Screening and identifying family violence risk from people using violence

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Acknowledgement of Country

Griffith University acknowledges the Traditional Custodians of the land on which we are meeting and pays respect to the Elders, past and present, and extends that respect to all Aboriginal and Torres Strait Islander people.

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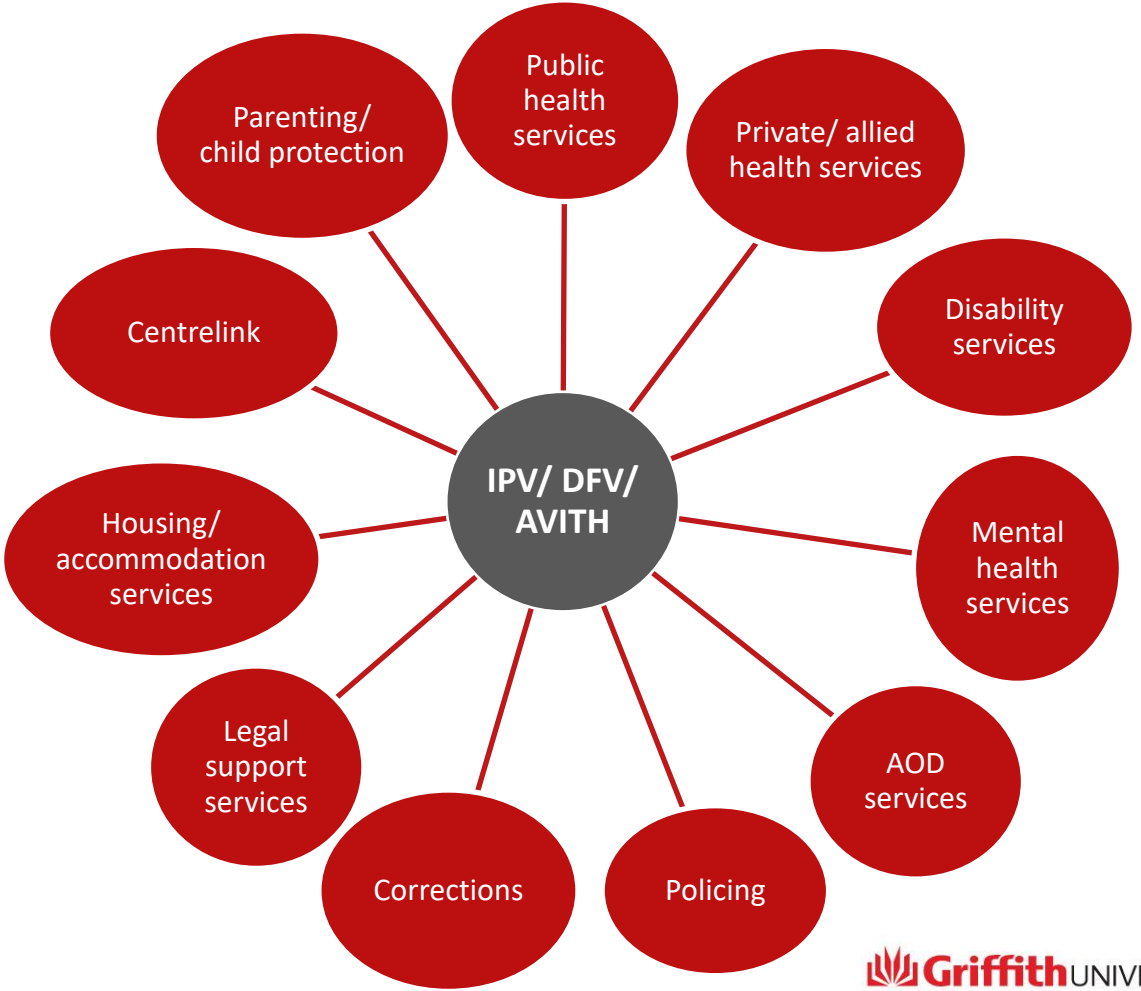
Shifting the focus from victim-survivors to perpetrators of DFV

- Recent reform agendas – COAG, RCFV, NNNE, WSJT
- ***National Plan to End Violence Against Women and Children 2022-2032***
- Shift from expectations for victim-survivors to manage risk and safety to perpetrator accountability and behaviour change
    - Largely relies on risk assessment, accountability of and interventions with identified/ alleged perpetrators

Opportunities to identify use of DFV across service systems

- **Extensive and diverse service system contact creates opportunities to:**
  - Identify/ Recognise, Respond, Refer
- **Existing research shows:**
  - Men who use DFV tend to have extensive and often diverse service system contact (e.g. DFVDRAB, 2021)
  - Denial is a major concern for practitioners
    - *But denial is also an issue when screening for victimisation*
  - Male service users may disclose use of DFV (e.g. Oriel & Fleming, 1998) or anger management concerns (Hegarty et al., 2008)
    - Men with comorbid AOD use, mental health concerns and childhood trauma are 6 x more likely to engage in use of DFV
- **General service system contact creates critical opportunities to identify and respond to DFV perpetration**

Intersecting presenting issues create various opportunities to identify and respond to use of DFV



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Identifying and documenting use of DFV

- **Language matters** (DFVDRAB, 2022: Telling it like it is)

"Across the cases reviewed in this reporting period, the Board repeatedly identified clear instances of poor or inaccurate record keeping by services that contributed to simplistic responses that failed to keep victims and children safe and hold perpetrators to account. This often occurred through the use of mutualising and minimising language, such as by describing domestic and family violence or episodes of violence as 'communication issues', 'relationship issues', 'toxic' relationships, 'domestic situations', or 'anger management' issues. Language that mutualises violent behaviour implies that the victim is at least partly to blame, minimising the perpetrator's choice to use violence, distorting the reality of who did what to whom, and re-framing women's lived experiences of violence."

Identifying and documenting patterns of behaviour

"This use of mutualising or minimising language almost always benefits perpetrators and disadvantages victims by concealing:

- a perpetrator's responsibility and choice to use domestic and family violence.
- the impact of domestic and family violence on adult and child victim-survivors.
- how victim-survivors attempt to resist the violence they are experiencing.
- the severity of the domestic and family violence and dangerousness of the perpetrator.

The way in which domestic and family violence and/or the actions of perpetrators and victims are recorded, shapes the interpretation of, and responses to, what occurred. This includes responses to future reports of violence, which can result in ongoing, and compounding, harm."

Screening male service users for potential use of DFV

Key questions:

- What **screening practices** do practitioners report across different non-DFV specialist service areas when assessing or working with male clients or service users?
- What **risk assessment practices** do practitioners report across different non-DFV specialist service areas when DFV perpetration is identified?
- What are the **key barriers** to and **enablers** of identifying and responding to DFV perpetration?
- What **implications** arise for the identification and responses to ?

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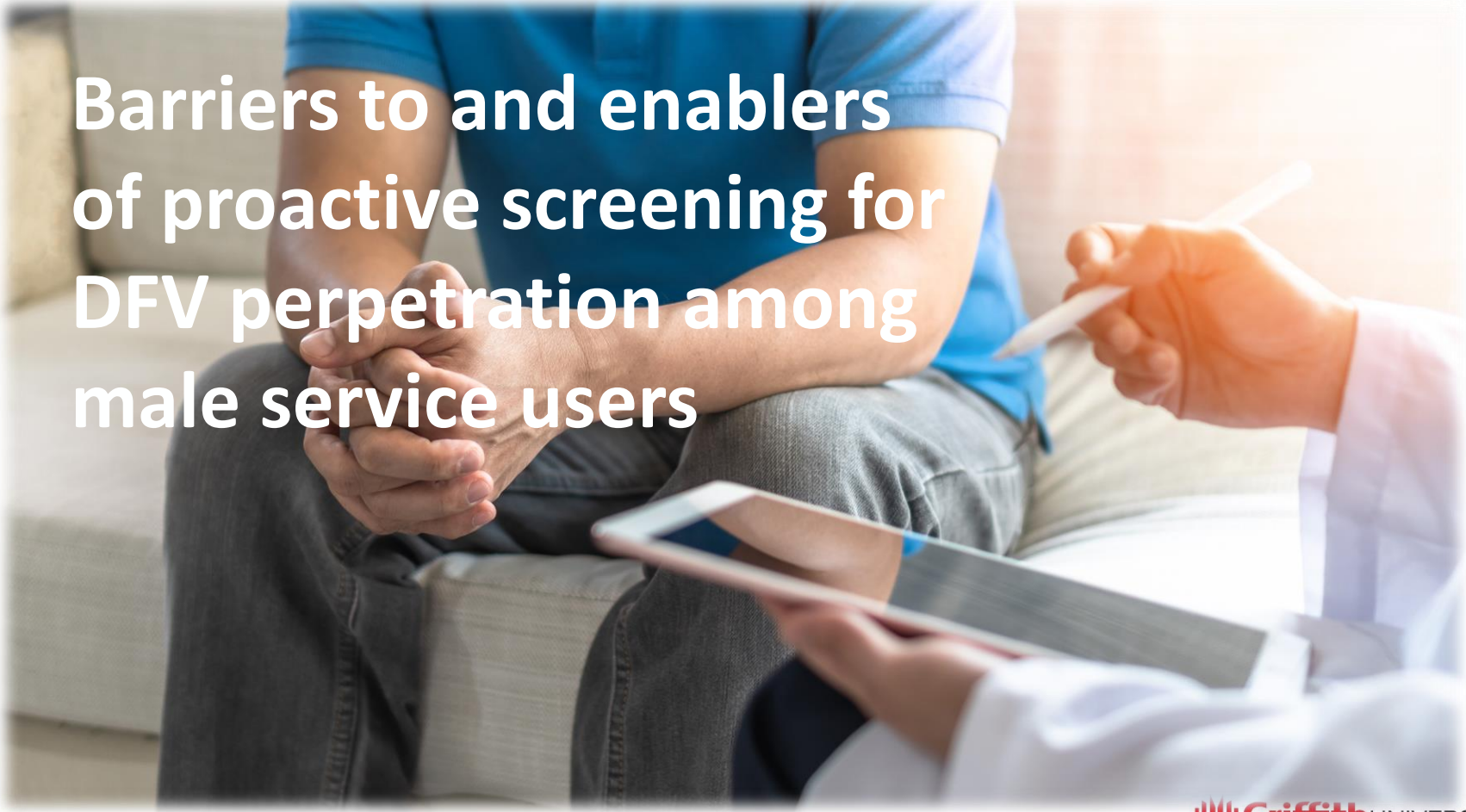
Qld practice areas – health (AOD &MH), corrections, child protection

Practitioners' level of DFV specialist training (n=453)		
	n	%
No training	137	30.2
Short course	157	34.7
Internal professional development	95	21.0
Single unit, undergraduate	26	5.7
Single unit, postgraduate	15	3.3
Postgraduate degree	23	5.1

Barriers to and enablers of proactive screening for DFV perpetration among male service users



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The role of DFV as core business

It's very challenging, there have been and I still believe there is a model concept of get in and get out and that's what we're looking at, how can we do this the fastest way possible? (Child protection practitioner)

It should be core business of everyone not specific DFV organisation. I work in MH, quite often I heard leaders say this is not our core business this also precipitate[s] in front line staffs understanding and administering of DFV screening by minimising or ignoring the obvious signs at time[s]. So it is everyone's business. (Mental health practitioner)

Our core business is mental health… Everybody's under the pump, and you just see people…meeting just the bare minimum to cover your back and meeting the minimum standards… It's quite frequently not seen as our core business. (Mental health practitioner)

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Screening, risk assessment and referral pathways

- **Practitioners who said DFV was organisational core business were more likely to:**
  - Have had access to specialist DFV training
  - Screen for potential DFV perpetration regularly
  - Positively identify DFV perpetration
  - Consistently conduct risk assessments where DFV has been identified
  - Believe that while perpetrators may be likely to deny use of violence, routine screening is important to detect risk and support needs

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The role of DFV-informed leadership

When things are filtered from top, we respond better to change. If management think it's a primary issue… It will become part of the practice. (Mental health practitioner)

Unless you've got someone who's leading that space, it's quite easy to forget [to check for DVO]. …I don't think there's people turning around going, "No, I don't need to do that at all." I think it's definitely on people's mind, however it's [whether] they put it on their priority list. I think that's definitely different when you have different leaders who are actively going, "No we really need to make sure that that's in that top half, that priority list." (Corrections practitioner)

Workers on the ground are very influenced by their leadership in that service centre so if they're not being given the authorising environment to dig deeper and I guess that support and confidence that when you dig deeper likely you're going to find out this information and you will end up locating the perpetrator and you will end up having to have a conversation with him. If they're not given that support and encouragement and confidence to do that then they're not going to want to dig. (Child protection practitioner)

The need for DFV specific assessment tools

I would find a screening tool for DFV very helpful and so that screening and identifying DFV could be second nature in our assessment process. (Mental health practitioner)

Screening and risk assessment requires the practitioner to utilise separate knowledge gained from safe and together training to add to existing screening tools/risk assessment tools. (Child protection practitioner)

We have no validated DV-specific tools to use, which relies purely on the officer's knowledge, time available and understanding of DV risks. (Corrections practitioner)

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The role of professional judgement

It is always going to sit with the level of confidence with the person who is interviewing the perpetrator and being able to feel comfortable asking questions that the individual across the room from you does not want to answer and they're [….] going to utilise their go-to coping strategies and methods of deflection to fight that argument… knowing how to manage that and upskilling the interviewer in being able to I guess go around the garden path a little bit to find out certain information that is pertinent to assessing the level of risk. (Corrections practitioner, Queensland)

We had the father actually attend, and I went up to take the intake and it was hard not to fall into the trap that he was a victim, because that's what he was really primarily talking about. But very quickly we realised he was using a systems abuse to try and get the mum into trouble. So it can be quite challenging, but I guess having some understanding about the DV and training we have had, we're able to have those discussions (Child protection practitioner)

There's no specific questions around domestic and family violence in that risk screen at all, and you could actually work your way through that working with someone without even knowing… and that risk assessment very much relies on how the clinician uses that, or talks with the client around that [DFV], and filling out that form. (AOD practitioner, Queensland)

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The role of holistic service system responses

This shift that we're trying to go through where we pivot to look at him, that's not just exclusive to us, that's the whole system. So it's not surprising then at the end of some of these processes we see cases where we'd like to refer out but we just don't know where to go… it's a system wide issue. (DFV specialist, child protection, Queensland)

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Examples of practice reforms to support frontline practitioners

- **Safe & Together (e.g. Child Safety)**
  - Increased confidence in screening for victimisation & perpetration
  - Increased confidence in assessing risk around victimisation & perpetration
  - Increased ability to initiate referral pathways – more so for victim survivors than perpetrators of DFV
    - ***Sector limitations***
- **MARAM (VIC)**
  - *Increased confidence in screening (greater for victimisation than perpetration)*
  - *Increased confidence to conduct risk assessment (greater for victimisation than perpetration)*

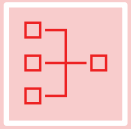
Summary of factors promoting proactive screening and risk assessment practices

- *DFV **specialist training***
  - *Around victimisation as well as **perpetration***
  - *Initial and ongoing*
    - *Recognising changing/ growing evidence*
    - *Recognising staff turnover*
- *DFV is seen and promoted as '**core business'** by staff and organisational leadership*
- ***Authorising environment** to make DFV core business, including identification and response*

Take-away messages: Identifying use of violence

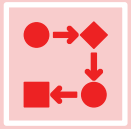
Importance of **individual** perceptions, knowledge and skills

Importance of **organisational** environment and leadership



Men using violence tend to have multiple and diverse service system contacts

Shared language & holistic responses create **individual & system accountability** and opportunities for support



Language matters: the identification and documentation of DFV informs future actions, interventions and victim-survivor safety

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Q & A

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