

Evaluation of the Safer Advocacy in Legal Services (SAILS) Risk Screening Tool for Family and Domestic Violence developed by Women's Legal Service Western Australia (WLSWA).

Final Report May 2025

Research team:

**Professor Stephan Lund, Chelsea Gray,
Juliette Hunt**



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**

School of Allied Health

The research team acknowledge this work was done on the lands of the Wadjuk peoples of the Noongar nation, Western Australia. We pay our deepest respects to the Elders past and present. We offer our gratitude to all Aboriginal participants who contributed to this research. This is, was and always will be Aboriginal land.



In this document, term 'Aboriginal' people are used in preference to "Indigenous" or "Aboriginal and Torres Strait Islander" people, in recognition that Aboriginal peoples are the original inhabitants of Western Australia.

The term Family and Domestic Violence (FDV) or Intimate Partner Violence (IPV) is defined by the United Nations as "a pattern of behaviour in any relationship that is used to gain, or maintain, power and control an intimate partner" and can be mental, physical, economic or sexual in nature (UN, 2022; WHO, 2020). The term 'victim-survivor' is inclusive of adults and children who have experienced family and domestic violence or intimate partner violence.

WLSWA primarily uses the term FDV to describe both domestic and family violence and prescribes to the definition of family and domestic violence as per Section 5A of the *Restraining Orders Act* (1997) WA. WLSWA understands the term 'domestic violence' is closely aligned with intimate partner violence where men are the primary perpetrator and women and children the primary victim-survivors. WLSWA acknowledges that family violence may be a preferred term used by Aboriginal people and communities as it may speak to broader understandings of family and take lateral violence into consideration .

WLSWA is a gender specific provider advocating for women. Gendered language is used in this report recognising women as the WLSWA client group, and women as victims/survivors and perpetrators as men. This is in recognition that FDV is gendered, and most victims are women (ABS, 2023; DSS, 2022). We also acknowledge that men, trans women, trans men, and people who do not identify with gender binary, are also impacted by gendered violence and are victims/survivors of FDV and IPV in relationships (Ussher et al., 2022).

Table of Contents

Executive Summary

1. Introduction

2. Methods

2.1 Desktop Review

2.2 Thematic Analysis

3. Results

3.1 Integration of FDV Risk Screening Tool

3.2 Provision of person-centred approach

3.3 Responding to high risk and very high risk

3.4 Provision of specialist FDV staff training

4. Recommendations

4.1 Structure and layout of the Tool

4.2 Cultural sensitivity of the Tool

4.3 Responding to high risk and very high risk

4.4 Provision of specialist FDV staff training

5. Ethics

6. Conflicts of Interest

7. Funding

8. References

Appendix 1: Desktop Review

Executive Summary

The Women's Legal Service of Western Australia (WLSWA) is a gender-specific and not for profit community legal centre (CLC). WLSWA provides culturally safe and trauma-informed socio-legal advice, support, and advocacy to Western Australian (WA) women with complex socio-legal needs (WLSWA, 2024). Many women accessing WLSWA socio-legal services have significant intersecting and compounding disadvantage due to poverty, homelessness, ill health, disability, and experiences of (or at risk of) family and domestic violence (FDV) (WLSWA, 2024; WLSWA, n.d.). Within a strengths-based and person-centred approach, WLSWA endeavours to build a woman's knowledge of her legal, social, and financial rights and empower her to make safe decisions and informed choices for long-term physical, emotional and financial security.

WLSWA provides legal assistance and advice in areas of family law, child protection, family or sexual violence criminal injuries compensation, family violence restraining orders and referrals. WLSWA have expanded their legal service provision to include financial counselling and social work, acknowledging an integrated holistic service provides a wrap-around socio-legal outcome for women experiencing compounding disadvantage and gender discrimination (WLSWA, 2024; WLSA, 2020).

WLSWA have experienced a continued escalation in demand for family and domestic violence (FDV) specific support services exacerbated by consequences of the COVID-19 pandemic, cost-of-living pressures, and the housing crisis (UN, 2022; WHO, 2020). Within this societal context, disadvantaged women are often unable to support themselves and their children, often having to choose between staying in a violent relationship or homelessness (UN, 2022; WHO, 2020). Approximately 90% of WLSWA cases note evidence of FDV and this has increased the complexities of the legal cases, placed pressure on the organisation's capacity and capabilities to respond, and heightened the systemic barriers to equitable outcomes within the justice system for women experiencing FDV (WLSWA, 2024).

WLSWA, and other Community Legal Centres (CLCs) within WA, are commonly the first point of contact for women contemplating, reporting, or fleeing a violent family member and as such often hold the risk for women with very high risk of FDV (WLSWA, 2022). Therefore, WLSWA practitioners must understand coercive control and be focused on perpetrator behaviour when assessing FDV-risk to ensure a woman and her children are safe from harm. Expedient responses are necessary when FDV risks are high or very high and exacerbated when the woman has low capacity to support herself and is not connected to support services (WLSWA, 2024).

While there are many risk assessments and screening tools available in the field of FDV, these are often not suitable for many CLCs within legal practice and capacity limitations. Additionally, participation in the legal system can increase a victim-survivor's risk of FDV, and more resources should be available to support lawyers

manage this risk appropriately . CLC practitioners, both legal and non-legal, require a FDV practice competency and understanding of intersectional barriers some women face when seeking legal advice to ensure their professional judgement is culturally safe and trauma informed .

In response, WLSWA committed to implementing a Lotterywest-funded, Safer Advocacy and Information in Legal Services (SAILS) project, focused on developing and integrating a family, domestic and sexual violence Risk Screening Tool specific for CLCs (Cass, 2022; WLSWA, 2024). WLSWA developed the SAILS Risk Screening Tool to improve practice frameworks and competencies in FDV risk screening, assessment, and response within CLCs unique practice and capacity parameters. The main objectives are twofold. Firstly, to ensure CLCs screen all women for FDV risk and act on information given by a woman to ensure her, and her children's immediate and long-term safety (WLSWA, n.d.). Secondly, improve practice frameworks and socio-legal practitioners' competency in risk screening, assessment, purposeful information sharing and coordinated referral pathways, to maintain safety of women and children and ensure perpetrators remain visible and accountable .

There has been an overwhelming support for the SAILS project from other WA CLCs, FDV services, associated justice services and women's legal services in other jurisdictions, as well as victim-survivors contacted through the Lived Experience Advisory Group . WLSWA is anticipating the SAILS Risk Screening Tool can be scaled up across the legal sector and increase FDV risk screening consistency within FDV services in WA.

A research team at the University of Western Australia (UWA) were contracted to evaluate the efficacy of implementation and use of the SAILS Risk Screening Tool to screen, assess and manage FDV risks for women seeking support from CLCs within a safe, trauma-informed, and empowering context. The evaluation approach included the following objectives:

1. Undertake a qualitative desktop review of existing evidence based FDV risk screening tools, FDV research and legal practice requirements within Australia and internationally, to provide an overview of best practice, evidence-based FDV risk screen tools;
2. Analyse new qualitative data collected by UWA researchers from two focus group meetings with staff participants from WLSWA to gain an understanding of their experience implementing the Tool within their work practice;
3. Provide recommendations to inform ongoing development and improvement of the SAILS Risk Screening Tool based on findings.

Overall, the findings highlight the importance of a dedicated FDV Risk Screening Tool providing responsive socio-legal support for women and children fleeing FDV and safeguarding their safety. The Risk Screening Tool can effectively screen for FDV risk within a safe, trauma-informed, and empowering context and can be adequately implemented by socio-legal practitioners and frontline staff within CLCs. Additionally,

the evaluation identified areas for further development and improvement. These includes the following: structure and layout of the tool; cultural sensitivity of the tool; response to high risk and very high risk situations and provision of specialist FDV staff training.

Key practical recommendations to improve the efficacy of implementation and use of the SAILS Risk Screening Tool to ensure the safety and well-being of women and children impacted by FDV have been included in the report.

1. Introduction

Family and Domestic Violence (FDV) is a public health emergency within Australia that requires a coordinated prevention and response strategy by all levels of government and the service sector (DSS, 2022). FDV can happen to anyone from any socio-economic background, education level, age, ethnicity, religion, sexual orientation, gender, and relationship type; however FDV disproportionately affects women and children (AIHW, 2025; Fang & Donley, 2022; UN, 2022; WHO, 2021). Perpetrators of FDV can come from any socioeconomic background, education level, age, ethnicity, religion, sexual orientation, gender, and relationship type however, the vast majority of FDV is perpetrated by men against women (Fang & Donley, 2022; UN, 2022; WHO, 2021).

In Australia, FDV is a major national health and welfare issue, affecting women and children, with often lifelong impacts of psychological trauma, physical injury, homelessness, emotional suffering, financial stress, and intergenerational socio-economic disadvantage (AIHW, 2023). FDV refers to violent behaviours that cause fear or harm in intimate partner relationships and family relationships (AIHW, 2023). The violent behaviour can be in the form of threats, assault, abuse, neglect, harassment, or coercive control (AIHW, 2023). Recent data and analysis from the Australian government confirms that the general populations' understanding of gender equality and violence against women has improved since 2013 (AIHW, 2023). However, there is still more work to be done on reducing gender-based violence.

Recent Australian research confirms, in 2021-22, approximately one quarter of women in Australia (27%), had experienced at least one incident of violence or emotional/economic abuse by an intimate partner or ex-partner or family member (ABS, 2023; AIHW, 2023). This equates to over one in four women experiencing family and domestic violence since the age of 15 (AIHW, 2023). The 2021-22 data highlights approximately one in 16 women had experienced violence from a father, son, brother or other male relative or in-law since the age of 15 years (AIHW, 2023).

In Australia, during the 2022-23 period, on average there was **one woman killed every 11 days** by an intimate partner (AIHW, 2025). In 2024, 37 women were killed by a current or former intimate male or female partner, with one in 3 female victims identified as First Nations (AIC, n.d.). It is important to note that these statistics are only *cleared incidents* whereby the incident has had legal intervention with the offender charged (AIC, n.d.). Community Legal Centres (CLCs), such as WLSWA, have an important role to play in identifying women at risk of FDV and abused women at very high risk of intimate partner femicide (Campbell et al., 2003).

CLCs are commonly a first point of contact for women contemplating reporting or fleeing a violent family member. Therefore, CLCs have a responsibility to accurately assess if a woman will be affected by FDV or, if she is already, whether it will escalate, across the spectrum of seriousness of risk, from low, moderate, high, and very high

risk (Safe Steps, 2024). Effective FDV risk screening must include: FDV identification; risk screening, risk assessment; safety planning and risk management (Victorian Government, 2023). Recent research undertaken by the Australian Institute of Health and Welfare (AIHW) confirms a dedicated FDV risk screening tool, identification of high-risk victims, together with 'targeted and timely responses' to protect them is essential to ensure a woman's safety (AIHW, 2025).

WLSWA have developed and implemented an evidence-based FDV risk assessment and screening tool (FDV Risk Screening Tool) to meet the specific legal practice parameters of CLCs. It is hoped the Tool will improve risk screening and information sharing to ensure the safety and interagency support of women at risk of FDV.

Development of the SAILS Risk Screening Tool

WLSWA identified barriers and inconsistency in existing FDV risk screening and service delivery within the contexts of CLCs. These gaps included:

- Inappropriate and low utilisation of risk screening tools
- Lack of understanding of coercive control
- Informational sharing in the legal environment
- Poor understanding of the client journey and identification of risks

The development of SAILS Risk Screening Tool was originally scoped around the planned revision of Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework (CRARMF). In response to the State Government's, Strengthening Responses to Family and Domestic Violence: System Reform Plan (2024-2029) report, funding was allocated to Department of Communities to improve CRARMF, with an updated Tool and practice guidelines, to be released in July 2025 (WA Government, 2024). One of the main improvements of CRARMF will be the inclusion of a risk assessment tool dedicated to Aboriginal women and children (Department of Communities, 2024). Additionally, the CRARMF will have improved flexibility in service delivery within diverse service settings to respond to the complex and diverse societal needs of priority groups of people such as Aboriginal people, CALD people, LGBTQI+ people, people with disability and the elderly (Department of Communities, 2024).

Within this evolving policy context, the SAILS Risk Screening Tool was developed as an interim Tool and is an amalgamation of the current CRARMF and consistent with Multi-Agency Risk Assessment and Management (MARAM) Framework implemented within Victoria . It is acknowledged the SAILS Risk Screening Tool will be adjusted in line with the updated CRARMF to ensure consistency and integrated responses across the sector . Presently the SAILS Risk Screening Tool satisfies the following aims of CRARMF:

- Risk screening process has a standard set of questions to determine whether a person is experiencing FDV "to facilitate early intervention and effective service responses for victims and accountability for perpetrators" (DCPFS, 2015, p. 8).
- Risk assessment process can identify the high risk factor or factors, from the "range of family and domestic violence victim and perpetrator characteristics (risk

factors) that affect the likelihood and severity of future violence. Risk assessment is an ongoing process and is the key determinant of an effective response to keep women and children safe and hold perpetrators accountable" (DCPFS, 2015, p. 9).

The SAILS Risk Screening Tool was informed by:

- Centre for Women's Safety and Wellbeing (CWSW) Primary Prevention Framework and proposed Code of Practice.
- Department of Communities Domestic Violence Response Teams (FDVRT)
- Commissioner for Victims of Crime current focus on coercive control
- Sexual Violence and Aboriginal Family Safety Strategies
- Legal Health Check resources

Implementation of the SAILS Risk Screening Tool

Implementation of the SAILS Risk Screening Tool provides an opportunity to reduce the risk of harm for women and their children, reduce their feelings of shame or stigma, discuss and plan for their safety needs and supports, and ensures they receive tailored legal advice. Additionally, the Tool provides the opportunity for CLCs to improve FDV knowledge and practice skills of legal practitioners and frontline staff, collect data about FDV prevalence and provide preventative referral pathway (Cass, 2022).

The overarching aim of the SAILS Risk Screening Tool is to ensure every client who contacts WLSWA is screened for FDV risk at first contact, and then at each subsequent contact. A woman's contact with WLSWA could be via the telephone, through a walk in, with a duty lawyer at court or through an outreach appointment. The Tool is practical and adaptable for all WLSWA legal and non-legal staff to implement, including client services officers, client support workers, lawyers, financial counsellors, and social workers. It is hoped that women can be screened for FDV risk when they interface with any service agency within family law, child protection, family violence service or criminal injury compensation service (Cass, 2022).

The structure and implementation of the Risk Screening Tool provides a systematic approach to discuss a woman's current safety needs and risks of FDV harm, so that staff can provide tailored socio-legal advice and referral support. The format includes the following process:

- Stage 1-Set context for FDV questions
- Stage 2-Introduce FDV questions
- Stage 3-Ask safety questions and flag FDV high-risk factors if identified
- Risk screen - Screen woman's risk as low, moderate, high, or very high risk
- Risk consideration-Consider perpetrator accountability in place, woman's supports, capacity and choices.
- Response to support safety- Respond to low and moderate risk (support and monitor) and high and very-high risk (fast track and immediate priority).

2. Methods

The evaluation of the SAILS Risk Assessment and Screening Tool (Risk Screening Tool) was initiated by WLSWA and conducted in collaboration with a UWA research team within the School of Allied Health, Department of Social Work and Social Policy. The aim of the project is to evaluate the efficacy of implementation and use of the Risk Screening Tool to screen, assess and manage FDV risks for women accessing socio-legal support at CLCs within a culturally safe, trauma informed and responsive framework. Practical recommendations to improve the efficacy of the Tool within legal settings is provided to ensure its ongoing uptake within CLCs in WA.

A developmental, formative evaluation design methodology was conducted to assess the efficacy of the SAILS FDV Risk Screening Tool. An interactive process was used to collect, analyse, and interpret feedback from various stakeholders. The approach aimed to capture insights into the adequacy and efficacy of FDV Risk Screening Tool, including the perceived trauma informed responsiveness and cultural sensitivity of the Tool's implementation with regards to women's safety and wellbeing.

This approach provided a mechanism for stakeholders to express their experiences, opinions, concerns, and suggestions, contributing to a more comprehensive understanding of the complex challenges faced by women impacted by FDV and professional capacities of socio-legal practitioner working within the legal system. Qualitative methods of research and reflexive thematic analysis have been used to explore aspects of human experiences and are therefore complementary to exploring how best to improve the effectiveness of the Tool to ensure women accessing socio-legal support feel safe, are screened for FDV and supported to ensure their safety and wellbeing (Braun & Clarke, 2006; Nowell et al., 2017). The research occurred in four phases:

Phase 1 Undertake a qualitative desktop review of existing evidence based FDV risk screening tools, FDV research and legal practice requirements within Australia and internationally to provide an exploratory based overview of best practice in FDV risk screening for women and children within social services, health, and legal contexts. The methodology of the desktop review is discussed in Section 2.1. The completed Desktop Review appears in Appendix 1.

Phase 2 Review and analyse new qualitative data collected by UWA researchers from two focus group meetings with staff from WLSWA. Purposive sampling was employed to select participants with experience using the tool and included project coordinators, legal practitioners, social workers, and financial counsellors who work at WLSWA. Some participants provide socio-legal services within Perth, either in-person or online. Other participants also travel regularly to regional areas within WA to meet with service users. Purposive sampling increased the depth of understanding of the

functionality of the tool and insight into participants experiences and perspectives implementing the tool within their specific practice area (Miles & Huberman, 1994; Palinkas et al., 2015).

In total there were 12 participants. The focus group questions were developed by UWA researchers, and the two focus group meetings were conducted as online MS Teams meetings across two separate days. Analysis of the data from the focus group transcripts provided an understanding of participants' perspectives on the strengths, limitations, and areas for improvement of the tool, as well as their experiences with its implementation in practice. Data collected was analysed using reflexive thematic analysis as discussed in Section 2.2.

Phase 3 Provide practical recommendations to improve the efficacy of implementation and use of the SAILS Risk Screening Tool to ensure the safety and well-being of women and children impacted by FDV is paramount within CLCs service delivery.

2.1 Desktop Review

The research team searched, retrieved, and analysed a range of literature to provide a broad overview of research to inform the qualitative evaluation report (Antman et al., 1992; Arksey & O'Malley, 2005). The desktop review identified exploratory, broad-

based research findings, regardless of the study design and did not include a critical appraisal of the quality of research findings (Arksey & O'Malley, 2005).

The following research questions were defined by the UWA research team and guided the search strategies (Arksey & O'Malley, 2005).

1. What are effective Risk Screening Tools that support women impacted by FDV within legal services?
2. What are current key policy frameworks and research addressing risk screening for women impacted by FDV?

Relevant research studies were identified by searching peer reviewed published and grey literature via various sources such as electronic databases, reference lists and reviewing relevant information, and reports (Arksey & O'Malley, 2005). Due to budget and time constraints, the research team defined the search terminology (keywords) and had parameters to eliminate research studies and sources not relevant to the research questions (Arksey & O'Malley, 2005). The key terms include family domestic violence; screening tools, legal services; women at risk.

The following databases were used: CINAHL Complete, ProQuest Central, Taylor & Francis, SAGE Journals and Australian Public Affairs. Additionally, grey literature searches were conducted using Google and Google Scholar search engines. This included reports and data from international, national, and local organisations working in the field such as government departments and WLSWA (Arksey & O'Malley, 2005). The desktop review only included relevant research studies published in English, and translated to English language, within the last 20 years from developed countries (UN DESA, 2023). There was a total of 15 articles, inclusive of published and grey literature from studies within the UK, US, Canada, Europe, and Australia. The desktop review only included research on FDV Risk Screening Tools specifically. There is a lack of evidence-based risk screening tools specific to the legal sector therefore the desktop review also included risk screening tools used within the health and social services contexts.

The research team adopted a 'narrative review' approach by recording general information and findings from each research study to collectively inform and identifying the key themes, issues, and recommendations to answer the research questions (Pawson, 2002, p.171). The completed Desktop Review appears in Appendix 1.

2.2 Thematic Analysis

A reflexive thematic analysis approach was adopted for the WLSWA staff focus group dataset. (Braun & Clarke, 2019, p. 594). This provided an opportunity for an actively interpretative and constructionist analysis and generation of themes based on the data set, and theoretical assumptions and research skills of the researchers' (Braun & Clarke, 2019; Byrne, 2022). The information will assist WLSWA and other CLCs improve the SAILS Risk Screening Tool and guide future implementation of the project outcomes.

Reflexive thematic analysis is designed to extract meaning, understanding and interpretations from different subjects and explore both explicit and implicit meanings within the data (Braun & Clarke, 2019). A combined inductive and deductive approach was used to develop an understanding of the WLSWA staff focus group dataset. The initial analysis accurately interpreted the participants' experiences, feelings, and opinions, while a theoretically informed analytical lens provided new insights (Braun & Clarke, 2019).

Data familiarisation involved actively listening, reading, and analysing the datasets to make sense of semantic and latent meanings provided by the participants (Braun & Clarke, 2019; Byrne, 2022). Codes were generated based on the participants' experiences using the Risk Assessment and Screening Tool, evaluation of the strengths and limitations of the Tool and scope for improvements within CLC settings. Some data items have been coded both semantically and latently, to communicate the participants' meaning and the researchers interpreted meaning to ensure a deeper level of understanding across the data set (Braun & Clarke, 2019; Byrne, 2022). Major themes were generated following a review of the combined codes with shared meaning (Braun & Clarke, 2019; Braun et al, 2022).

3. Results

Through the process of reflexive thematic analysis four major themes were generated:

- (1) Integration of FDV Risk Screening Tool
- (2) Provision of person-centred approach
- (3) Responding to high risk and very high risk situations
- (4) Provision of specialist FDV Staff Training

3.1 Integration of FDV Risk Screening Tool

The SAILS project and the development of a FDV Risk Screening Tool aims to ensure a safe and risk-managed response to FDV for women and their children accessing legal

services from WLSWA and other CLCs within WA. The integration of the Risk Screening Tool strengthens the existing WLSWA socio-legal practice and knowledge base and has formed part of staff procedures through staff induction and training. One focus group participant stated:

we were having more comprehensive tutorials around [the Risk Screening Tool]so there had been one or two meetings with all the staff where we, well, not necessarily debrief, but we went through it, how it was supposed to be used, the intentions behind it. And there was quite a bit of conversation and feedback, especially across disciplines, the lawyer to the non-legal side of things too, in terms of that risk screening and then the importance of how it can work best in practice because it's obviously not something that is taught in law school.

[the Risk Screening Tool] certainly gives me enough ticks in my own head to go there's some big red flags here I need to take some action too, to put some safety around this client. Or have a discussion, you know with somebody about it.

There was consensus across the focus group participants that the Risk Screening Tool provides a framework to assist socio-legal staff anticipate, identify, screen and record FDV risk. The Risk Screening Tool is an important part of a CLC practice to consistently respond to information given by a woman to ensure her and her children's safety, through tailored socio-legal services and interdisciplinary collaboration with referrals, supports and emergency responses. The study participants agree that the tool has integrated the issue of FDV firmly into practice conversations. An example of one statement that supports this view is included here:

But in terms of seeing a range of different practitioners start bringing family violence and...the nuances of family violence to the forefront of their mind, I have seen it increased since the tool has been implemented. Which then I think encourages conversation, as practitioners, around family violence. I've had many conversations about, I would say this is high risk; you are saying it's moderate, so what's going on there? That has been really useful.

The Risk Screening Tool provides an important introductory tool for all staff to engage with women within a trauma informed approach and provides ongoing risk assessment within an often-unpredictable FDV context. The quotes below from two study participants illustrate this:

It can be a way into a conversation to sort of say to a client "that we are a FDV service and it's important to us that our clients and women are safe and for that reason, we do ask certain questions. I'm going to ask them to you now."

I think most importantly, the tool, because it's a screening tool, using it consistently it recognises the dynamic nature of domestic violence, especially because there's a lot of our clients who are still in FDV relationships, whether that be family members or intimate partners. So, I think it's a very good screening tool that recognises that things change constantly (and very quickly) and that in ways, it shows the complexities of domestic violence because it is a very flexible issue.

The risk screening at initial client intake with WLSWA client services officer provides an important triaging process alerting lawyers and other socio-legal staff of potential high-risk clients. The participants outlined women often feel more comfortable talking with the lawyers if they have already been screened at initial client intake. They can answer the questions again, review their answers from before within a trusted and safe setting:

I found it [the Tool] helpful and that the clients.... were not resistant to reviewing their answers that they had previously given at administration. And although I thought they would feel uncomfortable answering those questions again, they were quite open to answering them. So, it laid a foundation for us from the administration staff and following through from that.

However sometimes a woman may not feel safe or have time to disclose her FDV risk at the initial client intake, therefore the consistency of implementation of the tool with every client contact ensures risk will be identified at a subsequent meeting:

...part of being a Client Service Officer [CSO], you are responsible for intake and triage, you are the first point of call with someone who's accessing the service [however] the CSO might not get to a position where they can ask a potential client those questions that we have for our tool. But it becomes apparent when the lawyer meets with the client what risks there might be to the client in that space

The Risk Screening Tool provides an important trauma informed assessment of FDV risk and pathways for integrated of socio-legal intervention where lawyers, counsellors and social workers can work together to ensure a woman feels safe and supported while she is engaged with the services of CLCs:

...it's a good tool.... for identifying [risk] for lawyers especially, and other non-legal professions, that there are some things here that are quite concerning. Maybe they don't have the knowledge to delve further or maybe they don't feel comfortable either, in a way that's going to be trauma informed and to maintain that meaningful engagement. But if it can be passed on, then to the social workers.... it is a good pathway, I think for clients to go through, in a way that's not repeating their story as well, which is good.

The Risk Screening Tool assists all WLSWA staff report and respond to FDV risk providing an integrated junction between legal advice, social work, and counselling work within the socio-legal context. Although not as comprehensive as the existing CRARMF, the tool does provide an appropriate screening tool for all legal and non-legal staff to identify FDV, preempt risk and respond to ensure safety plans are instigated:

[The Risk Screening Tool] could be something as comprehensive as a Common Risk Assessment and Risk Management Framework (CRARMF). And you know that really in-depth kind of screening, which you wouldn't always expect a lawyer or a client support officer to do. So, for the purpose of having FDV screening tool that's rolled out and implemented across all disciplines in a legal service at every level I think it does appropriately screen, in the context of that's a hard job to do generally.

I feel like [the Risk Screening Tool] gives me enough information to decide if I need to myself or somebody else needs to do a safety plan with the client.So, in that respect, if we have and if the safety plan works, then we've managed the risk that we assessed.

The Risk Screening Tool compliments existing practice frameworks and knowledge base of experienced WLSWA staff and provides a foundation for keeping all staff informed of recorded FDV risk when advising or counselling women:

I actually found it is quite useful for me because I am funded to provide financial counseling to clients who have been through family domestic violence and financial abuse. So to tick off those points and for me to be aware that, OK, I'm going to catch up each time I call them and work out if the clients are low risk, medium risk, high risk and then it sort of gives you sort of a guideline moving on.

Just having all those [common forms of FDV] things in my mind. I find I've asked more questions around that type of FDV (family domestic violence) because of the risk screen then I might have in other services that I've worked, or perhaps if it wasn't so in front of us.

The Risking Screening Tool can identify other legal, social or health issues impacting women experiencing FDV and encourages staff to refer clients to additional support services such as immigration, health, social, housing support services. This provides an opportunity for a multiagency-wide approach to risk screening with shared information and referrals to external supports:

... if they are culturally, linguistically diverse. Then we would go for more appropriate services, who could support them. There's definitely a lot of referrals to other legal services when the area of law is outside what we can assist with such as migration abuse. Sometimes they just need visa assistance more than anything else.

[for example, external supports such as] Mental health supports, counselling and then I suppose..... ensuring that women have safe phones. And access to Food vouchers, and perhaps maybe petrol vouchers.

Within the practical and professional time limitations within CLCs, the Risk Screening Tool does provide a straightforward procedure compared to the comprehensive CRARMF that is onerous and time consuming. However, some participants highlighted the Risk Screening Tool's structure and layout could be improved as it was complicated, and hard to read:

I found [the Risk Screening Tool] hard to read across and down, but that could be a very individual thing. I do think it could be laid out in a way that is a little bit simpler.

But visually I do find the screens specifically here (listed down the side) quite a lot of information here just to read. So, if there's any way that we could make it visually a bit easier to read, but I know there's lots of people who might be fine with it too.

I think one of the issues is that the tool itself is quite a lot to consume, like the way that it's laid out visually. Visually it is really tricky to understand, like, what do you mean I need to do that there?

Some participants particularly found the Risk Screening Tool's layout within the sections outlining: *screen client risk*, *considerations*, and *response to support safety* overly complicated to read and review:

I personally think the recommendations of what to do when there's a high-risk client could be a bit clearer. I don't know what this graph means. Truth be told, I don't know how to read this part. There's just a lot of arrows everywhere and I don't really understand how to read the table. But I do know, you know, if there's high risk clients, for me personally, my practice is to escalate it to a supervisor or a social support worker, to help me.

Additionally, regarding the layout of the Risk Screening Tool, under the heading Common Forms of FDV, there needs to be a heading "Coercive Control" as opposed to "Other controlling behaviours" to acknowledge it as a common and concerning form of FDV:

I think when we outline the forms of abuse, I know that in the FDV (Family Domestic Violence) type, at that the bottom, it says, other controlling behaviours, which I really think should say coercive control. Because if we're not even saying there's something like coercive control, and we know that it's a huge issue, then that's not ideal.

The Risk Screening Tool provides a consistent procedure within an unpredictable FDV context and ensures legal and non-legal staff are informed and aware of FDV risk at each stage of advising or counselling a client. The screening questions are victim-survivor focused and provide prompts for staff to identify red flags, assess risk, and manage the client's safety. Additionally, implementation of the Tool encourages interdisciplinary collaboration between legal and social work services within CLCs with an integrated socio-legal framework and helps reduce the silo effect of the legal profession. Staff can screen for other forms of FDV and identify compounding disadvantages that impact a woman's safety while advising about legal matters. The participants highlighted room for improvements such as the layout and structure of the Tool to ensure the information is easy to read and understand, especially for new and inexperienced staff.

3.2 Provision of person-centered approach

The Risk Screening Tool provides women accessing socio-legal services a trauma-informed, and person-centered approach to ensure they feel safe and supported to disclose their FDV experiences. A person-centered approach to FDV risk screening requires all socio-legal staff to understand the intersectionality of a woman's lived experience such as cultural discrimination, socioeconomic inequality, disabilities, mental health challenges and intergenerational trauma. A person-centred approach also requires staff to understand the complexity and layers of FDV that may impact a woman's safety and consider her resilience and strength when providing appropriate responses and interventions that are respectful, safe, and tailored. Person-centred approaches to risk screening needs to include sensitivity to cultural diversity and lived experience of each woman's circumstance.

At the initial intake meeting the tool provides a baseline FDV risk assessment, and subsequent socio-legal meetings will rescreen, reassess, and respond to accordingly, depending upon a woman's unique and changing circumstances:

It's like a good entry point to then ensure that the service we are providing is informed by that screen initially. Whereas the usual protocol is a client will inquire, there's an intake done to obtain details, and then there is a meeting scheduled at some point, which could be 2-3 weeks ahead of time, if not more, with a lawyer. At that appointment, you know, as lawyers, we will be screening and asking questions about DV (domestic violence), especially if giving advice around, like restraining orders and stuff. But the tool does allow that lens to be applied in how, I guess, the service interacts with the client [initially].

Through consistency of implementation the Tool can establish a person-centered base as more information and knowledge of woman's circumstances is understood and she also becomes aware of her FDV risk. This helps to bridge the gap between experienced and inexperienced frontline, legal and non-legal staff within a CLC to ensure a woman's FDV risk is consistently reassessed and not missed.

The FDV risk may not be disclosed by the woman or recognized/identified by staff at the first or second client meeting. However ongoing implementation of the screening questions at subsequent meetings ensures the Tool provides a safety net by establishing client trust and understanding of FDV for disclosure and ensuring more experienced staff can identify the FDV risk:

...you'll find often that many clients come to you with the perception that violence is just physical, as opposed to financial, coercive, or any other kind of migration status. So again, it's always on a case-by-case basis that when you start talking to your client and you get more information from them because often, you'll find that the client services officer may have tipped one box. Then you talk to the client and it is clear that three or four more boxes should be ticked, and sometimes you have to educate your client to understand the different types of violence that exist because they don't understand. It might be emotional, psychological abuse on them, for example only, and then they say, but he doesn't hit me

The Risk Screening Tool provides a person-centered approach by encouraging lawyers to recognise and identify potential FDV risk of legal actions, identify other forms of risk to inform their client and respond accordingly to ensure her safety:

As a lawyer doing this screen, the disconnect can sometimes be that a legal action is not the next step, that is, a legal intervention is not appropriate. We can identify risk and ordinarily our job is around legal intervention or legal advice but in that specific circumstance, legal interventions, is not the way forward. So, you know, being able to use the screen to then work out what our next steps are or to get some of our social support involved, so we respond to it.

And so I find [the Risk Screening Tool]helps remind me to consider the other forms of violence that exist, and to educate the client and when I say, educate, inform them
J

I have used the specific questions, I guess, when I have picked up on risk, that is, there's a very guarded approach by someone, but I know that I need to do this screen. Which is then when I'll preface, you don't have to answer this, it's OK if it's completely no. We do this as a family violence service, everyone gets asked, you know, it's that sort of thing. But I honestly use it as my last resort.

Some participants would prefer a gentler approach to asking safety questions, preferring the client to feel safe to disclose FDV risk in their own time. However, this needs to be balanced within time constraints of the agency, the women's immediate safety and the FDV practice experience, training, and professionalism of the staff member:

My first initial reaction when I saw the tool was that [the safety questions are] pretty confronting questions for a CSO who's just speaking to a client, to ask. As a lawyer, I probably don't ask these questions point blank unless I have to, and I've got a client who feels a little bit tight lipped..... most clients who come through our door anyway will have some level of risk and has experienced some level of family violence. And from then on, it's easier for me to naturally go, OK, tell me more about that, rather than asking these four questions specifically.

Additionally, the participants raised the need to improve the cultural appropriateness of the Risk Screening Tool for Aboriginal and CaLD women, to ensure a sensitive and trauma informed client relationship based on trust is developed. Specifically, the safety questions need to be improved when working with Aboriginal women in remote areas of WA when initial intake meetings and subsequent meetings are conducted via the telephone and not face to face:

[regarding] the safety questions at the intake, I raised whether it was culturally appropriate to be asking those questions, especially doing regional work remotely. The Goldfields is a big region, and I have a lot of clients out in the lands. Many of those clients may have English as a third or fourth language, and whether it's appropriate being just a voice on the phone asking such intimate personal questions. I think there is an understanding that it's not completely appropriate to conduct this.

I might try to [ask safety questions] at a later stage when I've had a bit more of a conversation with a client or an [understanding] with a client where I think, OK, I guess this isn't going to send them running. Whether or not there could be another tick box [in the risk screen considerations section] that says, cultural considerations or other, or reason why screen wasn't conducted or should be conducted at a later stage.

Another participant provided further insight regarding women from migrant backgrounds and highlights the need for staff training to address the diverse services need of distinct groups of people experiencing violence:

Especially for culturally and linguistically diverse people, and you know, coming from particularly religious backgrounds as well, a lot of the time it could be the first time ever that somebody's built up the confidence to seek out this assistance. And I think in those situations, it's important to make that intake as less confrontational as possible, that is, conducting the intake in a safe way, because the risk could be that it is the first and last time somebody feels confident to seek assistance.

A trauma informed and person-centered Risk Screening Tool encourages the provision of trauma informed and psychosocial understanding of a woman's lived experience and her current and future FDV risks for all legal and non-legal staff. Consistently implementing the Risk Screening Tool during a woman's journey through the socio-legal service provides the opportunity to establish a trusted client relationship and ongoing assessment of her FDV risk. This consistency provides a safe place for a woman to disclose FDV when she is ready, helps some women learn about unacceptable forms of behaviors and provides lawyers with the confidence to ask sensitive questions that could save a woman's life.

3.3 Responding to high risk and very high-risk situations

Implementation of the Risk Screening Tool is important in focusing on perpetrator risk and responding to that risk to support a woman's safety. The procedure for risk screening includes risk assessment, consideration of a woman's self-determination, capacity and existing support structures, and responding to support her immediate and ongoing safety. The response includes the provision of legal, financial and social service support and/or emergency responses. The risk screening procedure includes risk management where responsibilities are clearly defined, risks are understood and managed, and accountability for outcomes is established through Actionstep, the legal practice management software. This ensures that responsibility for safety rests with WLSWA, other CLCs and specialist service agencies, and not the woman:

It has changed the way, In this organisation, we approach this. I think it has had a bit of a cultural shift and part of it has been pivoting to risk rather than safety, and that the risk, rather than safety, was the key. So, what is the risk that he poses? It's not about how safe she is, and the onus is on her. The onus is on us [WLSWA], to make her safe, which comes absolutely hand in hand with risk.

Even though [the Risk Screening Tool is] not a thorough assessment, if you do a risk screen and the client, you know, is clearly not safe, then you need to show somewhere that you took some actions on that.

The Risk Screening Tool provides an opportunity for staff to identify FDV high-risk factors based on perpetrators actions, screen for escalation and safety concerns, consider the existing support structures, and respond with safety plans at every client contact:

I mean the tool does keep risk at the forefront of my mind when I am talking to clients and doing those client interviews. I might not ask all four questions in a row clinically, but it does come out during that appointment and then I'll make that sort of risk assessment after I've got all the information from them.

I do find the list around the forms of FDV (Family Domestic Violence) and the high-risk factors quite helpful. Because then I can refer to that when clients have disclosed certain parts. I can sort of turn my mind to what I need to consider if it is a high-risk factor or not.

Participants raised a potential conflict in responding to an assessment of high-risk for some women who may also have support structures in place such as crisis accommodation or assistance from police:

...because it's a free form when we do the risk screen and sometimes, I assess high risk, but then I balance that with the fact that the client has already created safety such as they're in a refuge or you know, they're being assisted by police and everything. And I don't know that I've ever quite worked out, you know, if I should still be putting high risk. But this is what's happening and stuff, so you know, I don't need to take any action even though it is high risk because something else is going on for them.

That's exactly right. I think if I assess the risk and there's, you know, FVRO's [family violence restraining order] or the woman is in a refuge or she's no longer in the same area, suburb, whatever it may be, then yeah, I think that's pretty safe

However, a woman's situation can change dramatically, and her support structures may not be permanent. For example, research outlines that the strained separation or estrangement of the woman from her partner precipitating a Family Violence Restraining Order (FVRO) can often increase a women's risk of harm (Daly et al., 1997; Campbell et al. 2003). Therefore, staff need to understand the increased risk to a woman when a FVRO is provided:

And also, I think the background, on what makes a risk factor, a risk factor, and it would be great to have a little bit more information on coercive control specifically because that's probably common form of FDV that we would see amongst all of our clients. It's kind of there and that's probably for me, I've noticed not identified by the victim. So just understanding what it looks like and how to identify and how that's going to impact their safety

Like, there's this happening, what would that look like with an FVRO's (Family Violence restraining order)? What would those kinds of questions that we could ask because like you said, it's maybe not until the after you've applied for one that they're actually now more at risk. We don't learn about the social side of FDV in our induction.

The Risk Screening Tool provides triage of risk response and experienced professional's will be able to make informed decisions about whether a standard legal response such as issuing a FVRO could potentially trigger FDV escalation. However, there is no margin for error when the safety of a woman and her children are at risk. FDV risk response should always err on the side of caution and disclose potential risk of harm:

...we can do the screening, and we can offer, you know, alternatives or safe havens such as, you know, assisting a client in obtaining an FVRO [Family Violence Restraining Order]. But we also must weigh that up with, well, I think, the fact that, you know, this FVRO, could potentially trigger, you know, further family and domestic violence?

you're forever weighing up the pros and the cons. And like I said, in some cases I've thought to myself, well, if this person, if I do assist this person apply for an FVRO, is this going to trigger the other party further and then am I going to put this woman further in risk? You know, so it's a balancing act, definitely.

The Risk Screening Tool aims to integrate socio-legal practice support responses, when FDV is identified as a high and very high risk however this support may be limited when CLCs do not have social work resource capacity to respond to high-risk client's safety:

For higher risk [clients], the fast-tracked enhanced response for responding is sometimes limited because that's systemic. There's only so many social workers that can assist. So, although the tool outlines how to do those things, sometimes it can be hard to actually adhere to those practices, if we don't have the High-risk support responses at hand.

There is a need for specialist FDV training on how all staff respond and follow-up when risk is identified. Identifying risk is paramount, however knowing what to do about it within a socio-legal context will support a woman's safety:

If we're just asking these questions and don't know what to do, that could actually make things worse. And it does invite risk into our own practice if we now know something and we don't know what to do about it. So, I think that needs to be explored, which is interesting in a Community Legal setting because there's really a big difference in scope of practice between a lawyer and non-lawyer.

So then figuring out, OK, within a lawyer's scope of practice, what sort of safety planning can be done. Yep, so more clarification around what to do when clients have disclosed risk.

WLSWA staff require confidence, competency and consistency when responding to risk a perpetrator's behaviour poses. WLSWA induction and FDV training must provide all staff with the knowledge and practice skills to respond to high and very high-risk factors with definitive roles, responsibilities, and accountability. This would also ensure all new, inexperienced, and experienced staff understand the importance of undertaking the FDV risk screening at the initial and subsequent client contact meetings and recording the information within Actionstep, the electronic file management system.

3.4 Provision of specialist FDV Staff training

The effectiveness and usefulness of the Risk Screening Tool in ensuring the safety of women accessing WLSWA, and other CLCs services, is dependent upon the seamless integration of the Tool within existing practice frameworks via the provision of specialist FDV staff training. Successful integration of the Risk Screening Tool within socio-legal practice is dependent on professional practice knowledge and experience of the staff members:

I think that the way that we implement it we can do it more seamlessly and with more skill, the more skilled we are. And the way that I can integrate it into appointments is from having worked in this area for a long time now and a lot of the things that I have

learnt I have learnt outside of my job. And I have, you know, chosen to educate myself on, as a lawyer, I don't necessarily have to have that knowledge.

If you were to come into our organisation never having worked for FDV service before, for example, if you came in as a corporate lawyer, there would be more onus to read the document and to pay a lot of attention to that intake.

Experienced staff can implement the Risk Screening Tool and identify, assess, and respond to high and very high-risk procedures to ensure the safety of clients. However, some participants focused on the need for specific training for new and inexperienced staff to understand the high-risk factors of FDV and what responses and actions are required to limit the possibility of inaccurate risk screening assessments. Specialist FDV staff training needs to include professional knowledge of the layers of FDV that can impact a woman's safety and increase her risk harm. This includes knowledge of the forms of coercive control and how to identify those factors as FDV risk factors:

... you might tick the physical violence box, but then you don't tick the emotional or psychological box. Well, my view is, it doesn't matter what the violence is, there is emotional and psychological abuse entwined in it as well, because if someone hits you, that affects your emotions, and your psychology, someone's controlling your finances, it's the same thing. So, it's emotional and psychological abuse, to me is not a stand-alone question, it applies to all forms of abuse.

The coercive control is a relatively new terminology that's used in this space, and I raised the question a while ago because especially relating to Aboriginal women, because would they even understand what coercive control means? So, you know, having to explain to a client and put it out with them. Well, you know, he only allows me to wear my hair a certain way, or I'm only allowed to dress a certain way, they are forms of coercive control. I'm just using them as examples and you see lights go on in people's head and eyes, and oh, yeah, he is controlling me coercively in that manner. Because coercive is a big word on its own.

The Risk Screening Tool requires improved consistency in recording responses within Actionstep to manage risk and safeguard a woman's existing and ongoing safety. There was initial staff confusion about recording FDV screening and now there is the issue some staff may not always record risk every time due to time pressures:

My downfall with the tool is my regular use of it. After an initial intake with the client when I've got open files, I think I do screen for risk on an ongoing basis but I'm not necessarily the best at putting that specific risk screen into a file note and keeping that on the file.

There must be a consistent and mandatory procedure in preparing file notes and recording responses of a woman's FDV information within Actionstep. This will ensure a woman's initial FDV risk is recorded and remains central to every subsequent service contact. The Risk Screening Tool provides a section on how to file note within

Actionstep when FDV is identified however the focus group highlighted there is some inconsistency with this issue:

I do find that in terms of the language and the fact that how we all sort of write our risk screen response, is at the moment just a free form, that everybody makes up themselves, then there's quite a lot of differences, and so even when we talk about risk, risk for me is always around actual physical violence, even though I know that there's a lot more, you know, that goes into family and domestic violence. When I'm thinking about safety planning, it's to keep people safe from that sort of harm, you know?

There was participant consensus that WLSWA policy and procedure induction and specific FDV Risk Screening Tool and Actionstep training needs to be split into separate modules over different days. The participants agreed this would provide a focused and intensive FDV understanding and Risk Screening Tool training for new, inexperienced, and experienced staff:

I would like [staff training for the Risk Screening Tool] to be done a bit later. Because I feel like when it's done at the same time as we do [staff induction] for policy and procedure, and action step training, there's something about [the risk screen] that we need to give more focus to, because it's really important. I've found with some of the newer staff it just felt like [the important of Risk Screening Tool training] got a little bit lost in all the other things they were trying to take in during the induction process.

I think if we were going to get new staff that they first do a training session around forms of family domestic violence and the risk factors that we need to be aware of, and then the tool gets introduced. Just rather than doing the training all at once, I think doing the education first, getting that information settled into the brain so you can understand why you're using the risk screen tool before being taught how to use it.

The efficacy of implementation and use of the Risk Screening Tool is dependent on the FDV knowledge base and practice frameworks of the staff conducting the screening. CLCs have a responsibility to ensure all socio-legal staff are equipped with trauma informed and person-centered understanding of FDV risks when engaging with all women. Failure to adequately screen for risk and respond to the risk posed by a perpetrator can have dangerous consequences for the safety of women and their children experiencing FDV. Specialist FDV training is required to ensure all staff appropriately screen for, assess and share information about the risk a perpetrator poses and provide trauma-informed and culturally appropriate safety plans to keep women safe.

4. Recommendations

The main objectives of the SAILS Risk Screening Tool are twofold. Firstly, to ensure CLCs screen all women for FDV risk and act on information given by a woman to ensure her, and her children's immediate and long-term safety (WLSWA, n.d.). Secondly, improve practice frameworks and socio-legal practitioners' competency in risk screening, assessment, purposeful information sharing and coordinated referral

pathways, to maintain safety of women and children and ensure perpetrators remain visible and accountable .

There was consensus across the focus group participants the Risk Screening Tool is an important tool to screen for FDV risk and is practical to use within a CLC socio-legal setting. Within each major theme generated from the desktop review and focus group data the research team identified the following key recommendation that require further attention going forward to improve the efficacy of the tool.

4.1 Structure and layout of the Tool

- The Risk Screening Tool provides a straightforward procedure compared to the comprehensive CRARMF that is onerous and time consuming. However, the focus group participants highlighted the tool's structure and layout could be improved.
- Tool structure and layout needs to be simplified and set out in a way that is not as confusing and difficult to read.
- Tool layout within the table section outlining *screen client risk, considerations, and response to support safety* to be read vertically and horizontally, is complicated and the arrows are confusing.
- The *response to safety* actions for high and very high risk needs to be concise and easy to read. There needs to be a clear procedure on what to do in the assessment of very high risk such as, speak with a supervisor or social worker. This is very important especially for new or inexperienced staff.
- Under the heading "Common Forms of FDV", there needs to be a heading "Coercive Control" as opposed to "Other controlling behaviours" to acknowledge it as a common and concerning form of FDV.
- "Perpetrator High risk factors" needs to include "*recent release from prison*" and "*gambling or sports gaming problem*".
- "*Adult and Child victim-survivor High risk factors*" need to include mental health challenges; disability; alcohol or drug challenges
- "*Relationship High risk factors*" need to include "*actual or impending separation*".

4.2 Cultural sensitivity of the tool

Cultural sensitivity includes understanding cultural diversity and lived experience of each woman's circumstance. This includes practitioners' understanding of intersectionality, and the complexity and layers of FDV that may impact her safety. The focus group participants raised the need to improve the cultural appropriateness of the Risk Screening Tool and screening questions for Indigenous and CALD women by ensuring a sensitive and trauma informed client relationship based on trust is developed at engagement.

- The Stage 3- Screening Questions may be construed as culturally insensitive, abrasive and confronting for some clients to be asked initially. For example, the

questions need to be improved when working with Aboriginal women in remote areas of WA when initial intake meetings and subsequent meetings are conducted via the telephone and not face to face.

- Practitioner FDV training needs to include sensitive ways the questions should be asked, within a conversational/narrative approach.
- Practitioner FDV training needs to include the main barriers for Aboriginal women reporting violence or seeking support include a fear of child removal, the threat of homelessness, and the fear of isolation from family and community.
- Culturally appropriate and safe service for Aboriginal women includes emphasising the strength of women; supporting women stay connected to family networks and communities while experiencing FDV; adopting a yarning approach; reflecting appropriate culturally appropriate language; understanding of connection to culture, community and Country; and understanding concept of community violence by reframing the question “is there more than one person making you feel unsafe?”.
- Culturally appropriate and safe service for diverse CaLD and refugee communities include emphasising strength of women; guidance on forced marriage; understanding use of technology to enact abuse; including tools in other languages or using translators; providing prompts regarding visa sponsorship or other urgent visa matters.
- Improve practitioner ability to recognise the possible harm or ‘unintended effect’ on women due to the screening questions and legal advice/action such as family violence restraining order.
- The WA Government is updating and improving the existing CRARMF. This will include a dedicated risk assessment tool for Aboriginal women and improved service responses for priority groups such as Aboriginal, CaLD and LGBTQIA+ people, people with disability and the elderly. These changes could be adapted and included within the SAILS Risk Screening Tool.

4.3 Responding to high risk and very high risk

The Risk Screening Tool aims to ensure a consistent response when high or very high-risk is assessed to provide appropriate responses and actions are implemented to ensure a woman's safety. Understanding the prevalence, nature and risk factors of FDV homicide is crucial to identifying women at elevated risk of harm and deciding whether an immediate response is required (AIHW, 2025). Expedient responses are necessary when FDV risks are high or very high and exacerbated when the woman has low capacity to support herself and is not connected to support services (Cass, 2022; WLSWA, 2024). Responding to high and very high risk requires a structured approach where responsibilities are clearly defined, risks are understood and managed, and accountability for outcomes is established.

WLSWA staff have an important role to play in identifying women at risk of FDV and abused women at very high risk of intimate partner femicide (Campbell et al., 2003). Additionally, all CLCs need to ensure a focus on Aboriginal women's high and very high risk of FDV as they are murdered at higher rates than the general Australian population and this occurs within the context of FDV (AIC, n.d.). These high-risk factors need to be included within the Risk Screening Tool and within a practitioner's FDV knowledge base.

- Practitioner knowledge of intimate partner violence (IPV) and the link between IPV and partner separation marred by conflict increases the safety risk for all family members. Research indicates that evidence of IPV and separation from an abusive partner is a crucial risk factor for femicide within a year of separation.
- The risk of femicide increases if the abuser is a highly controlling person and/or the victim is leaving their abuser partner for someone else.
- It is critical with women who have been abused and want to leave their abusive partner within a strained separation or estrangement context, they are warned they are in a very dangerous position if their partner is highly controlling (Campbell et al., 2003). A question such as *"Does your partner try to control **all** of your daily activities?"* can assess the extreme need for control (Campbell et al., 2009; Campbell et al., 2003).
- Coercive Control is recognised as the most prevalent precursor to intimate partner homicide and includes physical, sexual, psychological or financial abuse (NSW DCJ, 2022). Understanding and identifying coercive control is essential for WLSWA staff to recognise if a woman is impacted by it, even though she may not see it.
- Risk assessment needs to include other FDV risk presentations such as substance use coercion and technology-facilitated abuse; arson (and burning-related threats) and a violent adult being released from jail.
- Focus group participants raised a potential conflict in responding to an assessment of high-risk for some women who may also have support structures in place such as crisis accommodation or assistance from police. The Risk Screening Tool should always ensure a risk response when women are identified as high risk even though they may have support structures in place.
- Focus group participants raised the need for clear procedures on how all staff respond and follow-up when risk is identified, especially with very high-risk response to support safety. Identifying risk is paramount, however knowing what to do about it within a socio-legal context will support a woman's safety. For example, the Tool lists "Immediate & thorough response" for very high risk without explaining the procedure.
- WLSWA induction and FDV training must provide all staff with the knowledge and practice skills to respond to high and very high-risk factors with definitive roles, responsibilities, and accountability. This would also ensure all new,

inexperienced, and experienced staff understand the importance of undertaking the FDV risk screening at the initial and subsequent client contact meetings and recording the information within Actionstep, the electronic file management system.

4.4 Provision of specialist FDV Staff Training

The Australian Government's National Plan outlines ongoing specialist education, training and professional development is required for all staff within specialist sectors especially in how to identify domestic, family and sexual violence and how to respond in a trauma-informed way. The SAILS project developed the Risk Screening Tool to implement within WLSWA and other CLCs unique practice and capacity parameters and the provision of training and procedural support to implement the Tool has been adequate.

However, the focus group analysis highlighted a few issues where specialist FDV staff training is required to ensure socio-legal staff continue to have the confidence, competency and consistency when responding to risk a perpetrator's behaviour poses. All staff require the knowledge and practice skills to respond to high and very high-risk factors with definitive roles, responsibilities, and accountability. This would also ensure all new, inexperienced, and experienced staff understand the importance of undertaking the FDV risk screening at the initial and subsequent client contact meetings and recording the information within Actionstep, the electronic file management system.

- Experienced staff can implement the Risk Screening Tool and identify, assess, and respond to high and very high-risk procedures to ensure the safety of clients. However, some participants focused on the need for specific training for new and inexperienced staff to understand the high-risk factors of FDV and what responses and actions are required to limit the possibility of inaccurate risk screening assessments.
- Specialist FDV staff training needs to include professional knowledge of the layers of FDV that can impact a woman safety and increase her risk harm. This includes knowledge of the forms of coercive control and how to identify those factors as FDV risk factors.
- There was participant consensus that WLSWA policy and procedure induction and specific FDV Risk Screening Tool and Actionstep training needs to be split into separate modules over different days. The participants agreed this would provide a focused and intensive FDV understanding and Risk Screening Tool training for new, inexperienced, and experienced staff
- The MARAM Framework provides an online portal of foundational knowledge and training programs for practitioners to improve professional judgement, understanding of trauma informed, person-centred and risk management approaches. The guidelines and training modules could inform ongoing

developments and enhancements of WLSWA, and other CLCs, staff inductions and FDV risk screening training.

- MARAM review outlined practitioner FDV training and practice guidance's include other priority groups including women with a mental illness; women with a drug or alcohol dependence; women in pregnancy and early motherhood; and women in regional, rural and remote areas; and young women.
- MARAM review outlined practitioner FDV training and practice guidance's consider: the link between financial abuse and dementia; the risks of forced marriage and shame killings; the intersections of gender, poverty, sexuality, and immigration policies; sports and gaming escalation or gambling loss; technological controlling and tracking behaviours.
- MARAM review outlined training should incorporate understanding of question prompts for non-fatal strangulation; what weapons have been used; if any violence is directed towards animals or pets; presentation of FDV towards women who are pregnant; or a NDIS-related or sexual assault question abuse for women with disabilities.
- Specialist FDV training needs to incorporate knowledge and understanding of the many forms and patterns of coercive control consistent with the National Plan's definition.
- Specialist FDV training needs to incorporate issues of legal professional privilege, client confidentiality, disclosures of health and safety risk for new or inexperienced socio-legal staff when high risk clients are identified.
- Specialist FDV training needs to incorporate knowledge of socio-legal safety plans, addressing complex legal problems and referring to non-legal support.

5. Ethics

Ethical approval from the UWA Human Research Ethics Committee was granted prior to data collection on 20 August 2024 with the approval number 2024/ET000703.

6. Conflicts of Interest

None declared

7. Funding

The research has been fully funded by Women's Legal Service Western Australia via Part A of Lotterywest grant 420174224.

8. References

- Allen & Clarke Consulting. (2023). Victoria Family Violence Multi-Agency Risk Assessment and Management Framework 5-year Evidence Review-Summary Report. Victorian Family Violence. <https://www.vic.gov.au/sites/default/files/2024-04/MARAM-5-Year-Evidence-Review-Summary-Report-December-2023.pdf>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. <https://doi.org/10.1080/1364557032000119616>
- Australian Bureau of Statistics. (2023). *Personal Safety, Australia: 2021-22 financial year*. ABS. Retrieved April 7, 2025. <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>.
- Australian Institute of Criminology (AIC). (n.d.). *Homicide in Australia*. Australian Government. Retrieved April 7, 2025, from <https://www.aic.gov.au/statistics/homicide-in-australia>
- Australian Institute of Health and Welfare (AIHW). (2023, November 24). *Family and domestic violence: Key findings*. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/types-of-violence/family-domestic-violence>
- Australian Institute of Health and Welfare (AIHW). (2025, February 28). *Domestic homicide*. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/domestic-homicide>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.16>
- Braun, V., Clarke, V., Hayfield, N., Davey, L., Jenkinson, E., Bager-Charleson, S., & McBeath, A. (2022). Doing Reflexive Thematic Analysis. In *Supporting Research in Counselling and Psychotherapy* (pp. 19–38). Springer International Publishing. https://doi.org/10.1007/978-3-031-13942-0_2
- Byrne, D. A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Qual Quant* 56, 1391–1412 (2022). <https://doi.org/10.1007/s11135-021-01182-y>
- Campbell, J., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S., Manganello, J., Xu, Schollenberger, J., Frye, & Laughon, K. (2003). Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study. *American Journal of Public Health* (1971), 93(7), 1089–1097. <https://doi.org/10.2105/AJPH.93.7.1089>
- Cass, M. (2022). *Project Plan: Safer Advocacy and Information in Legal Services*. Women's Legal Service of Western Australia (WLSWA).

- Daly, M., Wiseman, K. A., & Wilson, M. I. (1997). Women with Children Sired by Previous Partners Incur Excess Risk of Uxoricide. *Homicide Studies*, 1(1), 61–71. <https://doi.org/10.1177/1088767997001001005>
- Department of Child Protection and Family Support (DCPS). (2015). *Western Australian Family and Domestic Violence Common Risk Assessment Framework* (2nd ed.). Western Australian Government. <https://www.wa.gov.au/system/files/2021-10/CRARMF.pdf>
- Department of Communities. (2024, September 25). *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework (CRARMF)*. Government of Western Australia. <https://www.wa.gov.au/government/document-collections/western-australian-family-and-domestic-violence-common-risk-assessment-and-risk-management-framework>
- Department of Social Services (DSS). (2022). *National Plan to End Violence against Women and Children 2022-2032*. Commonwealth of Australia. <https://www.dss.gov.au/national-plan-end-gender-based-violence>
- Fang, J., & Donley, E. (2022). Intimate Partner Violence Screening Tools in Emergency Departments: A Scoping Review. *Practice (Birmingham, England)*, 34(2), 149–165. <https://doi.org/10.1080/09503153.2021.1959542>
- Miles, M. & Huberman, A. (1994). *An expanded sourcebook: Qualitative data analysis* (2nd ed.). Sage Publications.
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16(1), 1–13. <https://doi.org/10.1177/1609406917733847>
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544. <https://doi.org/10.1007/s10488-013-0528-y>
- Pawson, R. (2002). Evidence-based Policy: In Search of a Method. *Evaluation*, 8(2), 157–181. <https://doi.org/10.1177/1358902002008002512>
- Safe Steps (2024). *Safe Steps: Impact Report for FY2024*. Safe Steps Family Violence Response Centre Inc. Victoria State Government. https://safesteps.org.au/wpcontent/uploads/2025/01/SS_ImpactReport2024.pdf
- Stratton, S. J. (2021). Population Research: Convenience Sampling Strategies. *Prehospital and Disaster Medicine*, 36(4), 373–374. doi:10.1017/S1049023X21000649
- United Nations (UN). (2022, March 9). *Examining Domestic Violence Around the World and the Cost of Doing Nothing*. Retrieved April 7, 2025, from <https://www.un.org/en/academic-impact/examining-domestic-violence-around-world-cost-doing-nothing>
- Ussher, J. M., Hawkey, A., Perz, J., Liamputtong, P., Sekar, J., Marjadi, B., Schmied, V., Dune, T., & Brook, E. (2022). Crossing Boundaries and Fetishization: Experiences of Sexual Violence for Trans Women of Color. *Journal of Interpersonal Violence*, 37(5–6), NP3552–NP3584. <https://doi.org/10.1177/0886260520949149>

- Victorian Government. (2023, July 5). Desktop research. <https://www.vic.gov.au/desktop-research>
- Western Australian Government. (2024). *Strengthening Responses to Family and Domestic Violence: System Reform Plan (2024–2029)*. https://www.wa.gov.au/system/files/2024-04/fdv-system-reform-plan_0.pdf
- WLSA. (2020). *Supporting the safety and financial recovery of family and domestic violence victim-survivors in the justice system: Submission to the Inquiry into Family, Domestic and Sexual Violence*. Submission 52. <https://www.wlsa.org.au/wp-content/uploads/2023/02/WLSA-submission-Inquiry-into-Family-Domestic-and-Sexual-Violence.pdf>
- WLSWA. (2022, October 31). *Safer Advocacy & Information in Legal Services (SAILS): Project Information Sheet*. Retrieved April 7, 2025, from <https://www.wlswa.org.au/wp-content/uploads/2023/06/WLSWA-2022-SAILS-Project-Information-Sheet.pdf>
- WLSWA. (2024). *Women's Legal Service WA: Annual Report 23-24*. <https://www.wlswa.org.au/wp-content/uploads/2024/11/WLSWA-Annual-report-2024-.pdf>
- WLSWA. (n.d.). *Who we are and how we work*. Retrieved April 7, 2025, from <https://www.wlswa.org.au/who-we-are/>
- World Health Organization. (2020, March 26). *COVID-19 and violence against women: What the health sector/system can do*. <https://www.who.int/publications/i/item/covid-19-and-violence-against-women>

Appendix 1: Desktop Review

1.1 Existing FDV Risk Screening Tools

WA Common Risk Assessment and Risk Management Framework (CRARMF).

The Common Risk Assessment and Risk Management Framework (CRARMF) provides common practice standards for FDV risk assessment and management, information sharing and referral for all service agencies within mainstream, government and community sectors in Western Australia (WA) (Department of Communities, 2024; Department of Child Protection and Family Support (DCPFS), 2015). The main objective of CRARMF is to provide a standardised tool in identifying and responding to FDV risk and support an expedient and collaborative approach across all service agencies to improve the safety of women and children (DCPFS, 2015). Community sector agencies contracted to Department of Communities (formally DCPFS) implement CRARMF and legal and statutory agencies, together with mainstream service providers have progressively included the policies and practices (DCPFS, 2015).

CRARMF outlines the many service agencies that can support women and children at risk of FDV. These include child protection, police, courts, corrections, housing and specialist family and domestic violence services. CRARMF overarching priority is to ensure an "integrated response" whereby all service agencies prioritise safety for women and children as victims of FDV and commit to perpetrator accountability (DCPFS, 2015). CRARMF supports an integrated response by providing common minimum standards and practice requirements for risk screening, risk assessment, risk management, information sharing and referral pathways for service agencies to implement. The integrated response to FDV in WA is systemically supported through government contractual arrangements, strategic policy and accountability procedures (DCPFS, 2015).

The Western Australian (WA) Government released the second edition of CRARMF in 2016 and in 2024 allocated funding to update and further improve the framework in response to the State Government's report: Strengthening Responses to Family and Domestic Violence: System Reform Plan (2024–2029) (Department of Communities, 2024). The updated CRARMF will be released July 2025. One of the main improvements of CRARMF will be the inclusion of a risk assessment tool dedicated to Aboriginal women and children (Department of Communities, 2024). Additionally, the CRARMF will have improved flexibility in service delivery within diverse service settings to respond to the complex and diverse societal needs of priority groups of people such as Aboriginal people, CaLD people, LGBTQIA+ people, people with disability and the elderly (Department of Communities, 2024).

Multi-Agency Risk Assessment and Management (MARAM) Framework.

The Multi-Agency Risk Assessment and Management (MARAM) Framework and information sharing scheme is a comprehensive risk assessment and safety planning process established by the Victorian Government in 2018 to address family violence and protect child safety by improving the identification, assessment and information sharing of FDV risk across all relevant services (Victorian Government, 2018; Victoria Government, 2023). It was developed in response to recommendations 1-3 of the Victorian Government's Royal Commission into

Family Violence in 2016, and based on the existing *Common Risk Assessment Framework*, also developed by the Victorian Government in 2007 (Benier, 2016; Victorian Government, 2018).

The MARAM Framework has been developed into policies, regulations and formalised within the *Family Violence Protection Act 2008* (Vic) (Victorian Government, 2018). Therefore, all related health, social and legal services, working within the FDV support services, have a shared responsibility and obligation to undertake risk assessment, share information and work collaboratively to support all individuals' and families' impacted by FDV (Victorian Government, 2018). The Act requires five-yearly reviews of the framework to ensure it continues to consider evidence-based practices and interventions.

The MARAM Framework aims to identify common family violence risk factors associated with FDV across the spectrum of seriousness of risk of harm or death from 'at-risk', 'elevated risk' to 'serious risk' (Victorian Government, 2018). Safe Steps, a key FDV crisis intervention and support service in Victoria, conducted thousands of risk assessments during the 2023/24 period using the MARAM Framework. The effectiveness of MARAM was confirmed with 60% of the risk assessments categorised in the *serious risk* category requiring immediate protection (an increase of 13% from last year) (Safe Steps, 2024).

The MARAM Framework provides operational practice guidelines, training modules and evidence-based, risk identification, screening and assessment tools, for all aspects of service delivery and can be adopted or embedded within existing organisational structures (Victorian Government, 2018). The structure of the MARAM Framework rests on four main pillars: shared understanding of family violence; consistent and collaborative practice; responsibilities for risk assessment and management; and systems, outcomes and continuous improvement (Victorian Government, 2018).

The MARAM Framework provides a Screening and Identification Tool made up of 7 questions: Question 1 identifies if family violence is present; Question 2-4 assesses the level of risk of family violence; Question 5-6 focuses on identifying if there is immediate risk to the children or individual; Question 7 identifies existing safety plan or ability to engage with emergency services. FDV support services in Victoria are encouraged to align their existing tools or adopt the MARAM-based tools consistent with evidence-based risk factors (Victorian Government, 2020).

The MARAM Framework recognises the importance of staff capability and capacity to provide the professional judgment and FDV knowledge base to identify, assess and manage FDV risk with every client (Victorian Government, 2020). The Framework provides an online portal of foundational knowledge and training programs for practitioners to gain knowledge on evidence-based risk factors, information sharing procedures, perpetrator-focused and trauma-informed practice guides (Victorian Government, 2021). Additionally, the MARAM Framework sets out key concepts for practice that need to be included in all FDV service delivery. These include professional judgement, person-centred approaches, intersectional approaches, trauma and violence-informed approaches, safe non-collusive practice, reflective practice and unconscious bias, risk management approaches (Victorian Government, 2021).

The overview of findings from the recent 5-year review found MARAM is a valuable resource that reflects current evidence-based practices. MARAM considers diversity and

intersectionality in family violence assessment and management and reflects the gendered nature of FDV. However, it provided recommendations to improve the accessibility of the practice guides, risk assessment tools and recognition of FDV across all communities including Aboriginal and Torres Strait Islander communities, diverse communities, children, older people and across all family and relationship types (Allen & Clarke Consulting, 2023). For example, the MARAM Risk Assessment Tools and Safety Plans are 'being used in a tick-box fashion' in lieu of the preferred "conversational/narrative approach" outlined in the practice guides (Allen & Clarke Consulting, 2023, p.13). Additionally, safety plans need to allow for the victim survivor agency and decisions to remain in the relationship or at home (Allen & Clarke Consulting, 2023).

In the risk assessment of high or very high risk of a victim being killed or almost killed, the review found MARAM considered key evidence based factors such as, "actual or pending separation, intimate partner sexual violence, nonfatal strangulation or choking, stalking, and access to and/ or recent use of weapons by an adult who uses violence" (Allen & Clarke Consulting, 2023, p.14). However, the review found MARAM risk assessment needs to include other FDV risk presentations such as "substance use coercion and technology-facilitated abuse"; "arson (and burning-related threats)" and a violent adult being released from jail (Allen & Clarke Consulting, 2023, pp.13-14.).

The review found MARAM risk factors, assessment tools and procedures focused primarily on heterosexual relationships and need to provide a broader reflection of intersectionality and diversity of society (Allen & Clarke Consulting, 2023). This includes ensuring FDV training and practice guidance includes recognising trauma and different risks in different contexts such as 'Aboriginal and Torres Strait Islander peoples; migrants, refugees and people who are culturally and linguistically diverse; people with disability; LGBTIQ+ individuals; people with a mental illness; older people; women in pregnancy and early motherhood; people in regional, rural and remote areas; and young women' (Allen & Clarke Consulting, 2023, p.15).

Additionally, the review highlighted the need for an embedded understanding that structural disadvantage relates to and impacts FDV risk (Allen & Clarke Consulting, 2023). The review found an ongoing intersectional approach when assessing risk can be supported by ensuring the 'additional considerations' section in Tool's focuses on victim survivors' identity and experiences of structural disadvantages. For example, victim survivor identity and experience need to include 'Aboriginal and Torres Strait Islander communities, people with disability, people from culturally and linguistically diverse and refugee communities, older people, LGBTIQ+ people, people experiencing mental ill health, and people who have drug or alcohol dependence' (Allen & Clarke Consulting, 2023, p.25).

Risk assessment tools, FDV training and practice guidance should consider: the 'link between financial abuse and dementia; the risks of forced marriage and shame killings; the intersections of gender, poverty, sexuality, and immigration policies; sports and gaming escalation or gambling loss; technological controlling and tracking behaviours; clear examples of verbal abuse, insults, manipulation, and/or gaslighting in the questions relating to emotional and psychological abuse' (Allen & Clarke Consulting, 2023, p.17).

Additionally, the review found FDV practitioner training should include scenarios to understand when it is safe, reasonable and appropriate to undertake a risk assessment and when it is not safe to do so; how to build on what the victim survivor is currently doing to keep safe; what to do when they do not want to engage police; what to do when the perpetrator is being released from jail; understanding preparators may use 'dynamics with children; undermine the parent-child relationship; domestic servitude, economic abuse and isolation as forms of coercive control' (Allen & Clarke Consulting, 2023, p.19).

The review found FDV practitioner training in Tool implementation needs to include explicit guidance at the start about using a narrative and conversational approach; ensuring Safety Plans are flexible and have clear links to practice guidance; and guidance on how to build a rapport and ask sensitive and difficult questions and understanding risk as patterns of FDV behaviour over time (Allen & Clarke Consulting, 2023). Training should incorporate understanding of question prompts for non-fatal strangulation, what weapons have been used; if any violence is directed towards animals or pets; presentation of FDV towards women who are pregnant; or a NDIS-related or sexual assault question abuse for women with disabilities (Allen & Clarke Consulting, 2023).

The review provided key recommendations to improve culturally appropriate and safe service for diverse communities such as Aboriginal and Torres Strait Islander including emphasising strength of women; how to support women stay connected to family networks and communities while experiencing FDV; adopt a yarning approach; reflect appropriate culturally appropriate language; understanding of connection to culture, community and Country; and understanding community violence and reframe question 'is there more than one person making you feel unsafe?' (Allen & Clarke Consulting, 2023, p.26).

The review provided key recommendations to improve culturally appropriate and safe service for diverse CALD and refugee communities including emphasising strength of women; guidance on forced marriage; understanding use of impacts of technology enact abuse; tools could include other languages or translators; providing prompts regarding visa sponsorship or other urgent visa matters (Allen & Clarke Consulting, 2023, p.27).

Domestic Violent Safety Assessment Tool (DV-SAT)

The NSW Domestic and Family Violence Plan 2022-2027 provides recommendations to improve the existing domestic and family violence (DFV) services across five pillars of primary prevention; early prevention; responses; recovery and healing and system enablers (NSW Department of Communities and Justice (DCJ), 2022). Specifically in the response areas the NSW Government aims to provide an integrated, trauma informed and culturally safe framework with preparator accountability. This includes improving the existing Domestic Violence Safety Assessment Tool (DV-SAT), originally used by NSW police force, in assessment of DFV risk, to refer victim-survivors to Safer Pathway specialist DFV support services (NSW DCJ, 2022; NSW Government, 2015a). The NSW state-wide *Safer Pathway* program aims to improve shared information between services and provides victim-survivors specialist DFV services and supports, including safety assessments and plans, and 'referral into Safety Action Meetings where serious threat is identified' (NSW DCJ, 2022, p.35).

The DV-SAT has two components: Part A: Risk Identification checklist with 25 questions regarding risk indicators and Part B: Professional judgement of the practitioner implementing the assessment based on information gathered about the victim and their professional knowledge base (NSW Government, 2015b). The victim survivor can be identified as either 'at threat or at serious threat' due to domestic violence and in some cases no evidence is identified (NSW Government, 2015b, p.2). The DV-SAT has a clear and concise guide providing clear instructions for implementing Part A and Part B, explaining what 'at threat' and 'at serious threat' means and what should a practitioner do once the assessment has been completed. These are very helpful in providing new or inexperienced practitioners a knowledge base to conduct the assessment (NSW Government, 2015b).

The Mediator's Assessment of Safety Issues and Concerns (MASIC) screening measure

The Mediator's Assessment of Safety Issues and Concerns (MASIC) designed by Holtzworth-Munroe et al. (2010), is a *behaviorally specific* screening measure to be used in family mediation settings whereby divorcing/separating parties are trying to resolve issues such as child custody, child support and property. It is used as an interview to build rapport, provide understanding of domestic violence and assess levels and types of intimate partner violence and abuse (IPV/A) that may have occurred during the entire history of a couple's relationship, and/or, in the past 12 months (Holtzworth-Munroe et al., 2010).

Pokman et al., (2014) study of the reliability and validity of MASIC highlights the interview screen is succinct, short and efficient to implement within 15-20minutes and assesses multiple types of IPV/A within seven subscales of psychological, coercive control, threats of violence, physical violence, severe physical violence, sexual violence and stalking (Holtzworth-Munroe et al., 2010; Pokman et al., 2014). The MASIC has been used in Australia and the United States, with its overall internal screening validity, reliability and consistency considered as 'excellent' in identifying risk of IPV/A in family mediation settings (Pokman et al., 2014).

The investigation of the MASIC screening tool, although not developed for use in legal or social work settings, provides valuable knowledge of intimate partner violence (IPV) helpful for WLSWA Risk Screen Tool training. The MASIC screen provides an opportunity for victims of abuse to state whether the perpetrator has had previous IPV behaviors and Protective Orders, No Contact Orders and/or criminal convictions and crimes potentially related to IPV/A (Holtzworth-Munroe et al., 2010; Pokman et al., 2014).

This is important as previous research indicates that evidence of IPV and separation from an abusive partner is a crucial risk factor for femicide within a year of separation (Campbell et al., 2003). It is recommended that WLSWA investigate whether the Risk Screening Tool includes a screening question asking a client if her current or ex-partner has an IPV previous record.

The MASIC has since been modified into the shortened version MASIC-Short with Danger Assessment (MASIC-S with DA) (Rossi et al., 2022; Campbell et al., 2009). This was in response to feedback the MASIC was too time consuming for clients and an administrative burden for staff (Rossi et al., 2022). The questions in the MASIC-S with DA primarily address behaviors that are associated with severe or concerning levels of IPV and risk of lethality, and thus expedites safety considerations for parties affected. However, continued research is

required to ensure family mediation, with divorcing/separating parties, is an appropriate and safe environment for women and children if a history of IPV has been recorded (Rossi et al., 2022).

The Family Law Detection of Overall Risk Screen (DOORS)

An intimate partner separation marred by conflict increases the safety risk for all family members (McIntosh et al., 2016). The practice of standardised universal screening is relatively rare in family law services within Australia, with approximately 50% of family violence risks undetected during mediation (McIntosh et al., 2016). Therefore, a reliable and comprehensive early-risk screen is required to assess the entire family.

In response, the Family Law Detection of Overall Risk Screen (DOORS) was developed by researchers from Relationships Australia and La Trobe University following their revision of three existing FDV /IPV screening tools: *Domestic Violence Evaluation* (DOVE; Ellis & Stuckless, 2006), *Revised Conflict Tactics Scales* (CTS2; Straus et al., 1996), and the *Mediator's Assessment of Safety Issues and Concerns* (MASIC; Holtzworth-Munroe, Beck, & Applegate, 2010). Initially the Family Law DOORS was developed for community relationship partners however was commissioned by the Australian Government Attorney General's department (when??) for national implementation (McIntosh et al., 2016). The Family Law DOORS is designed for universal use by both legal and social science professionals in the family law system (McIntosh et al., 2016) .

The Family Law DOORS provides a reliable risk screening tool within a 3-part screening framework to identify, assess, and respond to safety and wellbeing risks in separated families (McIntosh et al., 2016). The benefit of Family Law DOORS is the ability to dual screen for both victimization and perpetration risks and appraise infant and child developmental risks (McIntosh et al., 2016). The tool considers the identification of risk, evaluates its severity, and gives recommendations to families about how to access support (McIntosh et al., 2016). The tool considers both the subjective experiences of the participants and biopsychosocial issues impacting the separating family, such as mental health challenges, substance abuse issues, and lack of social support; that increases risk of family violence (McIntosh et al., 2016).

Domestic Violence and Divorce Mediation (DOVE) assessment tool

The Domestic Violence and Divorce Mediation (DOVE) assessment tool is a 19-item instrument, designed to evaluate risk of domestic violence in the context of family mediation settings during separation or divorce within the US family law court context (Ellis & Stuckless, 2006). The focus of the DOVE tool is to assess the safety and appropriateness of mediation for such cases and to ensure the mediation process does not inadvertently harm victims or perpetuate abuse (Ellis & Stuckless, 2006). The tool includes measures for assessing risk and safety concerns by evaluating the severity of violence, the perpetrator's behavior, and potential risks to the victim during mediation. Possible FDV predictors such as evidence of coercive control, substance abuse, anger, relationship problems, mental health problems and couple conflict are also assessed.

DOVE helps to assess whether mediation is suitable, considering factors like power imbalances and the potential for further violence, and incorporates guidelines for developing safety plans to protect victims throughout the mediation process. The DOVE tool

is effective to triage victim safety in domestic violence cases and identifying/addressing risks that could affect well-being. There is a focus on domestic violence and the tool allows for a tailored approach that acknowledges the unique dynamics of these situations.

The tool offers a structured method for evaluating cases, aiding mediators in making informed decisions about mediation suitability and safety measures. Additionally, it provides clear guidelines and procedures, which enhances the consistency and quality of mediation practices. The study uncovered limitations such as the likelihood some mediators might struggle with its application due to a lack of training or resources. There is also a risk of misuse, which could lead to inadequate victim protection or inappropriate mediation outcomes. The tool's effectiveness depends on accurate and honest information from the parties, which is not always guaranteed.

Intimate Partner Violence Screening Tools in Emergency Departments

The review provides an appraisal of FDV screening tools used in emergency departments (ED) in USA, UK, Canada, Finland and Australia (Fang & Donley, 2022). The FDV screening tools identified in the study focused on intimate partner violence (IPV). The study found that screening for risk did not necessarily improve victims' outcomes especially in absence of follow-up interventions (Fang & Donley, 2022). Additionally, the study raised the possible harm or 'unintended effect' on victims due to the screening questions (Fang & Donley, 2022). However, the study found risk screening advantageous in identifying FDV and providing opportunity for victims to receive support, assessment and interventions.

The review provides the main barriers to risk screening within emergency departments. These include the clinician/practitioner feelings of inadequacy or lack of knowledge of FDV increases likelihood of missing FDV risk; a busy work schedule can detract focus away from patient; fearful the patient may find the questions intimidating or offensive; a belief that FDV is a private matter and needs to be disclosed by the patient themselves (Fang & Donley, 2022). This raised past societal concepts of FDV as a private matter and survivors complicit in the abuse (Robinson, 2010).

The study also outlined differences in how screening is undertaken can cause specific barriers. For example, face-to-face implementation requires a safe, quiet space, or pen-paper or computerized screening, requires the client to feel safe at home to speak (Fang & Donley, 2022). The lack of time to conduct sensitive and meaningful face to face screening is a barrier in a busy emergency department setting (Fang & Donley, 2022). The study raised the language used especially for CALD clients presents a barrier (Fang & Donley, 2022). Language barriers affect client's ability to disclose their experiences and could affect WLSWA staff ability to engage with client or ask them openly, and culturally sensitively FDV questions.

The review provides the main facilitators to risk screening within emergency departments. These include a useful screening tool, training and ongoing support for staff (Fang & Donley, 2022). A *useful* screening tool is one that is sensitive, specific and accurate when identifying past and potential victims of FDV, and can be conducted in a timely manner, within a time constrained work environment (Fang & Donley, 2022). A sensitive and specific screening tool means sensitivity in identifying survivors of FDV and specifically to identify non-survivors of FDV. Additionally useful screening tools included questions to detect other forms of abuse, as well as physical violence, such as emotional, economic, verbal and sexual abuse. A useful

screening tool needs to be appropriate for legal staff to conduct in a work environment that is busy – a short, succinct, easy to use tool that does not add to the legal workload.

Training and ongoing organizational support for staff in administering the screening tool is essential as they are the frontline staff who can ensure successful implementation (Fang & Donley, 2022). Training and support provide staff with the confidence to ask the screening questions, understand the sensitive and specific information provided and respond to FDV risk appropriately (Leppäkoski, et al., 2010). Organizational support surrounding the screening process when very high-risk clients are identified is required e.g. see NDIS Critical incidence procedure - knowledge of procedures to ensure correct response to support a women's safety (*Immediate priority enhanced response*) will assist new and/or inexperienced staff members. FDV training increases legal staff knowledge of FDV, new developments, policies and practices and what is required with follow-up procedures. Screening at the initial client meeting is the crucial first step. However, family violence is a systematic pattern of abuse that escalates over time (Perciaccante et al., 2010). Therefore, staff training to ensure all staff understand the ongoing need for screening at every client contact, to ensure clients receive further assessment, referrals and responses.

1.2 FDV policy and research

Department of Social Services: National Plan to End Violence against Women and Children 2022-2032.

The National Plan to End Violence against Women and Children 2022–2032 (National Plan), is a joint Australian, state and territory initiative to establishes a framework for a shared national commitment to end gender-based violence in one generation (DSS, 2022). The National Plan provides details about the many connecting risk factors that contribute to the increased prevalence and severity of domestic, family and sexual violence. It also details the different and specific ways certain individuals and groups might experience domestic and family violence (DSS, 2022).

The 10-year National Plan will be underpinned by five-year action plans, prioritising focus areas such as the five-year Aboriginal and Torres Strait Islander Action Plan. The National Plan outlines the disturbing experiences of family and domestic violence suffered by Aboriginal and Torres Strait women:

Across the board, Aboriginal and Torres Strait Islander women experience disproportionately higher rates of violence than non-Indigenous women. Indigenous women are 34 times more likely to be hospitalised because of violence than non-Indigenous women. They report 3 times as many incidents of sexual violence as non-Indigenous women and are more likely to be killed due to assault (DSS, 2022, p.42; Olsen & Lovett, 2016).

The National Plan aims to eliminate the identified barriers for Aboriginal and Torres Strait Islander women reporting violence or seeking support such as “a fear of child removal, the threat of homelessness, and the fear of isolation from family and community” (Langton et al., 2020, p.3).

The National Plan also hopes to develop national principles and a consistent approach to addressing coercive control so patterns of abuse that control and dominant another person

can be identified before it escalates to isolated incidents of violence and/or homicide. The National Plan outlines common patterns of coercive abusive behaviours that perpetrators can use over a period of time include “physical abuse (including sexual abuse), monitoring a victim-survivor’s actions, restricting a victim-survivor’s freedom or independence, social abuse, using threats and intimidation, emotional or psychological abuse (including spiritual and religious abuse), financial abuse, sexual coercion, reproductive coercion, lateral violence, systems abuse, technology-facilitated abuse and animal abuse” (DSS, 2022, p. 127).

The National Plan provides a holistic approach across four domains of prevention; early intervention; response; and recovery and healing (DSS, 2022). The response domain includes comprehensive and person-centred response system within services such as crisis counselling, financial counselling, family law services, and police and justice services. Additionally, the aim is to ensure ongoing specialist education, training and professional development to all staff within specialist sectors especially in how to identify domestic, family and sexual violence and how to respond in a trauma-informed way (DSS, 2022).

WA State Government's Strengthening Responses to Family and Domestic Violence: System Reform Plan (2024–2029).

The Western Australian (WA), Strengthening Responses to Family and Domestic Violence: System Reform Plan (2024–2029), aims to improve the existing FDV response system to provide a collaborative, connected, and organised system for victim-survivor safety and recovery (WA Government, 2024). The main areas of improvement are across four pillars: Workforce Development; Information Sharing; Risk Assessment and Risk Management within a partnership approach between government, community, Aboriginal community and lived experience advocates (WA Government, 2024).

In recognition of the higher rates of family violence experienced by Aboriginal women and children a priority area within the Reform Plan includes the development of a dedicated risk assessment tool to use with Aboriginal families. The Reform Plan has provided funding and begun work on the design and development of an Aboriginal Family Violence Risk Assessment Tool for use with Aboriginal people across WA (WA Government, 2025).

Another area of the reform plan is the updating of the existing Common Risk Assessment and Risk Management Framework (CRARMF) to include current research, analysis and stakeholder recommendations (WA Government, 2024).

Australian Institute of Health and Welfare: Family and domestic violence: Key findings.

Australian Institute of Health and Welfare (AIHW) research provides evidence the underlying drivers of FDV are varied. There are many factors that can intersect to create the risk and experience of violence for women, such as gender inequality and societal attitudes that condone violence against women, socio-economic disadvantages, lack of social support, systemic discrimination and intergenerational trauma (AIHW, 2023; DSS, 2022; Our Watch, 2021). Additionally specific groups of people will be more at risk of FDV at the intersection of these variables, such as Aboriginal and Torres Strait Islanders (First Nations) women and families, women from culturally and linguistically diverse (CALD) backgrounds ; people with disability; lesbian, gay, bisexual, transgender, intersex, queer, asexual people, or people

otherwise diverse in gender, sex or sexual orientation (LGBTIQA+ people) and people in regional, rural and remote areas (Backhouse & Toivonen, 2018; DSS 2022; Phillips & Vandenbroek 2014).

Each person will also have their own unique personal and lived experience that predisposes them to risk and severity of FDV and their own protective factors that may reduce that risk or moderate the effects of FDV (Flood et al. 2022; AIHW, 2023). Protective factors can include support structures in place such as childhood experiences of healthy parenting and family, cultural, social connections, and the ability to recognise risk (AIHW, 2023; Backhouse and Toivonen 2018; WHO 2010).

Practitioners within the FDV need to be aware of the 'gendered drivers of violence and understanding how they intersect with other forms of disadvantage and discrimination is central to reducing the prevalence of, and preventing, violence against women (Our Watch 2021).

Risk Factors for Femicide in Abusive Relationships

Campbell et al (2003) study in the United States sought to determine the main risk factors that are associated with femicide in abusive relationships and specifically risk factors beyond IPV attributed to the perpetrator/partner. The study assessed case studies and proxies of femicide victims and interviewed a large group of abused women who had been physically assaulted or threatened with a weapon by a current or former intimate partner during the past 2 years (Campbell et al., 2003). The study's assertion that femicide is more likely to occur if there has been intimate partner violence (IPV) against the victim before her death was affirmed (Campbell et al. 2003).

The study also provided other specific risk factors, above and beyond IPV, attributed to the abuser and the relationship between abuser and victim, that also increased the risk of femicide. The specific high-risk factors attributed to the abuser included their lack of employment, illicit drug abuse, access to firearms and previous threats to kill their partner (Bailey et al., 1997; Campbell et al. 2003). The specific risk factors attributed to the relationship type between the victim and abuser included the presence of a stepchild living in the house and the recent strained separation or estrangement of the victim from the abuser (Daly et al., 1997; Campbell et al. 2003). The risk of femicide increased in this situation if the abuser was a highly controlling person and/or the victim was leaving their abuser partner for someone else (Dawson & Gartner, 1998; Campbell et al. 2003).

The study ascertains it is critical for practitioners, in conversations with women who have been abused and want to leave their abusive partner, they are warned they are in a very dangerous position if their partner is highly controlling (Campbell et al., 2003). A question such as "*Does your partner try to control **all** of your daily activities?*" can assess the extreme need for control (Campbell et al., 2009; Campbell et al., 2003). This question is taken from the Danger Assessment designed and developed by Campbell in (1986) to assist women experiencing FDV in assess their danger of being murdered or seriously injured by their partner or ex-partner (Campbell et al., 2009; Campbell et al., 2003). Additionally, identification of other specific risk factors such as an abuser's unemployment, previous threats, illicit drug use, access to firearms and stepchildren in the home sadly provide a very

dangerous condition for the abused woman. They should be advised they are at very high risk of death (Wadman & Muelleman, 1999; Campbell et al., 2003). Professionals need to assertively advise their client to escape, when their partner is not at home, and seek support and refuge (Wadman & Muelleman, 1999; Campbell et al., 2003).

Lawyer FDV Competency in Legal Services

A review of focus group data obtained from lawyers employed in specialist women's legal services in Australia highlighted the importance of competent lawyers being knowledgeable and informed about the complexities of FDV (Wangmann et al., 2023). This practice skill base needs to include an informed understanding of the impacts of FDV, on both victim-survivors, their children and the perpetrators, together with trauma informed knowledge of the intersectionality of risk factors and responses required to ensure client safety when working in legal contexts (Wangmann et al., 2023). Within a legal practice setting these includes providing sufficient time and sensitivity for their clients to address both legal and non-legal needs. Therefore, competent lawyers need knowledge of other areas of legal practice to advise clients of actions to address the FDV they are experiencing.

Additionally, the review raised the need for lawyers to have appropriate skills in informed risk screening for FDV. Competent FDV lawyers must understand the risk dynamics associated with domestic violence and be able to assess how an at-risk client may respond or present in meetings. This includes recognising patterns of behavior that could indicate escalating violence or the potential for serious harm. Knowledge of these dynamics helps lawyers anticipate risks more proactively.

There is also a need for lawyers to have skills in risk assessment to effectively protect their clients. This involves evaluating the immediate and long-term safety risks faced by victims, the potential threats from perpetrators and the impact of legal proceedings on their safety. Lawyers must be competent to identify signs of danger and intervening appropriately. This includes advising clients on safety planning, securing protective orders, and coordinating with other professionals who can provide additional support. A comprehensive risk assessment involves a holistic approach that considers various factors, such as the client's relationship history, the perpetrator's behavior, and the client's current circumstances. Collaborating with other professionals, such as social workers and domestic violence advocates is essential for a thorough risk screening process. These collaborations provide additional perspectives and resources that can help in accurately identifying risks and developing comprehensive safety plans.

There is also a need for ongoing training and support for lawyers to enhance their risk assessment capabilities. Understanding the latest research and best practices in risk assessment ensures that lawyers are equipped to handle complex cases involving domestic violence effectively. The review noted that systemic challenges, such as limited resources and institutional barriers, can impact lawyers' ability to effectively assess risk. Addressing these challenges through improved support systems and integrated services is vital for enhancing legal practice in domestic violence cases. Recommendations included for enhancing legal practice such as including increased training, better support systems for lawyers, and greater integration of specialist services were provided.

1.3 Conclusion

The desktop review provided an overview of existing evidence-based FDV risk screening tools, practices and policy guidelines implemented within mainstream, government and community sector service agencies within the Australian context. Additionally, the review provided a general overview of current international research on FDV risk screening to provide a broader understanding of best practice in service agency settings within health contexts, family law and mediation agencies.

Key findings from the desktop review that informs this evaluation and ongoing development and improvements of the SAILS FDV Risk Screening Tool include:

1. The WA Government is updating and improving the existing CRARMF. This will include a dedicated risk assessment tool for Aboriginal women and improved service responses for priority groups such as Aboriginal, CALD and LGBTQI+ people, people with disability and the elderly. These changes will inform ongoing developments and enhancements to the SAILS Risk Screening Tool.
2. MARAM Framework provides an online portal of foundational knowledge and training programs for practitioners to improve professional judgement, understanding of trauma informed, person-centred and risk management approaches. The guidelines and training modules could inform ongoing developments and enhancements of WLSWA, and other CLCs, staff inductions and FDV risk screening training.
3. MARAM review highlighted the need for practitioners to use a conversational/narrative approach when asking screening questions and allow for more victim survivor agency if they want to remain in the relationship or at home when developing safety plans. Additionally, risk assessment needs to include other FDV risk presentations such as substance use coercion and technology-facilitated abuse; arson (and burning-related threats) and a violent adult being released from jail.
4. MARAM review outlined practitioner FDV training and practice guidance's to include other priority groups including women with a mental illness; women with a drug or alcohol dependence; women in pregnancy and early motherhood; and women in regional, rural and remote areas; and young women.
5. MARAM review outlined practitioner FDV training and practice guidance's to consider: the link between financial abuse and dementia; the risks of forced marriage and shame killings; the intersections of gender, poverty, sexuality, and immigration policies; sports and gaming escalation or gambling loss; technological controlling and tracking behaviours.
6. MARAM review outlined training should incorporate understanding of question prompts for non-fatal strangulation, what weapons have been used; if any violence is directed towards animals or pets; presentation of FDV towards women who are pregnant; or a NDIS-related or sexual assault question abuse for women with disabilities.
7. MARAM review outlined improvements for culturally appropriate and safe service for diverse communities such as Aboriginal people include emphasising strength of women; how to support women stay connected to family networks and communities while experiencing FDV; adopt a yarning approach; reflect appropriate culturally appropriate language; understanding of

connection to culture, community and Country; and understanding community violence and reframe question "is there more than one person making you feel unsafe?" (Allen & Clarke Consulting, 2023, p.26)

8. MARAM review outlined improvements for culturally appropriate and safe service for diverse CALD and refugee communities include emphasising strength of women; guidance on forced marriage; understanding use of impacts of technology enact abuse; tools could include other languages or translators; providing prompts regarding visa sponsorship or other urgent visa matters.

9. The review of MASIC screening tool used in family mediation contexts provides evidence practitioner knowledge of intimate partner violence (IPV) and the link between IPV and partner separation marred by conflict increases the safety risk for all family members. Research indicates that evidence of IPV and separation from an abusive partner is a crucial risk factor for femicide within a year of separation.

10. Review of IPV screening tools in emergency department found the main barriers to FDV screening included practitioner feelings of inadequacy or lack of knowledge of FDV; a busy work schedule; fearful the patient may find the questions intimidating or offensive; a belief FDV is a private matter and needs to be disclosed by the patient themselves; lack of time to conduct sensitive and meaningful face to face screening; and insensitive language used especially for CALD clients.

11. The Australian Government's, National Plan to End Violence against Women and Children 2022–2032, identifies the main barriers for Aboriginal and Torres Strait Islander women reporting violence or seeking support. These include a fear of child removal, the threat of homelessness, and the fear of isolation from family and community. These barriers need to be considered within the implementation and use of Risk Screening Tools and included within FDV training.

12. The National Plan recognises there is a need for national principles and a consistent approach to addressing coercive control before it escalates to isolated incidents of violence and/or homicide. The Plan outlines common coercive control behaviours as "physical abuse (including sexual abuse), monitoring a victim-survivor's actions, restricting a victim-survivor's freedom or independence, social abuse, using threats and intimidation, emotional or psychological abuse (including spiritual and religious abuse), financial abuse, sexual coercion, reproductive coercion, lateral violence, systems abuse, technology-facilitated abuse and animal abuse"(DSS, 2022, p. 127).

13. The National Plan provides a holistic approach across four domains of prevention; early intervention; response; and recovery and healing. The response domain includes comprehensive and person-centred response system within services such as crisis counselling, financial counselling, family law services, and police and justice services. Additionally, the aim is to ensure ongoing specialist education, training and professional development to all staff within specialist sectors especially in how to identify domestic, family and sexual violence and how to respond in a trauma-informed way.

14. A review of risk factors for femicide in abusive relationships in US found femicide is more likely to occur if there has been intimate partner violence (IPV) against the victim before her death. Other specific risk factors, above and beyond IPV, included the abuser's lack of employment, illicit drug abuse, access to firearms and previous threats to kill their partner, in

addition to the presence of a stepchild living in the house and the recent strained separation or estrangement of the victim from the abuser. The risk of femicide increased in this situation if the abuser was a highly controlling person and/or the victim was leaving their abuser partner for someone else. These high-risk factors need to be included within the Risk Screening Tool and within a practitioner's FDV knowledge base.

References

- Allen & Clarke Consulting. (2023). Victoria Family Violence Multi-Agency Risk Assessment and Management Framework 5-year Evidence Review-Summary Report. Victorian Family Violence. <https://www.vic.gov.au/sites/default/files/2024-04/MARAM-5-Year-Evidence-Review-Summary-Report-December-2023.pdf>
- Australian Institute of Health and Welfare (AIHW). (2023, November 24). *Family and domestic violence: Key findings*. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/types-of-violence/family-domestic-violence>
- Australian Institute of Health and Welfare (AIHW). (2025, February 28). *Domestic homicide*. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/domestic-homicide>
- Backhouse, C., & Toivonen, C. (2018). *National risk assessment principles for domestic and family violence: companion resource - a summary of the evidence-base supporting the development and implementation of the National Risk Assessment Principles for domestic and family violence*. ANROWS.
- Bailey, J. E., Kellermann, A. L., Somes, G. W., Banton, J. G., Rivara, F. P., & Rushforth, N. P. (1997). Risk factors for violent death of women in the home. *Archives of internal medicine*, 157(7), 777–782. <https://pubmed.ncbi.nlm.nih.gov/9125010/>
- Benier, K. (2016). *Research Brief: Family Violence Risk Assessment and Risk Management Framework (CRAF)*. Monash University. https://arts.monash.edu/_data/assets/pdf_file/0010/1528309/rb-craf.pdf
- Campbell, J.C. (2004). *Danger Assessment*. John Hopkins University.
- Campbell, J. C., Webster, D. W., & Glass, N. (2009). The Danger Assessment: Validation of a Lethality Risk Assessment Instrument for Intimate Partner Femicide. *Journal of Interpersonal Violence*, 24(4), 653–674. <https://doi.org/10.1177/0886260508317180>
- Campbell, J., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S., Manganello, J., Xu, Schollenberger, J., Frye, & Laughon, K. (2003). Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study. *American Journal of Public Health* (1971), 93(7), 1089–1097. <https://doi.org/10.2105/AJPH.93.7.1089>
- Daly, M., Wiseman, K. A., & Wilson, M. I. (1997). Women with Children Sired by Previous Partners Incur Excess Risk of Uxoricide. *Homicide Studies*, 1(1), 61–71. <https://doi.org/10.1177/1088767997001001005>

- Dawson, M., & Gartner, R. (1998). Differences in the Characteristics of Intimate Femicides: The Role of Relationship State and Relationship Status. *Homicide Studies*, 2(4), 378–399. <https://doi.org/10.1177/1088767998002004003>
- Department of Child Protection and Family Support (DCPFS). (2015). *Western Australian Family and Domestic Violence Common Risk Assessment Framework* (2nd ed.). Western Australian Government. <https://www.wa.gov.au/system/files/2021-10/CRARMF.pdf>
- Department of Communities. (2024, September 25). *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework (CRARMF)*. Government of Western Australia. <https://www.wa.gov.au/government/document-collections/western-australian-family-and-domestic-violence-common-risk-assessment-and-risk-management-framework>
- Department of Social Services (DSS). (2022). *National Plan to End Violence against Women and Children 2022-2032: Ending gender-based violence in one generation*. Commonwealth of Australia. <https://www.dss.gov.au/national-plan-end-gender-based-violence>
- Ellis, D., & Stuckless, N. (2006). DOMESTIC VIOLENCE, DOVE, AND DIVORCE MEDIATION. *Family Court Review*, 44(4), 658–671. <https://doi.org/10.1111/j.1744-1617.2006.00117.x>
- Fang, J., & Donley, E. (2022). Intimate Partner Violence Screening Tools in Emergency Departments: A Scoping Review. *Practice (Birmingham, England)*, 34(2), 149–165. <https://doi.org/10.1080/09503153.2021.1959542>
- Flood, M., Brown, C., Dembele, L., & Mills, K. (2022) *Who uses domestic, family, and sexual violence, how, and why? The State of Knowledge Report on Violence Perpetration*. Queensland University of Technology. <https://research.qut.edu.au/centre-for-justice/wp-content/uploads/sites/304/2023/01/Who-uses-domestic-family-and-sexual-violence-how-and-why-The-State-of-Knowledge-Report-on-Violence-Perpetration-2023.pdf>
- Holtzworth-Munroe, A., Beck, C. J. A., & Applegate, A. G. (2010). THE MEDIATOR'S ASSESSMENT OF SAFETY ISSUES AND CONCERNS (MASIC): A SCREENING INTERVIEW FOR INTIMATE PARTNER VIOLENCE AND ABUSE AVAILABLE IN THE PUBLIC DOMAIN. *Family Court Review*, 48(4), 646–662. <https://doi.org/10.1111/j.1744-1617.2010.001339.x>
- Langton, M., Smith, K., Eastman, T., O'Neill, L., Cheesman, E. & Rose, M. (2020). *Improving family violence legal and support services for Aboriginal & Torres Strait Islander peoples: Key findings and future directions*. ANROWS. <https://www.anrows.org.au/publication/improving-family-violence-legal-and-support-services-for-aboriginal-and-torres-strait-islander-peoples-key-findings-and-future-directions/>
- Leppäkoski, T., Åstedt-Kurki, P., & Paavilainen, E. (2010). Identification of women exposed to acute physical intimate partner violence in an emergency department setting in Finland: Identification of exposure of women to acute physical violence. *Scandinavian Journal of Caring Sciences*, 24(4), 638–647. <https://doi.org/10.1111/j.1471-6712.2009.00754.x>

- McIntosh, J. E., Wells, Y., & Lee, J. (2016). Development and Validation of the Family Law DOORS. *Psychological Assessment*, 28(11), 1516–1522.
<https://doi.org/10.1037/pas0000277>
- Management Study Guide (MSG). (2025, February 12). *Desk Research-Methodology and Techniques*. <https://www.managementstudyguide.com/desk-research.htm>
- NSW Department of Communities and Justice. (2022). *NSW Domestic and Family Violence Plan 2022-2027*. NSW Government. <https://dcj.nsw.gov.au/documents/service-providers/domestic-and-family-violence-services/NSW-Domestic-and-Family-Violence-Plan-2022-2027.pdf>
- NSW Government. (2015a). *Domestic Violence Safety Assessment Tool (DVSAT)*.
<https://sydneynorthhealthnetwork.org.au/wp-content/uploads/2022/09/Domestic-Violence-Safety-Assessment-Tool.pdf>
- NSW Government. (2015b). *Domestic Violence Safety Assessment Tool Guide*.
<https://dcj.nsw.gov.au/documents/service-providers/domestic-and-family-violence-services/Domestic-Violence-Safety-Assessment-Tool-Guide.pdf>
- Olsen, A., & Lovett, R. (2016). *Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: State of knowledge paper (Issue 2)*. ANROWS. <https://www.anrows.org.au/publication/existing-knowledge-practice-and-responses-to-violence-against-women-in-australian-indigenous-communities-state-of-knowledge-paper/>
- Our Watch. (2021). *Change the story. A shared framework for the primary prevention of violence against women in Australia* (2nd ed.).
<https://www.ourwatch.org.au/change-the-story/change-the-story-framework>
- Perciaccante, V. J., Carey, J. W., Susarla, S. M., & Dodson, T. B. (2010). Markers for Intimate Partner Violence in the Emergency Department Setting. *Journal of Oral and Maxillofacial Surgery*, 68(6), 1219–1224. <https://doi.org/10.1016/j.joms.2010.02.010>
- Phillips, J., & Vandenbroek, P. (2014). *Domestic, family and sexual violence in Australia: an overview of the issues*. Dept. of Parliamentary Services, Parliamentary Library.
- Pokman, V., Rossi, F. S., Holtzworth-Munroe, A., Applegate, A. G., Beck, C. J. A., & D'Onofrio, B. M. (2014). Mediator's Assessment of Safety Issues and Concerns (MASIC): Reliability and Validity of a New Intimate Partner Violence Screen. *Assessment (Odessa, Fla.)*, 21(5), 529–542. <https://doi.org/10.1177/1073191114528372>
- Robinson, R. (2010). Myths and Stereotypes: How Registered Nurses Screen for Intimate Partner Violence. *Journal of Emergency Nursing*, 36(6), 572–576.
<https://doi.org/10.1016/j.jen.2009.09.008>
- Rossi, F. S., Applegate, A. G., Beck, C. J., Timko, C., & Holtzworth-Munroe, A. (2022). Screening for Intimate Partner Violence in Family Mediation: An Examination of Multiple Methodological Approaches Using Item Response Theory. *Assessment (Odessa, Fla.)*, 29(8), 1641–1657. <https://doi.org/10.1177/10731911211022843>
- Safe Steps (2024). *Safe Steps: Impact Report for FY2024*. Safe Steps Family Violence Response Centre Inc. Victoria State Government.
https://safesteps.org.au/wpcontent/uploads/2025/01/SS_ImpactReport2024.pdf

- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and Preliminary Psychometric Data. *Journal of Family Issues*, 17(3), 283–316.
<https://doi.org/10.1177/019251396017003001>
- Victorian Government. (2023, July 5). Desktop research. <https://www.vic.gov.au/desktop-research>
- Victorian Government. (2020). *Embedding Tools into Practice*.
<https://www.vic.gov.au/embedding-tools-existing-practices>
- Victorian Government. (2021, July 21). *Evidence-based risk factors and the MARAM risk assessment tools*. <https://www.vic.gov.au/maram-practice-guides-foundation-knowledge-guide/evidence-based-risk-factors-and-maram-risk>
- Victorian Government. (2018). *Family Violence Multi-Agency Risk Assessment and Management Framework: A shared responsibility for assessing and managing family violence risk*. <https://www.vic.gov.au/maram-practice-guides-and-resources>
- Victorian Government. (2023 July 27). *Family Violence Multi-Agency Risk Assessment and Management Framework*. Retrieved April 7, 2025, from <https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management>
- Wadman, M. C., & Muelleman, R. L. (1999). Domestic violence homicides: ED use before victimization. *The American Journal of Emergency Medicine*, 17(7), 689–691.
[https://doi.org/10.1016/S0735-6757\(99\)90161-4](https://doi.org/10.1016/S0735-6757(99)90161-4)
- Wangmann, J., Bartlett, F., Batagol, B., Booth, T., Douglas, H., Kaye, M., & Seear, K. (2023). What is 'good' domestic violence lawyering?: views from specialist legal services in Australia. *International Journal of Law, Policy, and the Family*, 37(1).
<https://doi.org/10.1093/lawfam/ebac034>
- Western Australian Government. (2025, April 4). *Aboriginal Family Violence Risk Assessment Tool*. <https://www.wa.gov.au/government/announcements/aboriginal-family-violence-risk-assessment-tool>
- Western Australian Government. (2024). *Strengthening Responses to Family and Domestic Violence: System Reform Plan (2024–2029)*. https://www.wa.gov.au/system/files/2024-04/fdv-system-reform-plan_0.pdf
- World Health Organization. (2020, March 26). *COVID-19 and violence against women: What the health sector/system can do*. <https://www.who.int/publications/i/item/covid-19-and-violence-against-women>