Adult Person Using Violence Risk Assessment Tool

IMPORTANT: This tool is for Tier 3 organisations and workers only.

Who can use this tool: Only Tier 3 organisations and practitioners can use this tool. For information on tiers and roles and responsibilities, please see the RAMF.

What is the purpose of this tool: This tool is a continuation of the PUV Risk Identification Tool. It helps workers identify, assess and map risk of DFV perpetration, by recording and assessing information about a PUV.

When should this tool be used: You should use this Risk Assessment Tool if:

- you are a Tier 3 practitioner working with a person you know is using DFV about their use of violence; or
- you are a Tier 3 practitioner working with the victim-survivor or as part of a multi-agency response, and you are collating risk-relevant information about a PUV and mapping their patterns of behaviour over time.

You can use this Risk Assessment Tool as an ongoing way to collate and assess risk-relevant information. In service settings where a person has multiple contacts, you and other professionals may identify risk-relevant information about DFV risk over time and document observations and information in this tool.

Part A: Identified risk factors	This Part guides practitioners to record the presence of risk factors identified by information sharing, observation or direct disclosure.
Part B: Identifying and mapping patterns of violence	This Part guides practitioners to identify patterns of coercive control and other actions used to harm the victim-survivor, and map these behaviours against indicators that may inform assessments of escalating harm and severity. This Part will support practitioners to document clear, detailed and behaviour-focussed case notes about the person using violence, including how those behaviours impact the victim-survivor(s).
Part C: Motivations for change	Tier 3 practitioners working with people using violence *about* their use of violence are encouraged to identify and understand readiness and motivation to change to support system-level accountability to time-based opportunities for intervention.
Part D: Outcome of Assessment	Practitioners determine the level of risk using the collated information, by applying their professional judgement.

Name of worker completing this tool	
Date	

Service user – Person using violence

Full name:	
Date of Birth:	
Contact details:	
Primary address:	
Current location:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information and adjustments:	
Relationship to victim-survivor:	

Victim-survivor (or other potential third party)

Full name:	
Date of Birth:	
Contact details:	
Primary address:	
Current location:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information:	

Child (potential victim-survivor)

Full name:	
Date of Birth:	
Contact details:	
Primary address:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
Person with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information:	

Part A – Identified Risk Factors

Presence of risk factors identified by information sharing, observation or disclosure

Information about risk factors present	Source (Organisation name, contact person)[1] or Observed, disclosed	Information sought from/shared with Date received Detail Information safety (note if not to be shared with PUV)[2]
Risk factors relevant to an adult victim's circumstances		
Physical assault while pregnant/following new birth*		
Self-assessed level of risk		
Planning to leave or recent separation		
Escalation — increase in severity and/or frequency of violence*		
Imminence		
Financial abuse/difficulties		
Person using violence behavioural risk factors		
Controlling behaviours*		
Access to weapons*		
Use of weapon in most recent event*		
Has ever harmed or threatened to harm victim or family members		
Has ever tried to strangle or choke the victim*		
Has ever threatened to kill victim*		
Has ever harmed or threatened to harm or kill pets or other animals*		
Has ever threatened or tried to self-harm or commit suicide*		
Stalking of victim*		
Sexual assault of victim*		
Previous or current breach of court orders/protection orders		
History of family violence		

1 Risk factor identified from information shared from other service, victim survivor, disclosure from the PUV, or other source.
2 Note whether information should be withheld/safeguarded from PUV.

Information about risk factors present	Source (Organisation name, contact person)[1] or Observed, disclosed	Information sought from/shared with Date received Detail Information safety (note if not to be shared with PUV)[2]
History of violent behaviour (not family violence)		
Obsession/jealous behaviour towards victim*		
Unemployed / disengaged from education*		
Drug and /or alcohol misuse/ abuse*		
Mental illness		
Isolation		
Physical harm		
Emotional abuse		
Property damage		
Risk factors specific to children caused by the PUV's behaviours		
Exposure to family violence		
Sexualised behaviours towards a child by the person using violence		
Child intervention in violence		
Behaviour indicating non-return of child		
Undermining the child-parent relationship		
Professional and statutory intervention		
Risk factors specific to children's circumstances		
History of professional involvement and/or statutory intervention		
Change in behaviour not explained by other causes		
Child is a victim of other forms of harm		

* May indicate that the victim-survivor is at increased risk of serious harm or lethality.

Part B – Identifying and Mapping Patterns of Violence

Section 4 – Identifying patterns of domestic and family violence behaviour

Identifying patterns of domestic and family violence behaviours is the first step to monitoring for change or escalation to frequency and severity. This is important in identifying risk of lethality and may indicate if risk is imminent.

STEP 1: IDENTIFY THE PATTERNS OF COERCIVE CONTROL, AND ACTIONS OR BEHAVIOURS USED TO HARM THE VICTIM-SURVIVOR(S).

This step is about identifying the behaviours and actions the person using violence engages in, not the resulting harm. Patterns of behaviour to consider can include, among other things:

- **physical violence** (e.g., strangulation, shoving, punching, kicking)
- **sexual violence** (e.g., forced/coerced sexual activity, intimate image abuse, sexual humiliation, reproductive coercion)
- **threatening/intimidation** (e.g., to hurt, kill, suicide, take children, make false reports to authorities)
- **financial control** (e.g., sabotaging employment, controlling access to finances)
- **emotional abuse** (e.g., withholding love/affection/communication, degrading behaviour, disregarding boundaries)
- **network assisted violence** (where the person using violence uses their networks to amplify their violence or coercive control over the victim-survivor)

STEP 2: ASSESS RECENCY, FREQUENCY, AND ESCALATION OR SEVERITY OF PATTERNS

The purpose of this step is to monitor the level of risk overtime in response to changes or escalation in frequency or severity of behaviours. **Remember that episodic "one-off" behaviour may not always indicate lower risk of serious harm.** Some people who use violence will engage in certain behaviour to create a climate of fear and reinforce control. Apply a victim-centred approach to understanding the impact of these patterns of behaviours.

Recency: 1 – 2 days, 1 – 3 weeks, 1 – 3 months

Frequency **How often has this kind of event occurred?**	**Indication of risk level*** ***Frequency does not alone determine level of risk***	**Note: Changes in frequency, severity or escalation (including recency)**
Once only / rarely A few times per year	May indicate **at-risk**.	
Sometimes Monthly / at least once a month / every few weeks	May indicate **elevated risk**	
Often Weekly / at least once a week	May indicate **serious risk**	
Always / all of the time Daily	May indicate **serious risk**	

STEP 3: MAP THE PATTERNS OF COERCIVE CONTROL AND ABUSE ONTO THE VICTIM-SURVIVOR(S).

Tier 3 practitioners will often be a critical part of an ongoing multi-agency response to serious-risk domestic and family violence cases. While these system responses can be essential parts of risk management responses, a lack of DFV-informed practice can generate risks to the victim-survivor (and their family).

An essential part of DFV-informed practice is ensuring that responsibility for the violence – and the resulting impacts of the violence – are placed with the person using violence. An important way to create this system visibility of the person using violence is by making behaviour-focused case notes about them, their patterns of behaviour, and mapping those patterns against the impacts on the victim-survivor and family network.

As relevant to different Tier 3 organisations and practitioners, you can consider the following non-exhaustive prompts when making behaviour-focussed case notes:

Impacts on victim-survivor(s)	• How has the PUV's patterns of abuse caused harm to the health, safety or wellbeing of the victim-survivor(s)? • Have there been any impacts on children, if applicable?
Impacts on family functioning and family ecology	• How has the PUV's behaviours negatively impacted interactions and relationships between family members (that is, 'family ecology')? • How has the PUV's behaviours affected the other parent's ability to parent?
Impacts on substance use and mental health	• Identify issues in child, parent or family functioning that the PUV's behaviours may have caused (e.g., coerced substance use) • Identify issues in child, parent or family functioning that the PUV's behaviour may have exacerbated • Identify if PUV has interfered (directly or indirectly) with efforts of family members to receive treatment or services
Intersectionalities	• Does the victim-survivor have any social status vulnerabilities that the person using violence is exploiting? • Does the person using violence have any social status privilege that contributes to their control? • Has the person using violence attempted to manipulate system responses against the victim-survivor?

For further guidance on mapping patterns of coercive control and taking a behaviour-focussed approach to case noting, please refer to the Safe and Together Institute's *Mapping the Perpetrator's Pattern: A Practitioner's Tool for Improving Assessment, Intervention and Outcomes* (2021).

Part C – Motivations for Change

IMPORTANT: This Part is only for Tier 3 practitioners who work with people using violence about their use of violence.

For a person using violence, their readiness to engage with programs to address their use of violence will not likely be a priority. Understanding motivations for change can be a critical part of system-level accountability, and workers should always link the unique circumstances of their motivations back to risk assessment.

Motivations for change may present unique risks, especially when those motivations are related to the presentation of key risk factors. Motivations around the partner, children or family may relate to recent separation or cessation in contact. Motivation due to court intervention has different implications depending on the type of intervention (e.g., a protection order usually coincides with escalating risk, whereas a person on a sentencing order may present opportunities for stabilising risk through supervision and oversight of the person).

Having this understanding can support professionals to respond through time-based opportunities for interventions and increase likelihood of ongoing engagement and monitoring. Motivations for change may also not be genuine; people using violence may present as showing insight or desire to change when a system response has identified them as using violence. This could be to reduce or decrease their visibility to system responses.

Identified motivations to seek help or support for change about presenting needs or DFV risk behaviours

Identified motivations	Link to risk factors (if applicable)
Motivations/readiness present to seek support (self-reflective related to status / capacity / goals): ☐ Circumstances (stabilisation of presenting needs)	
☐ Safety – capacity to empathise with impact of behaviours (adult or child victim-survivor, service user (self), community)	
☐ Relationship with partner / family member	
☐ Relationship with children (identity as parent / carer; bond with children)	
☐ Relationship with person in care	
☐ Self-worth / identity as better person	
☐ Court or system interventions	
☐ Direct disclosure	
Other	

PART D – OUTCOME OF ASSESSMENT

Determining level of risk

This section is for practitioners to record their assessment of risk, and record any actions taken.

Assessment of risk	Decision
Level of risk to adult or child victim-survivor(s)	☐ At risk ☐ Elevated Risk ☐ Serious Risk ☐ **Requires immediate intervention**
Professional who determined level of risk Determination may be made by you or another professional/service working with the victim-survivor	☐ Self ☐ Other – indicate who:
Risk to self: Disclosed risk of suicide or self-harm Section 1: Whether immediate intervention is required will depend on recency of disclosure, imminency of the risk, and previous known history about the person	☐ Not indicated ☐ Indicated ☐ **Requires immediate intervention**
Risk to others: Risk indicated to any other person in community (including you/professional)	☐ Not indicated ☐ Indicated ☐ **Requires immediate internation**
Rationale	

Misidentification	Response
Have you used this tool to determine the primary aggressor? (responding to misidentification)	☐ Yes – **if yes, update your records and share information with other professionals** ☐ No
Is further assessment required to determine the primary aggressor? If yes, update your records and share information with other professionals	☐ Yes ☐ No Shared with:

Response options

Once you have completed an intermediate risk assessment, the next step is to determine what level of response is required. An assessment is only useful if it leads to clear, timely action. This section sets out what practitioners should do when a person using domestic and family violence is assessed as 'At-risk', 'Elevated Risk' or 'Serious Risk'.

The below table provides guidance on response options. Where a practitioner is unsure about appropriate response options, they should seek secondary consultation within their organisation, and/or consider sharing information with a specialist domestic and family violence service.

☐ **At-risk** 	• Document observations and concerns • Share relevant information (as authorised) • Refer to appropriate supports (if safe to do so) e.g., alcohol or other drug services, mental health services, housing support • Provide accountability messaging (e.g., "violence is never acceptable") • If safe/appropriate, check in with victim-survivor
☐ **Elevated Risk** 	• Share information with relevant services (DVCS, ACT Policing, CYF, EveryMan/BCPs, ACTCS) • Ensure victim-survivor receives contact/support via DVCS • Strengthen accountability with the person using DFV (call-in conversations, boundary setting) • Contribute to a multi-agency plan (if convened or in place) • Continue monitoring for escalation in any presentation of narratives or behaviours
☐ **Serious Risk** To self, adult or child victim-survivor, third party or professional 	Proactively share information about the person using violence or seek secondary consultation with specialist services to support the person using violence (or provide secondary consultation) **If you have any concern for the safety of any adult or child victim-survivor, call Police (000).** If **immediate risk** to any person is identified, immediate intervention is required. • Contact Triple Zero (000) and ask for police if a crime has been committed or is likely to be committed • Contact your local CATT team if acute signs of mental ill health are present • contact Children, Youth and Families where mandatory reporting obligations are present • Consider child wellbeing and safety, and share information if needed