

ANROWS Update of the National Risk Assessment Principles and Risk Factors for Family and Domestic Violence – Survey Questions

Submission on behalf of the Centre for Women's Health Research

1. We would like to get a sense of who is completing the survey. Which of the following best describes your primary role or professional affiliation? (You may choose more than one if applicable)

- Frontline worker at a specialist FDV service
- Manager of a specialist FDV service/team
- Frontline worker at a non-FDV-specific service (such as health, child protection etc)
- Manager of a non-FDV-specific service/team (such as health, child protection etc)
- Strategic/CEO/leadership role
- Government policy maker or other government role
- Policy or advocacy role for a peak body or non-government organisation
- Trainer in FDV and related areas
- Police
- Researcher**
- Survivor-advocate
- Other (please describe)

2. How would you describe the primary organisation/service you currently work for?

- Government agency (incl health, child protection, justice etc)
- Community organisation or NGO
- University or research organisation**
- Private sector
- Other (please describe)

3. Which of the following best describes the sector you work for in your primary role? (You may choose more than one if applicable)

- Specialist FDV services for victim-survivors (both adults and children)
- Specialist FDV services for users of violence (e.g. Men's Behaviour Change Programs and services)
- Child and family services (e.g. child protection, family support)
- Housing and homelessness (e.g. housing service, tenancy support)
- Alcohol and other drugs (e.g. rehabilitation service)
- Mental health (e.g. inpatient, community, NGO, peer workforce)
- Health (e.g. hospital, community health, GPs)
- Disability (e.g. NDIS provider, advocacy organisation)
- Justice or legal (e.g. police, corrections, courts including family court, community legal centre)
- Aboriginal or Torres Strait Islander Community Controlled or led organisation
- Education or early childhood
- Migrant and refugee services
- LGBTQI+ services
- Researcher or academia (e.g. university, think tank, consultant)
- Other (please describe)

4. Do you perform or have you recently performed FDV risk assessments as part of your work?

- Yes
- No

5. What State/Territory does your work focus on? (You may choose more than one if applicable)

- All States and Territories (National focus)
- NSW
- VIC
- QLD
- WA
- SA
- NT
- ACT
- TAS

The following questions aim to understand any gaps in the 2018 National Risk Assessment Principles and Risk Factors. We would like your opinion on what is missing,

and what more is needed, for example to identify FDV risk, guide risk management and assess lethality.

The following is a list of the current **principles**:

- Principle 1: Survivors' safety is the core priority of all risk assessment frameworks and tools.
- Principle 2: A perpetrator's current and past actions and behaviours bear significant weight in determining risk.
- Principle 3: A survivor's knowledge of their own risk is central to any risk assessment.
- Principle 4: Heightened risk and diverse needs of particular cohorts are taken into account in risk assessment and safety management.
- Principle 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.
- Principle 6: To ensure survivors' safety, an integrated, systemic response to risk assessment and management, whereby all relevant agencies work together, is critical.
- Principle 7: Risk assessment and safety management work as part of a continuum of service delivery.
- Principle 8: Intimate partner sexual violence must be specifically considered in all risk assessment processes.
- Principle 9: All risk assessment tools and frameworks are built from evidence-based risk factors.

6. Through your professional role or affiliation, how familiar are you with the principles in the 2018 National Risk Assessment Principles and Risk Factors?

- Not familiar at all
- Slightly familiar
- Moderately familiar
- Very familiar**
- Extremely familiar

7. Are there any principles missing from the National Risk Assessment Principles and Risk Factors?

- Yes
- No

If yes is selected → **7B. Please describe what these principles are (and why they are important).**

Violence is a long-lasting issue and risk is cumulative

While Principle 7 acknowledges the continuum of service delivery, a distinct principle should underscore the cumulative risk and long-term impact of violence. Findings from the Australian Longitudinal Study on Women's Health (ALSWH) suggest that experiences of childhood violence are linked to experiences of violence in later life [1-2]. For example, women aged 24-30 in 2019 who had experienced sexual violence in childhood were twice as likely to have experienced recent domestic violence, compared to those who had not experienced sexual violence in childhood [1]. It is therefore essential to acknowledge that risk may change over time and so multiple risk assessments over time should be conducted.

ALSWH research has also demonstrated the long-term impact of violence on health [1-5]. For example, across a 16-year period, women who had experienced domestic violence were more likely to report poorer mental health, physical function and general health, and higher levels of bodily pain [3].

This suggests that risk assessments for violence should be regularly undertaken, especially for those with a history of violence. Further, responses to violence must address the long-term health consequences, and provide ongoing support to survivors.

References:

1. Townsend, N., Loxton, D., Egan, N., Barnes, I., Byrnes, E., & Forder, P. (2022). A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women's Health (Research report, 14/2022). ANROWS.
2. Loxton D, Townsend N, Forder P & Coombe J. Domestic violence, risk factors and health. Report prepared for the Australian Government Department of Social Services, August 2018. Available from: <https://alswh.org.au/post-outcomes/domestic-violence-risk-factors-and-health/>
3. Loxton D, Dolja-Gore X, Anderson AE, Townsend N. Intimate partner violence adversely impacts health over 16 years and across generations: A longitudinal cohort study. PLoS One. 2017 Jun 5;12(6):e0178138. doi: 10.1371/journal.pone.0178138. PMID: 28582406; PMCID: PMC5459340.
4. Cations M, Keage HAD, Laver KE, Byles J, Loxton D. Impact of Historical Intimate Partner Violence on Wellbeing and Risk for Elder Abuse in Older Women. Am J

Geriatr Psychiatry. 2021 Sep;29(9):930-940. doi: 10.1016/j.jagp.2020.12.026. Epub 2020 Dec 29. PMID: 33431284.

5. Coles J, Lee A, Taft A, Mazza D & Loxton D. (2015). General practice service use and satisfaction among female survivors of childhood sexual abuse. *Australian Family Physician*, 44(1-2): 71-6.

Existing **risk factors** in the 2018 National Risk Assessment Principles and Risk Factors that indicate high risk of serious harm or death include:

- History of FDV;
- Separation (actual or pending);
- Intimate partner sexual violence;
- Non-lethal strangulation (or choking);
- Stalking;
- Threats to kill;
- Perpetrator's access to, or use of weapons;
- Escalation (frequency and/or severity);
- Coercive control;
- Pregnancy and new birth

8. Through your professional role or affiliation, how familiar are you with the risk factors identified in the 2018 National Risk Assessment Principles and Risk Factors?

- Not familiar at all
- Slightly familiar
- Moderately familiar
- Very familiar**
- Extremely familiar

9. Thinking about the 2018 National Risk Assessment Principles and Risk Factors, are there any new or emerging risk factors that you think should be added?

- Yes**
- No

If yes selected → **9B**. What new or emerging **risk factors** should be added?

Although the *National Risk Assessment Principles and Risk Factors* identifies isolation and barriers to help-seeking as an 'other risk factor' for domestic and family violence, this should be considered a high-risk factor. Specifically, the following factors can assist or impede recovery and ongoing safety, therefore, they are important considerations in risk assessments:

- **Lack of social support:** ALSWH findings suggest that social support is an important factor in mitigating the effects of violence on health [1-2]. Among women born 1946-51, 1973-78, and 1989-95 who had experienced sexual violence, ‘emotional support and guidance’, ‘affection and social interaction’, and ‘tangible or physical assistance’ were associated with good health [1]. Similarly, among women born 1973-78 with a history of intimate partner violence, women with more readily available social support had better general and mental health than those with less available social support [2].
- **Barriers to accessing health care:** ALSWH findings have highlighted the importance of health care in improving the mental health of those who have experienced violence [1-4]. For example, among women born 1989-95 who had experienced sexual violence, those who reported a recent mental health consultation were 17% more likely to show an improvement in their mental health, compared to those who had not reported a recent mental health consultation [1].
- **Financial insecurity/stress:** ALSWH findings have shown that financial insecurity is both common and is associated with negative health outcomes among women who have experienced violence [1-2]. In a recent study, “women were 30-45% more likely to experience high financial stress if they had also experienced sexual violence”. Similarly, among those who had experienced sexual violence, those with difficulty managing on their available income were less likely to report good general health and mental health, compared to those with no difficulty managing on their available income [1].

References

1. Townsend, N., Loxton, D., Egan, N., Barnes, I., Byrnes, E., & Forder, P. (2022). A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women’s Health (Research report, 14/2022). ANROWS
2. Dillon G, Hussain R, Loxton D, Khan A. Rurality and Self-Reported Health in Women with a History of Intimate Partner Violence. PLoS One. 2016 Sep 13;11(9):e0162380. doi: 10.1371/journal.pone.0162380. PMID: 27622559; PMCID: PMC5021362.
3. Baneshi MR, Dobson A, Mishra GD. The experience of intimate partner violence and age at the onset of multimorbidity: a population-based cohort study in Australian women. Soc Sci Med. 2025 Jun 2;381:118294. doi: 10.1016/j.socscimed.2025.118294. Epub ahead of print. PMID: 40466356.
4. Hutchinson M, Cosh SM, East L. Reproductive and sexual health effects of intimate partner violence: A longitudinal and intergenerational analysis. Sex Reprod Healthc. 2023 Mar;35:100816. doi: 10.1016/j.srhc.2023.100816. Epub

2023 Jan 30. Erratum in: Sex Reprod Healthc. 2023 Jun;36:100846. doi: 10.1016/j.srhc.2023.100846. PMID: 36753812.

10. Is the wording of the 2018 National Risk Assessment Principles and Risk Factors appropriate, inclusive and representative of the people you work with and for?

- No
- Somewhat
- Yes

If no selected → **10B**. What wording would be more appropriate, inclusive and representative?

11. Are there any other gaps in the 2018 National Risk Assessment Principles and Risk Factors? Please describe.

Although the *National Risk Assessment Principles and Risk Factors* highlights the importance of evidence-based tools and frameworks (Principle 9), there is a need for further research to improve and build on the current evidence base. The *National Risk Assessment Principles and Risk Factors* should acknowledge the limitations of the current evidence base, and support the continuation of family and domestic violence research in Australia. For example, existing longitudinal studies, such as ALSWH, should be utilised to report on the incidence, prevalence, risk factors, outcomes, and casual pathways for those who have experienced violence. An improved understanding of violence will, in turn, optimise risk assessments in the area of domestic and family violence.