harm or lethality is based on findings from empirical studies, academic and practice-based literature and reports produced by international and Australian domestic violence death review committees and Coroners' Courts. This body of research tends to indicate that some risk factors are associated with a higher likelihood of violence reoccurring and of serious injury or death in the context of intimate partner violence by men against women (Boxall et al., 2022).

The risk factors included in the RAMF have come from an assessment of national and international evidence and research and several similar risk assessment frameworks across the country. When combined with professional judgement and where possible, the victim-survivor's own assessment of risk, these risk factors can help indicate a level of risk of repeat and escalating abuse.

Additionally, risk factors identified in empirical research have almost exclusively been developed using heterosexual samples, so their application to people in LGBTIQA+ relationships remains untested. Risk assessment practices and common tools should be adapted in accordance with emerging knowledge about specific risk factors for different communities and as further research determines how well the existing evidence base on risk factors for DFV applies to diverse communities.

'High-risk' factors

There are several risk factors that frequently present in 'high-risk' cases. These are evidence-based risk factors commonly associated with an elevated severity or frequency of abuse, including escalation resulting in homicide. Where a risk factor is associated a 'high-risk' of escalating, severe or lethal violence, this is indicated in the table below.

Risk factors must be considered in the context of the relationship, its interaction with protective factors and other risk factors. Relying on the presence of one 'high' risk factor to conclude an assessment on risk creates the possibility of overinflating *or* underrepresenting risk.

> Best-practice approaches to risk assessment involve understanding and assessing how multiple, compounding high-risk factors cluster together rather than how they operate in isolation. This is often described as a 'constellation of risk'
>
> (Boxall et al., 2022, p.107)

Risk factor	Description
Recent, pending or planned separation **HIGH-RISK**	Separation has been found to be a time of heightened risk for family members of the person using violence. Victim-survivors are most at risk of being killed or seriously harmed during and/or immediately after separation (AIHW, 2026). This includes increased risk of harm to children and familicide (where multiple members of a family are killed, typically followed by suicide of the person using violence). For victim-survivors who are experiencing DFV, the high-risk periods include when a victim-survivor starts planning to leave, immediately prior to acting, and during the initial stages of, or immediately after, separation. Victim-survivors who stay with the person using violence because they are afraid to leave often accurately anticipate that leaving would increase the risk of lethal assault. Victim-survivors (adult or child) are particularly at risk during the first 2–3 months of separation. It is also dangerous when a person using violence *perceives* the victim to be planning to leave, even if this has not been expressed directly. This is especially the case when a victim reported coercive controlling behaviours before, during or after separation. For example, the Australian Domestic and Family Violence Death Review Network Data Report (2022) found that actual or intended separation featured in more than half (58%) of IPH cases perpetrated by men between 2010 and 2018.
Pregnancy or recent birth **HIGH-RISK**	Pregnancy and the postnatal period are a time of heightened DFV risk for the victim-survivor and their baby. Emerging evidence identifies violence beginning or intensifying during pregnancy as an indicator of ongoing coercive control, assault, and psychological abuse, with risks peaking between conception and early infancy (ANROWS, 2022; Dhunna et al., 2018; Raponi et al., 2024). Where violence was previously occurring, it often escalates in frequency and severity. This heightened risk is mostly attributed to two reasons: (1) a coercive controlling person using violence may view increased external scrutiny on the relationship (such as from healthcare professionals or family members) as a challenge to their control, or (2) pregnancy may be used as a tool to further entrench or solidify a person using violence's access to a victim-survivor via the child. Other factors around pregnancy can and will often compound with other risk factors. DFV during pregnancy is regarded as a significant indicator of future harm to the victim-survivor and child. This factor is associated with control and escalation of violence already occurring.

Risk factor	Description
Escalation in severity and/or frequency of violence **HIGH-RISK**	While the escalation in frequency of severity of abuse is recognised as its own high-risk factor, it cannot be looked at separately from other risk factors. An escalation is any increase, whether short or long-term, in the abuse experienced by a victim-survivor. This may include more frequent incidents of violence, greater severity or harm than previously reported or is a new type of violence not previously experienced. The escalation in frequency and severity of abuse 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-survivor to leave the relationship. 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 person using violence and heighten risk to the partner and children. Transition points such as this should be managed proactively and robustly.
Non-fatal strangulation **HIGH-RISK**	Non-fatal strangulation refers to a deliberate act of choking, strangling, or suffocating a person by applying pressure to a person's neck or obstructing any part of their respiratory system. When used against a victim-survivor it can have severe medical, emotional and psychological consequences. The use of non-fatal strangulation is a high-risk factor for not only severe abuse, but attempted and actual homicide (Glass et al., 2008). Non-fatal strangulation is also a common method of exerting control over victims through demonstrating the potential to kill and instil fear of death. Any history of non-fatal strangulation is a serious risk factor. The seriousness of strangulation as an indicator of future lethality is often misidentified or not responded to proportionately. This is because physical injury from non-fatal strangulation is often not visible. Medically, non-fatal strangulation may result in a victim-survivor experiencing both immediate and delayed health complications, including acquired brain injuries, blood clots and strokes. These complications may emerge weeks or months after the initial incident, and it is therefore important to not solely rely on physical or visible signs of strangulation. Loss of consciousness is linked to increased risk of lethality, hospitalisations and of acquired brain injury. In the context of intimate partner homicide, non-lethal strangulation can occur during or alongside acts of sexual violence (often under the guise of "rough sex").

Risk factor	Description
Controlling behaviours **HIGH-RISK**	The presence of coercive and controlling behaviours is both a risk factor in and of itself, *and* a lens through which patterns of violence and other risk factors can be considered holistically. The use of controlling behaviours is strongly linked to homicide; coercive control occurs in the majority of cases where a victim is killed by a family member. Coercive control can include both physical and non-physical violence, and in many cases of homicide, there was no recorded history of physical violence before the victim being killed (Boxall et al., 2022). Examples of controlling behaviours include the person using violence telling the victim-survivor how to dress, who they can socialise with, what services they can access, limiting cultural and community connection or access to culturally appropriate services, preventing work or study, controlling their access to money or other financial abuse, and determining when they can see friends and family or use the car. People using violence may also use third parties to monitor and control a victim or use systems and services as a form of control over a victim-survivor, such as protection orders and family court proceedings. This behaviour may co-occur with other common high-risk factors, such as threats of suicide, threats to kill or harm, isolation of victim-survivors and grievance development by the person using violence.
Threats to harm or kill the victim (including children) **HIGH-RISK**	People who threaten to harm or kill their partner or former partner, other family members, or others including their children, are particularly dangerous. If a threat to kill is made against a partner, child, or pet, they must be taken as a credible threat to life. These threats are often made in the context of coercive control to create fear and enforce compliance. Campbell and colleagues found that women whose partners threatened them with homicide were 15 times more likely than other women experiencing violence to be killed (Cambell et al., 2003). This finding has been supported by more contemporary research which has similarly identified that threats to kill is a common risk factor for homicide (Boxall et al., 2022). The absence of this risk factor does not mean a victim is safe from severe or lethal violence (Boxall et al., 2022). For example, research on pathways to intimate partner homicide found that only 3 of 73 (4%) of 'persistent and disorderly' offenders made threats to kill prior to a homicide, demonstrating that lethal violence can occur even when threats to kill have not been disclosed or identified (Boxall et al., 2022).
History of domestic and family violence **HIGH-RISK**	One of the most consistent high-risk factors is a previous history of DFV by the person using violence against an adult victim-survivor. Research also identifies prior harm to any children in the household, or pets, as high-risk indicators on their own. This includes threats to harm either. Identifying the prior use of violence should never be the sole risk factor considered in a risk assessment. DFV includes both physical and non-physical forms of violence.

Risk factor	Description
Sexual violence **HIGH-RISK**	Sexual violence 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 urogenital health. Campbell and colleagues (2003) found that intimate partner sexual violence (IPSV) was the strongest indicator of escalating frequency and severity of violence, which again has been confirmed in subsequent findings from Domestic and Family Violence Death Review Advisory Board reports (Matias et al., 2020). The risk associated with sexual violence is increased when occurring alongside other high-risk factors, including coercive control, the use of alcohol or other drugs, physical assault during a sexual act, and the use of non-lethal strangulation. This is a constellation of risk factors that are crucial to pay attention to. Emerging research and practice have found several forms of sexual violence are increasingly associated with cases of severe violence and homicide. In cases of intimate partner homicide, this includes **sexual humiliation**, which involves the humiliation or degradation of a victim survivor for sexual gratification and control, including non-lethal strangulation or unwanted anal penetration. The presence of non-fatal strangulation (both within and outside the context of sex) is recognised as a high-risk factor individually (Boxall et al., 2022). **Sexual jealousy** is another prevalent high-risk indicator and is often related to a sense of 'ownership' or entitlement to the victim-survivor. In practice, it may look like a person using violence believing (or accusing) the victim-survivor of having an affair, or possessiveness over a victim-survivor when they want to leave a relationship. Often, these beliefs lead to an escalation of violence (Boxall et al., 2022).
Stalking **HIGH-RISK**	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 (Matias et al., 2020). Many people who use stalking are current or former intimate partners of the victim, and not strangers. Stalking when coupled with physical assault, is a high-risk behaviour, strongly connected to homicide or attempted homicide. Stalking behaviour and obsessive thinking, including the development of grievances and victimhood narratives, are highly related behaviours (Boxall et al., 2022). Technology-facilitated abuse, including on social media, surveillance technologies and applications is a type of stalking.

Risk factor	Description
Access to and/or has made threats with weapons **HIGH-RISK**	The use of a weapon against a victim-survivor is a risk factor that increases the level of risk where the use of physical violence is already present. A weapon can be any tool or object used to threaten or intimidate, harm or kill a victim or victims, or to destroy property. A person's ongoing access to a firearm or weapon, legally or illegally, is another high-risk factor that must be considered and managed. The weapon does not necessarily need to be discharged or deployed to increase risk; for example, a weapon may be shown to the victim-survivor to create fear or get them to comply. Campbell and colleagues (2003) found that victim-survivors who are threatened or assaulted with a weapon are significantly more likely to be killed (Campbell et al., 2003). People who use violence with access to weapons, particularly guns and knives, are much more likely to seriously injure or kill a victim or victims than those without access to weapons (Campbell et al., 2003). For example, one study found that people using violence who had access to firearms were 7.9 times more likely to commit intimate partner femicide than those who did not have access (Campbell et al., 2003).
Breach of orders	Breaching an order, conditions of parole, a police issued family violence notice or any other protection order, indicates a disregard for the law and authority. It indicates that the person using violence is not willing to abide by directions issued by the court or police. Such behaviour is a serious indicator of increased risk of future violence, or escalating violence when a legal process is invoked against a person using violence. Importantly, breaching an order can be a form of coercive control. Where breaches are not consistently enforced, this may amount to systems abuse, undermining the protective intent of the order. This can discourage victim-survivors from seeking help, erode their trust in legal and support systems, and reinforce compliance from other family members. It demonstrates to the victim that orders and system responses will not stop the violence.
Threats or harm to pets	There is a relationship between cruelty to animals and DFV, including a link between violence and pets being abused or killed. Emerging evidence suggests that people who use violence against family animals are also likely to perpetrate frequent and severe forms of intimate partner violence (Collins et al., 2018; Taylor et al., 2020; Butler & MacDonald, 2024; Barrett et al., 2020). Abuse or threats of abuse against pets may be used as a tactic to control family members and even punish victim-survivors (Barbosa-Torres et al., 2024). Many victim-survivors state that fear for the safety of their pet or having to leave pets behind is a reason for not leaving, and abuse of pets and other animals is a way that the person using violence demonstrates threats and a willingness to inflict suffering (Butler & MacDonald, 2024).

Risk factor	Description
Alcohol and/or other drug misuse **HIGH-RISK**	The use of alcohol and other drugs (AOD) should never be seen as a cause of DFV. However, AOD use is often an exacerbating or moderating factor in predicting the dangerousness of a person using violence, and may increase the severity of future violence including lethal harm. It is a risk factor throughout a relationship (both when actively using, or when experiencing withdrawals), but also immediately prior to the use of lethal violence against a victim. Recent cessation of drug or alcohol use, particularly where addiction was present, can also exacerbate violent behaviour when the person using violence is not actively involved in a supported recovery and rehabilitation process. Emerging evidence also shows that AOD use can be deliberately used as a tactic of violence and control, where people using violence pressure, manipulate or exploit substance use to maintain power over victim-survivors (KODY Research Team, 2023).
Mental illness and the person using violence	Mental illness is common among people who commit intimate partner homicide and familicides, one of the most frequently referenced being depression (Lawler et al., 2023). The presence of mental illness may also be linked with the escalation, frequency and severity of violence (Victorian Government, 2018). Dynamic changes to mental health, including acute mental health deterioration, should be monitored and taken seriously. This is because deterioration or acute stressors may indicate a heightened risk of lethal violence where DFV is already occurring (Boxall et al., 2022). A person using violence may also exploit a victim-survivor's mental health concerns or diagnoses to exert control, undermine disclosures, or avoid accountability. This can include gaslighting – minimising responsibility and causing a victim-survivor to question their judgement, memory, sanity or sense of reality (Commonwealth of Australia, 2023).
Suicidal ideation and/or threats to suicide by person who uses violence **HIGH-RISK**	Threats or attempts to self-harm or suicide are a risk factor for intimate partner homicide, as well as homicide–suicide especially during separation or crisis (Karlsson et al., 2021; Matias et al., 2020; Kim & Merlo, 2023). While all threats to suicide or attempts should be taken seriously, it is well known that it can be used by people who use violence as a way to exert control over a victim-survivor. The Australian Domestic and Family Violence Death Review Network (ADFVDRN) research (2022) has found that 18% of men who killed an intimate partner in Australia between 2010 – 2018 died by suicide following the homicide and 22% of DFV-related filicide offenders died by suicide during or after committing the filicide. This link has led leading UK homicide researcher Professor Jane Monkton-Smith to say that if the person using violence threatens to kill themselves, take that as a threat that they are going to kill the victim (Monkton-Smith, 2021). This factor is an extreme extension of controlling behaviours.

Risk factor	Description
Victims' perception of risk	A victim-survivor's own sense of fear of serious harm is one of the strongest short-term indicators of severe DFV outcomes (Jiang et al, 2026). Victim-survivors know the person using violence best and can often accurately predict their own level of safety and risk, including the risk of re-assault. However, workers need to be aware that sometimes victim-survivors may minimise their risk due to the person using violence's abusive tactics which can create fear, confusion or denial.
Grievance development **HIGH-RISK**	Grievance refers to unique or personal vendettas, often underpinned by a sense of injustice, loss, injury or victimisation. New research has pointed to personal grievances, or vendettas, held by a person using violence as a common factor in cases of lethal DFV (Cooper et al., 2022). These grievances can stir feelings of resentment and revenge-seeking, where the person using violence may see a victim-survivor as the source of their problems. Often, people using violence develop grievances that are objectively false or founded upon incorrect beliefs – but these are still equally dangerous. A 2022 study of 38 lethal family violence cases found evidence of grievance in 20 cases (53%), alongside high rates of mental illness relative to the general population (Cooper et al., 2022). In these cases, lethal violence was used as a way to enact revenge, while cases without grievance were motivated by 'altruism' or frustration in reaction to the victim. While grievances are not present in all cases of domestic and family violence, when they are identified and effectively challenged, it is an opportunity to reframe or "call in" a person's behaviours and beliefs. Grievance is also clearly seen in previous research that has highlighted feelings of injustice and entitlement held by people that use violence (Monkton-Smith, 2021). 'Fixated threat offenders' most clearly align with this concept (Boxall et al., 2022). These are people whose controlling behaviour escalated in the context of a perceived loss – loss of control over the victim during a separation. It is during this time, the "offender blames the victim for his loss of control in other domains of his life" (Boxall et al., 2022, p.31). Compared to the other two pathways, prior planning (for example, obtaining a weapon) and threats to kill were more common.

Remember: Victim-survivor self-assessment of risk

Victim-survivors are often best placed to assess their own level of risk, meaning that we need to treat their concerns seriously if they say they are high risk for experiencing significant harms. However, minimisation of risk can also occur, even in situations where several evidence-based risk factors are present. This paradox creates a challenge for professionals. While a victim-survivor's self-assessment of high-risk should be a primary indicator for service intervention, a low risk self-assessment must be carefully considered within the context of other evidence-based risk factors and professional judgement.

References

Australian Institute of Health and Welfare. (2026, April). *Family, domestic and sexual violence: Domestic homicide*. Accessed 8 July 2026.

Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety. (2022). *Australian Domestic and Family Violence Death Review Network Data Report: Intimate partner violence homicides 2010–2018.* ANROWS.

Barbosa-Torres, C., Bueno-Galán, M., Bueso-Izquierdo, N., Cantillo-Cordero, P., & Moreno-Manso, J. M. (2024). Intimate partner violence and domestic violence linked to animal abuse: a review of the literature. *Current Psychology*, *43*(41), 32200–32209.

Barrett, B. J., Fitzgerald, A., Stevenson, R., & Cheung, C. H. (2020). Animal maltreatment as a risk marker of more frequent and severe forms of intimate partner violence. *Journal of Interpersonal Violence*, *35*(23–24), 5131–5156.

Boxall, H., Doherty, L., Lawler, S., Franks, C., & Bricknell, S. (2022). *The "Pathways to intimate partner homicide" project: Key stages and events in male-perpetrated intimate partner homicide in Australia*. ANROWS.

Butler, K., & MacDonald, J. B. (2024). *Violence against family animals in the context of intimate partner violence*. Australian Institute of Family Studies.

Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollenberger, J., Frye, V., & Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health, 93*(7), 1089–1097.

Collins, E. A., Cody, A. M., McDonald, S. E., Nicotera, N., Ascione, F. R., & Williams, J. H. (2018). A template analysis of intimate partner violence survivors' experiences of animal maltreatment: Implications for safety planning and intervention. *Violence against women*, *24*(4), 452–476.

Commonwealth of Australia. (2023). *National principles to address coercive control in family and domestic violence.* Attorney-General's Department.

Cooper, A. J., Pathe, M. T., & McEwan, T. E. (2022). The role of grievance in fatal family violence and implications for the construct of lone actor grievance-fuelled violence. *Frontiers in psychology*, *13*, 1057719.

Dhunna, S., Lawton, B., & Cram, F. (2021). An affront to her Mana: Young Māori mothers experiences of intimate partner violence, *Journal of Interpersonal Violence*, *36*(13–14), 6191 6226.

Dwyer, J., & Miller, R. (2014). *Working with families where an adult is violent: Best interests case practice model, specialist practice resource.* Victorian Government, Department of Human Services.

Ending Violence Association of BC. (2013). *Safety Planning Across Culture and Community: A Guide for Front Line Violence Against Women Responders*.

Glass, N., Laughon, K., Campbell, J., Block, C. R., Hanson, G., Sharps, P. W., & Taliaferro, E. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *The Journal of emergency medicine*, *35*(3), 329–335.

Jiang, J., Shlonsky, A., & Featherston, R. (2026). Intimate Partner Violence and Victim-Survivors' Self-Assessed Risk of Revictimisation: A Systematic Scoping Review. *Trauma, Violence, & Abuse*, *00*(0), 1–22.

Karlsson, L. C., Antfolk, J., Putkonen, H., Amon, S., da Silva Guerreiro., J, de Vogel., V, Flynn., S & Weizmann-Henelius, G.(2021). Familicide: A systematic literature review. *Trauma, Violence, & Abuse*, *22*(1), 83–98.

Kim, B., & Merlo, A. V. (2023). Domestic homicide: A synthesis of systematic review evidence. *Trauma, violence, & abuse*, *24*(2), 776–793.

KODY Research Team. (2023). *Substance Use Coercion: The Intersection of Domestic and Family Violence and Alcohol and Other Drugs*. University of Melbourne.

Matias, A., Gonçalves, M., Soeiro, C., & Matos, M. (2020). Intimate partner homicide: A meta-analysis of risk factors. *Aggression and violent behavior, 50*, 1–12.

Monckton-Smith, J. (2021). *In control: Dangerous relationships and how they end in murder*. Bloomsbury Publishing.

Raponi, M. B. G., Condeles, P. C., Azevedo, N. F., & Ruiz, M. T. (2024). Prevalence and risk factors for intimate partner violence and indigenous women: A scoping review. *International journal of nursing practice*, *30*(1), 1–26.

Taylor, N., Fraser, H., & Riggs, D. W. (2020). Companion-animal-inclusive domestic violence practice: Implications for service delivery and social work. *Aotearoa New Zealand Social Work, 32 (4), 26–39*.

Victorian Government. (2018). *Family violence multi-agency risk assessment and management framework: A shared responsibility for assessing and managing family violence risk*.