

Agenda

1. Mindful practice – Mindful breathing
2. Introductions – Where are you working?
3. Last session – How to engage perpetrators
4. Covid 19 – How is it effecting us as workers?
5. Feedback from DFV Specialist FACC/IFS working party
6. In-depth discussion of risk assessment -
5. Challenges/success stories
6. Future directions:
 - Can we have volunteers for leading a discussion?
 - Specific case unpack?

Next CoP General - Thursday 14th May 2020 @ 10am

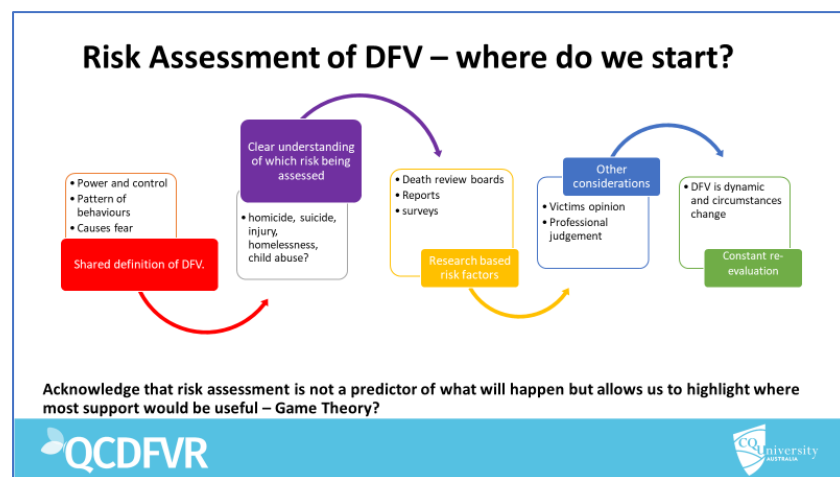
* Children By Choice - Reproductive Coercion.

QCDFVR



Current Challenges:

- Some workers feeling challenged by not being able to have face to face contact with clients in their role as DFV specialists.
- Some workers spoke about coming on board as a DFV specialist but needing to upskill in family support specifics and other areas. Results in cutting back on time spent with DFV clients and upskilling colleagues on DFV.
- Roles have evolved over time. There is still some uncertainty in role clarity, some case management, and some specialist dfv work.
- Several workers expressed great value in working alongside practitioners in DV cases and attending home visits and providing face to face support.



- Often there can be confusion around the risk that is being assessed within family support and child protection services, so being explicit about what risk is being assessed is very important.
- Sometimes FACC/IFS workers will get confused about the SDM Child Protection risk assessment and the DFV risk assessment
- Important to support other workers to understand that the RA tool is only one part of a complete risk assessment. Training in RA's and risk factors is very beneficial.
- Different colleagues have differing levels of understanding and skills in DFV and so some will begin or complete their risk assessment before coming to their DFV specialist.
- Practitioners who are DFV informed and have multiple contact with the family are able to provide rich information.

Risk Assessment of DFV

What tools do we use?

- DV SAT
- CRASF
- Danger Assessment Scale (DA scale)
- Spousal Assault Risk Assessment (SARA)

How we use these tools

- Who do we get information from?
- How do we get information?
- What do we do with this information?

- DV SAT is like a living document and you can add to it if needed. Also able to include safety planning in this document.
- DV SAT is a useful tool for beginning conversations with clients.
- Some tools are not used when interviewing clients but done in the background as they may be more detailed.
- Other practitioners can be overwhelmed by the number of risk factors. The tool can help to prompt workers on what needs to be asked.
- Education around using the tools has been helpful about assessment happening through a conversation with the client.
- Acknowledgement that often we are unable to complete RA's with new clients.
- Working closely with police means that we can get relevant info from Police.

ANROWS National Risk Assessment Principles for DFV

1. Survivors' safety is the core priority of all risk assessment frameworks and tools.

2. A perpetrator's current and past actions and behaviours bear significant weight in determining risk.

3. A survivor's knowledge of their own risk is central to any risk assessment.

4. Heightened risk and diverse needs of particular cohorts are taken into account in risk assessment and safety management.

5. Risk assessment tools and safety management strategies for Aboriginal and Torres Strait Islander peoples are community-led, culturally safe and acknowledge the significant impact of intergenerational trauma on communities and families.

6. To ensure survivors' safety, an integrated, systemic response to risk assessment and management, whereby all relevant agencies work together, is critical.

7. Risk assessment and safety management work as part of a continuum of service delivery.

8. Intimate partner sexual violence must be specifically considered in all risk assessment processes.

- Majority of Risk assessments do not account for priority populations or differences in communities with diverse needs.
- Some specific cultures have unique risk factors, like CALD communities within the UK needing to consider FGM and Honour based violence.
- Risk assessments need to be flexible for diverse populations as well as context and timeline.
- Worker also mentioned cultural bias being a necessary consideration.

Limitations with some Risk Assessment tools

- Risk factors are not cumulative – higher score does not always mean higher risk
- Different populations might have different risk factors. Emerging research will provide clarity and evidence of risk factors.
- Collecting all relevant information can often be difficult, for clients and for practitioners
- Family violence appears to have different ‘motivators’ as opposed to intimate partner violence so RA’s wont really help so much.
- There is always subjectivity involved to some extent, so when one person fills out an RA, they may get a different result to another person.
- ‘Low scores’ can be misleading with a number of DV homicides occurring with only 3 or less risk factors present

- Some RA don’t take into account external pressure from family/friends.
- RA’s need to evolve as DV evolves. E.g. Technological abuse. If we don’t have the right questions, information is not gathered, and the risk assessment is not complete or accurate.
- RA’s need to be individualised when relationships pose unique experiences and risks.

Practice Principles for DV informed approach

How does Risk assessment address these three areas?



- Generally workers expressed confidence in the RA’s that they are using currently.
- Workers noted there had not been a spike in referrals.
- Also noted that there had been a general softening in anxiety of practitioners.