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# Trust and safety, risks and opportunities

A recent forum showcasing the latest approaches to reducing family violence-related deaths was timely, given that the Victorian Government is soon to release funding for 17 multi-agency programs across the state that target families at high risk of serious harm due to family violence.

## inbrief

- › Multi-agency high-risk management programs have been shown to be effective; however, there can sometimes be unintended consequences
- › High-risk interventions are most effective when they focus on the perpetrator of the violence
- › Monitoring the system response is critical to identifying gaps
- › We must ensure that all women and children have access to an integrated and effective response to family violence

A full house at Melbourne Town Hall's supper room is testimony to the significant level of interest in interventions targeting high-risk family violence in Victoria. *What Does it Take?*, a forum hosted in September 2014 by the Domestic Violence Resource Centre Victoria and supported by Domestic Violence Victoria, No to Violence and the State Government of Victoria, attracted over 200 delegates from the family violence service system.

### A shared understanding of high risk

The Victorian Government's new high-risk initiatives will be based on two pilot projects that were established in the City of Hume and the City of Geelong in 2011. In both cases, local women's family violence service providers, Berry Street Northern Family and Domestic Violence Service and Bethany Community Support Services, were funded to coordinate a multi-agency panel process. Risk Assessment and Management Panels (RAMPs) were established to identify families at high risk and to work to manage that risk. Bethany Community Support Services and Berry Street were also funded to provide intensive case management to women and their children who were

assessed as being at high risk of serious harm.

A keynote speaker at the forum was Cathy Humphreys, Professor of Social Work at the University of Melbourne and one of Australia's leading academics and authors on family violence and child safety. A member of the reference group guiding the development of a model for multi-agency responses in Victoria to families at high risk, Professor Humphreys spoke of the establishment of these interventions as an exciting and much anticipated opportunity to address the high rate of family violence-related deaths in Victoria. Professor Humphreys pointed out that high-risk responses have the potential to galvanise the interagency response in a way that has not been seen before in this state.

A steep increase in arrests for family violence-related deaths in Victoria, from 13 in 2011–2012 to 45 in 2012–2013, was highlighted in Professor Humphrey's presentation. At least some of this increase is thought to be due to better forensic and investigative approaches to family violence crime. Rather than just homicide cases, the figures now include cases of manslaughter, culpable driving and charges such as incitement to murder,



**Left:** Professor Cathy Humphreys

**Right:** Mhairi McGowan

all in the context of family violence. As we have seen with increases in reports of incidents to police in recent years, it may be that a greater public awareness and an improved response from police is revealing a truer picture than ever before of the human cost of family violence.

It is this loss of human life—mostly women and children—that high-risk interventions are seeking to address. Professor Humphreys called these figures ‘extraordinary’ and ‘disturbing’. She also pointed out that the majority of inquests held for child deaths reported to Child Protection in Victoria concerned children who have lived with family violence.

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in Victoria who have died, is to create a stronger and safer intervention for those that live with violence,’ said Professor Humphreys.

Professor Humphreys warned that, while it is clear that interventions targeting families at high risk are required in Victoria and have been shown to be effective, there can also be unintended consequences from these interventions, depending on the model that is adopted and how it is implemented.

An evaluation of the pilot projects in Victoria<sup>1</sup> showed that risk assessment processes were a contentious issue. Both of the pilot projects used the Common Risk Assessment Framework (CRAF) to identify cases that were ‘high risk’. As an established and agreed tool of risk assessment across all parts of the service system, CRAF remains the foundation for assessing and responding to family violence risk in Victoria.

Yet there is evidence to suggest that an actuarial tool, which attributes a value to each risk factor and produces a risk ‘score’, when used in conjunction with professional judgment, may be more accurate and produce more consistent results than CRAF. Professor Humphreys pointed out that, while CRAF remains a suitable tool for use by most services, we might avoid some of the problems encountered in the pilot projects by considering whether an actuarial tool could be more effectively applied to the identification of high-risk cases.



## RAMP

RAMP is a Risk Assessment and Management Panel comprised of women’s domestic violence services, Victoria Police, Corrections Victoria, DHS Child Protection, Child FIRST, Women’s Domestic Violence Crisis Service, men’s behaviour change programs, local hospitals, Maternal and Child Health Services, Centrelink, Office of Housing, and mental health, alcohol and other drug services. Other services, such as Aboriginal community services, culturally specific services and disability services are invited to participate in the RAMP processes when they are required for individual cases.

Any RAMP member may propose a case for consideration by the panel at monthly meetings and the Common Risk Assessment Framework (CRAF) is used to determine which cases are deemed ‘high-risk’.

## Agreed responses to high-risk management

Professor Cathy Humphreys proposed a series of agreed responses to high-risk management that might guide our interventions in Victoria. These included:

- › information sharing and coordinated action
- › intervention orders and criminal charges
- › high-level evidence-gathering with a view to apprehend perpetrators whenever possible: photos, witness statements, permission for medical information, following-up perpetrators who leave the scene, timely follow-up of arrest warrants, intelligence information about other crimes, action on breaches, and evidence-gathering on stalking
- › increased security of the home: surveillance, alarms
- › victim support in court
- › intensive case management
- › protective responses for children
- › sharing the risk assessment as the basis of safety planning.

An actuarial risk assessment tool is used by the Northern High Risk Response Conference (HRRC) in Melbourne (see ‘The evolution of high-risk interventions’ on page 9), though this tool is yet to be independently evaluated. HRRC is a police-led multi-agency initiative that is independent of the pilot projects.

Both Professor Humphreys and keynote speaker, Mhairi McGowan, Head of Service at ASSIST and Domestic Abuse Services, Community Safety Glasgow, highlighted the fact that any risk assessment tool is inaccurate without information-sharing between agencies. ‘No single agency holds all of the information about the levels of risk faced by women and children who experience family violence,’ cautioned Mhairi McGowan.

Benchmark data, produced by KPMG in 2008 for the pilot projects in Victoria and quoted by Professor Humphreys, showed that women’s family violence services identified more risk factors present in a proportionately greater number of cases than police identified in the same number of cases. While it is understandable that women will

often disclose more to staff at specialist family violence services than to police immediately following an incident, this data points to the importance of information-sharing between agencies to produce a well-rounded assessment of risk.

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### Targeting the perpetrator

Mhairi McGowan from ASSIST and Domestic Abuse Services in Glasgow, Scotland, was also a keynote speaker at the forum. She emphasised the need to place the perpetrator at the centre of any intervention to reduce risk. One way that this is achieved in Scotland is by treating domestic abuse as a crime and diligently pursuing perpetrators. Following an incident, police hold perpetrators overnight, which is when the risk to victims/survivors is considered greatest. A focus on holding perpetrators accountable for their use of violence not only increases the safety of victims/survivors, but also discourages the victim-blaming approach that is so prevalent in our service and institutional responses.

ASSIST is unlike any service for victims/survivors of domestic violence in

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Victoria. It is co-located with police, is focused on the criminal justice system. It works with a specialist police taskforce to collect and share intelligence that targets serious and serial offenders for crimes that need not directly relate to family violence.

Professor Humphreys shares McGowan's conviction that high-risk interventions must be focused on the perpetrator of the violence. The children of women at high risk are also potentially at high risk from the perpetrator. Professor Humphreys suggested that a RAMP process that is focused on perpetrators creates 'a major opportunity for supporting a positive shift in child protection intervention'. It also provides a chance to consider the role of child protection agencies in post-separation violence.

### Trust and inter-agency relationships

ASSIST convenes and coordinates Multi-Agency Risk Assessment Conferences (MARACs) as well as participating in the police-led Multi-Agency Tasking and Coordinating meetings (MATACs) for those at highest risk. This is a similar role to the one performed by Berry St and Bethany Family Violence Services in relation to the operation of the RAMPs in Victoria's pilot projects.

McGowan noted that, 'ASSIST's whole ethos is about reducing risk and building safety, and we can only do that by building trust and safety within our organisations and between our organisations. We cannot expect a victim to trust us if we cannot demonstrate that we trust other organisations.'

McGowan described a lengthy process of negotiation and the gradual building of trust between ASSIST and the police, and between all the agencies involved in working together to target high-risk

and serial perpetrators. Part of this process included establishing a police taskforce, to target serial perpetrators, and multi-agency groups (MATACs) to work with the taskforce to manage the risk posed by these perpetrators.

There has been a significant reduction in repeat victimisation in Glasgow since MATACs were established five years ago. Throughout Scotland the rate of repeat victimisation is 61–62 per cent, while in Glasgow the rate for victims/survivors who have been through the MATAC process is 37 per cent.

McGowan pointed to several factors in the success of the MATAC process. In terms of the partnership between ASSIST and the police, McGowan remarked, 'It's really important that there's an equal partnership and equal culture, and both cultures have had to change to build the partnership'. McGowan also noted the role of champions in each organisation who drive the interagency relationships, openness and transparency in being able to challenge each other and address issues as they arise. McGowan said serial and high-risk perpetrators will seek out gaps and inconsistencies in the system's response, and exploit these to continue their abuse. Monitoring the system response is critical to identifying gaps. At ASSIST a quality log is maintained to track issues and identify trends.

Embedding processes and structures in each organisation is also a crucial element of any multi-agency approach to intervention. Individuals come and go but the organisation's approach should remain consistent. As McGowan observed, 'The structures uphold the process, not individuals'.



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### Victim/survivor participation and representation

The Western Extreme Risk Client Strategy is currently the only high-risk multi-agency intervention in Victoria where a woman is invited to attend a meeting at which a risk management plan can be developed. An evaluation of the strategy<sup>2</sup> found that many women minimise their level of risk and often only recognise the degree of danger after attending a risk management meeting.

Professor Humphreys encouraged forum participants to consider the potential consequences of the victim/survivor being absent when their case is discussed at a RAMP meeting. Their absence is at odds with the recognition across the women's domestic violence sector that it is good practice to engage women actively in risk assessment, safety planning and case management processes. While acknowledging that many women face considerable barriers that may prevent them from attending

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such meetings, she asked us to reflect on how services will ensure that the voices of these women and children are represented adequately.

With victims/survivors not present at RAMP meetings, effective advocacy from women's family violence services and a culture of respect and understanding of the victim's/survivor's perspective is essential in decreasing the risk. In each of the pilot projects, family violence services have worked closely with the woman involved to ensure that she and her children's needs and perspectives are reflected in the RAMP processes.

Professor Humphreys also questioned whether Aboriginal communities have been engaged in developing a response to families at high risk that is owned by them as well as by non-Aboriginal communities. There are also questions around the inclusion of diverse and marginalised groups, including women with disabilities, who are particularly vulnerable to abuse and its effects.

Gender may also be an issue that RAMPs must consider. Professor Humphreys pointed out that, in an evaluation of a high-risk strategy (MARAC) in Cardiff, some of the cases where there was most risk involved violence from both the man and the woman. She suggested that RAMPs in Victoria should not exclude cases where women are violent.

## What about the other 90 per cent?

'RAMP is not a silver bullet—it is one step in an integrated system,' says Professor Humphreys. 'It's important to remember that risk assessment misses many high-risk women and their children.'

Since the vast majority of those experiencing family violence will never be referred to a RAMP or receive intensive case management, we must ensure that there is an integrated and effective system response for all.

While services that respond to family violence are considering how they will contribute to multi-agency interventions for high-risk families, they may also want to examine the lessons that can be learnt from these approaches and what they tell us about making all victims/survivors safe from family violence. ■

### Endnotes

<sup>1</sup> Thomson Goodall Associates, 2013.

<sup>2</sup> WLK Consulting (2013), *High Risk Strategy Pilot, 2008–2010*.

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## The evolution of high-risk interventions

The forum included a panel discussion about the evolution and operation of high-risk interventions in Victoria. The panel was comprised of representatives from the following programs:

### **Geelong Strengthening Risk Management and RAMP Demonstration Project**

Coordinated by Bethany Family Violence Services. Intensive case management for women and their children at high risk and monthly multi-agency meetings to create risk management action plans.

### **Hume Strengthening Risk Management and RAMP Demonstration Project**

Coordinated by Berry Street Northern Family & Domestic Violence Service. Intensive case management for women and their children at high risk and monthly multi-agency meetings to create risk management action plans.

### **Northern High Risk Response Conference**

Coordinated and led by Victoria

Police, North West Metro Division 5. An actuarial risk assessment tool is used by police to determine high-risk cases, which are brought to fortnightly multi-agency meetings where a risk management action plan is created.

### **Extreme Risk Client Strategy, Western Region**

Coordinated by Women's Health West. Multi-agency meetings are called as needed for individual extreme risk case responses. Women are invited to attend the meetings and participate in the development of risk management plans. An evaluation of the program was conducted by WLK Consulting in 2013.

### **Bsafe Program**

Coordinated by Women's Health Goulburn North East. Operates in the Hume region of Victoria. A personal alarm system and risk management option primarily for people escaping family violence who are protected by an intervention order that excludes the perpetrator from their home.