

# Evaluation of the 2010 Trial of the CARAM-DFV Framework

## Final Report

To  
**Primary Health and Community Partnerships Branch  
NSW Department of Health**

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## GLOSSARY OF ACRONYMS

Apprehended Domestic Violence Order	ADVO
CARAM-DFV Framework Financial Partners/Reference Group	FP/RG
Community Services, Department of Human Services	Community Services
Cross Agency Risk Assessment and Management - Domestic and Family Violence Framework	CARAM-DFV Framework
Department of Justice and Attorney General	DJAG
Domestic and family violence	DFV
Domestic and Family Violence Intervention Service	DAFVIS
Domestic Violence Intervention Court Model	DVICM
Domestic Violence Liaison Officers, NSW Police Force	DVLOs
Domestic Violence Pro-Active Support Service	DVPASS
Education Centre Against Violence	ECAV
Interagency Working Group	IWG
Integrated Domestic and Family Violence Services	IDFVS
Non-Government organisation	NGO
Region Domestic Violence Coordinators, NSW Police Force	RDVCs
Staying Home Leaving Violence	SHLV
Violence Prevention Coordination Unit, Department of Premier and Cabinet	VPCU
Women's Domestic Violence Court Advocacy Service	WDVCAS



## Executive Summary

The aim of the Cross Agency Risk Assessment and Management - Domestic and Family Violence Framework (CARAM-DFV Framework) is to provide an integrated and consistent service response to victims of domestic and family violence. The Framework is represented by a comprehensive document (the CARAM-DFV Framework) that has two tiers, initial assessments by front-line staff when domestic and family violence (DFV) is first identified, and referrals to the second tier of specialist assessments by experienced DFV workers. An *integrated* response comes from improved links and coordination of the participating agencies and services, at the local level through an Interagency Working Group (IWG). A *consistent* response comes from assessors applying the same evidence-based risks factors. The Framework is operationalised through tools for staff in the participating agencies and services to conduct initial and specialist assessments and to manage risk.

The Framework was trialled at two sites over three months from July to September 2010. The key agencies in the trial were NSW Health, the NSW Police Force, Department of Justice and Attorney General and Community Services, Department of Human Services with the support and participation of non-Government agencies. Each agency has different roles, operating environments, organisational structures and cultures. The sites (Sutherland and Wagga Wagga) also had different demographic profile, service providers, and the relationship between them.

The purpose of this independent evaluation of the trial is to assess how well the CARAM-DFV Framework can be implemented, identify possible improvements and inform future directions. The overall policy question is how well the CARAM-DFV Framework can contribute to a more integrated and consistent service response to cases of domestic and family violence. Within the constraints of a short pilot of a new initiative, we are confident that the evidence broadly reflects the processes of implementation and the results for clients. We have clear evidence on some aspects of the Framework, while questions remain for some other aspects and need further exploration.

### ***Interagency coordination***

An IWG at each site was the local mechanism for implementing the Framework. The IWGs met throughout the trial with for the most part good will and active participation by agencies and services. Participation was to some extent commensurate with agencies overall involvement in the trial, with Police, Health and some NGOs the most active participants.

The IWGs were essential for local implementation and contributed to improved interagency coordination and opportunities for discussion of individual cases. While members reported better understandings of the roles and contexts of other agencies, there was little evidence that a shared understanding of the CARAM-DFV Framework was achieved. Conflict and anxiety occurred where some services felt the work that they were already doing was not acknowledged or was duplicated by CARAM-DFV. Different understandings of the Framework and how it differed from prior processes led to frustration and meetings at cross purposes.

While IWGs are an effective approach for interagency coordination, in the future the approach would be improved by a longer time period for the trial (say 6 months) and more focus on managing the changes involved in introducing a new initiative.

### ***Impact of training was mixed***

Before the trial commenced participants in the trial received training on the CARAM-DFV Framework. The extent and type of training varied markedly amongst the initial assessors and had a mixed impact. Most of the assessors that we interviewed felt that the training gave them an understanding of the Framework and prepared

them for their role. Of those that felt their training was not adequate the majority were police officers who had not completed formal modules. For some police a fundamental issue with the training concerned the credibility and relevance of the risk factors to the police context. The impact of the training on specialist assessors was largely positive.

***Initial assessments were implemented extensively, almost all by police***

The Framework was implemented at both sites with similar results. Initial assessments were almost all conducted by police (97%) who reported high levels of compliance. Overall the trial resulted in 671 initial assessments, 462 at Sutherland and 209 at Wagga Wagga. The profile of clients was broadly similar at both sites. Around two thirds of clients at both sites had a partner relationship to the perpetrator, and the other third had a family relationship. At least 31 clients (16%) were recorded as Aboriginal at Wagga Wagga, and at least 8 clients (2%) at Sutherland. The finding that men comprised one quarter of initial assessments was unexpected.

Approximately two-thirds of clients were assessed as "*high risk*". As police did almost all the assessments, this reflects the police approach to risk assessment and recording data. The very low numbers of assessments from other agencies allowed little scope for considering consistency in assessing risk between agencies.

The effectiveness and appropriateness of the application of the risk factors is unclear from the experience of the trial. Assessments of high risk were broadly consistent with the CARAM-DFV Framework in the context of police assessments. Most clients assessed as high risk had two *high risk* factors reported— *made threats with a weapon* (93%) and *access to weapons* (80%). In addition, 53% of clients said that they were fearful of the perpetrator. The data on the assessment of *at risk* is less consistent with the Framework. *High risk* factors were identified for around 60% of *at risk* clients, when the guidance in the CARAM-DFV Framework suggests that *at risk* assessments should be made when no *high risk* factors are present. The same two *high risk* factors were the most common for the *at risk* clients.

The similar results for initial assessments and risk factors at both sites suggest systemic trends rather than local issues. The findings on the use of risks factors offer scope for further exploring the application of the individual risks factors, and in particular examining whether they could be refined or simplified particularly for the Police context.

A key feature of the initial assessments was that police had a very different experience quantitatively and qualitatively than the other agencies: they had the bulk of the work, the context for their assessments was very different to other agencies, and they used different assessment tools. Some police had strong views that the risk factors were not credible or relevant to their work. Police also incurred a substantial increase in workload, but this appeared to be primarily related to the requirements for entering data on domestic and family violence into the police data system.

***Largely effective implementation of specialist assessments***

The initial assessments generated 100 specialist assessments, 57 at Sutherland and 43 at Wagga Wagga. Almost all specialist assessments were with woman, and at Wagga Wagga three clients (7%) were recorded as Aboriginal.

The rate of initial assessments referred to specialist assessors was 15% overall, with the rate at Sutherland almost half the rate at Wagga Wagga. Some of the factors behind the lower rate at Sutherland were related to problems with Police referrals through the NGO service and approaches that preceded CARAM-DFV.



The most common *high risk* factors for high risks clients were similar at both locations, showing a reasonable consistency in risk assessment, taking into account relative small number of clients and their likely spread of circumstances. Of the *high risk* factors, the two most common were reported in 70% of cases or more—*Stalked or highly controlling behaviour*; and *Physical violence used*.

On all the available evidence specialist assessors were able to effectively implement the risk assessment and management framework into their practice. Most but not all had positive views of the process, and felt that the form assessed risk well (79%) and the risk factors were useful (64%). Generally all assessors found the tool easy to use. Most specialist assessors also said that the CARAM-DFV Framework brought value to their practice compared to their previous approach before CARAM-DFV, and that the CARAM-DFV Framework did not have a major impact on their workload.

The findings for specialist assessments suggest that the risk factors were broadly appropriate and feasible for specialist risk assessment, and were able to be applied with reasonable consistency. A key factor is that the Framework was implemented by experienced DFV workers, working in largely comparable organisational settings and operating environments.

### ***Results for clients***

All the evidence including interviews with a sample of clients indicates that clients were largely satisfied with the service responses for the initial risk processes, and very satisfied with specialist risk processes. It was not possible to say whether clients would have been more or less satisfied with the CARAM-DFV Framework compared with previous approaches. An important qualification is that no Aboriginal clients were interviewed, and the evaluation did not assess their experience of the Framework.

On the available evidence the clients' safety and sense of safety was at least the same and likely improved after completing the CARAM-DFV specialist risk assessment, although this may have occurred following support from any experienced domestic violence worker irrespective of CARAM-DFV. No direct negative impacts on clients from the CARAM-DFV Framework were identified, apart from this short term impact for some clients of having an increased awareness of the risks that they faced.

Assessors were keen to point out that the assessment itself may lead to clients' having an improved sense of safety or alternatively to make them more aware of their level of risk and feel less safe. Assessors saw this as a positive aspect of the Framework as raised awareness can lead to the client deciding to take steps to make them safer, and the specialist assessor could then assist the client with this process.

### ***Integrated responses achieved but issues remain***

The trial demonstrated that an integrated response to domestic and family violence along the lines of the CARAM-DFV Framework is feasible at the local level, through the mechanism of the IWG. In fact at both sites there was already a reasonable degree of integration occurring, particularly between Police, Courts, Community Services and NGOs with services such as DVPASS and DVICM. These existing services with already established links and coordinated practices were an opportunity for the trial. But they also proved to be one of the main barriers for the trial at least for the initial assessment process, causing confusion and raising concerns about duplication and threats to existing services. The experience points to the need for careful change management with innovations such as CARAM-DFV.

By contrast, integration was largely effective for the specialist risk management and assessment process, the second tier of the Framework, reflecting often established relations between organisations and shared professional values.

The degree of additional integration achieved with Community Services was less clear, largely due to the relatively low numbers of assessments done in the trial and the lack of clarity about how the tools linked to the agency's existing comprehensive risk assessment processes. Also, because Community Services were initial and specialist assessors, their specialist assessments were not referred to the NSW Health referral coordinator.

### ***Consistent responses remain a challenge***

The trial made less progress in achieving a consistent response to domestic and family violence, at least for initial risk assessment and management. The evidence suggests that a shared understanding or acceptance of the evidence-based risk factors was not achieved, and there were different views about need assessment or risk assessment. Further, differences between agencies around consent practices were not resolved under the CARAM-DFV Framework.

The very different circumstances faced by the agencies undertaking assessments were a major barrier to consistency. This was particularly the case for police, who in practice conducted almost all the initial assessments, which were typically *"in the heat of the moment, often after hours, with the victim and perpetrator both there, everyone distressed and emotional, kids screaming"*. Community Services also faced very different circumstances as their cases involved both domestic violence and child maltreatment. The trial highlighted the complex consent and privacy practices within a Community Services context, given that both statutory and voluntary practices apply to families in differing circumstances.

More broadly the findings from the initial assessments suggest that the Framework reflected the ways of working, culture and organisational settings of Health more than the other agencies. More work is needed on methods to apply the risk factors to initial assessments in a consistent manner in these very different contexts. It is likely that this will involve very different tools and processes but based upon common underlying risk factors, rather than similar tools and processes.

By contrast, for specialist risk assessment and management, the evidence-based risk factors were applied with far greater consistency. Most specialist assessors were positive about the Framework, generally worked with their clients in similar settings, and brought substantial experience to the process.

### ***Future directions need more attention to change management***

The trial was a step towards an integrated and consistent approach and warrants further development and trialling. A major achievement was to demonstrate the opportunities, barriers and further work needed to develop a response that can be systematically implemented across NSW. The trial highlighted issues in operationalising the Framework and in building upon existing systems and services. It pointed to the limited changes that could be expected in the short term, without discounting the achievement of a more integrated and consistent response in the longer term.

More attention is needed to managing the process of change involved in such a major innovation. This includes taking into account the different interests of stakeholders, particularly agencies and services at the local level. There would also be value in drawing upon the lessons from theories of change.



# 1 The trial and the evaluation

## 1.1 The CARAM-DFV Framework project

The trial is the first implementation in NSW of the CARAM-DFV Framework, held over three months from July to September 2010. The Framework is a comprehensive and detailed document developed over the previous two years by relevant NSW Government agencies and other stakeholders, working together as the CARAM-DFV Financial Partners/ Reference Group.

A summary of the rationale, outcomes and structure of the Framework project is in exhibit 1.1, and the underlying principles that form the Framework in exhibit 1.2. The CARAM-DFV Framework information package contains the Framework document that is the primary source of detailed information on the overall project, and includes a series of attachments with agency-specific procedures and initial assessments forms, and the cross-agency specialist assessment form<sup>1</sup>.

As part of the Government's new approach to addressing violence against women, the project also aimed to have a focus on family violence in Aboriginal and Torres Strait Islander communities—this influenced the selection of Wagga Wagga as one of the trial sites.

### **Exhibit 1.1: Executive Summary of the CARAM-DFV Framework project 2010**

The *Cross Agency Risk Assessment and Management - Domestic and Family Violence Framework (CARAM-DFV Framework)* is a project to provide an integrated and consistent service response and facilitate cross-agency communication on individual cases of domestic and family violence. Aligned with the State Plan, the CARAM-DFV Framework is part of the NSW Government's new strategic approach to address domestic and family violence and it specifically seeks to reduce the incidence and severity of this violence.

A comprehensive review of Australian and international literature undertaken for this project identified a range of risk factors in cases of domestic and family violence that were associated with further serious or lethal violence. Through a coordinated Government effort linked to state-wide, results - oriented priorities that are translated into action at the local level, the CARAM-DFV Framework uses this information to develop earlier, more effective and targeted services.

The CARAM-DFV Framework aims to achieve outcomes for both victims and services, including to

- reduce re-offending rates
- increase safety and sense of safety
- increase reports of satisfaction with service response
- enhance service responses from participating services/ agencies
- enhance whole-of-Government responses through Improved coordination of interagency service responses.

The CARAM-DFV Framework will be used with female and male victims of domestic and family violence of, or over the age of 16 years who access participating services to seek assistance for the violence, either as a discrete issue or along with other concerns. The Framework will guide frontline staff's assessment of the risk of domestic and family violence to individuals, based on consistent risk factors, the victim's assessment of their own risk and the practitioner's professional judgement. The CARAM-DFV Framework will also guide interventions to assist, manage and reduce these risks.

The CARAM-DFV Framework has a two-tiered risk assessment and management process.

<sup>1</sup> CARAM-DFV Framework, page 3, unpublished (March 2010).

The first tier, *Initial Risk Assessment and Management*, is to be conducted by frontline staff in agencies, including

- Local Court staff
- NSW Police Force officers (General Duties officers, Domestic Violence Liaison Officers, Supervisors)
- Community Services staff (Child Protection and Brighter Futures Case Workers)
- Area Health Service staff who currently conduct routine screening for domestic violence (Child and Family Health Nurses, Mental Health Service staff, staff delivering maternity services in hospital and community health settings, Drug and Alcohol service staff, Women's Health Nurses).

*Initial Risk Assessment and Management* aims to

- rapidly determine the level of risk the victim currently faces
- urgently address the safety needs of those at *high risk*
- refer all victims to a *specialist assessor*, with an urgent referral for victims facing *high risk* situations
- provide an information card.

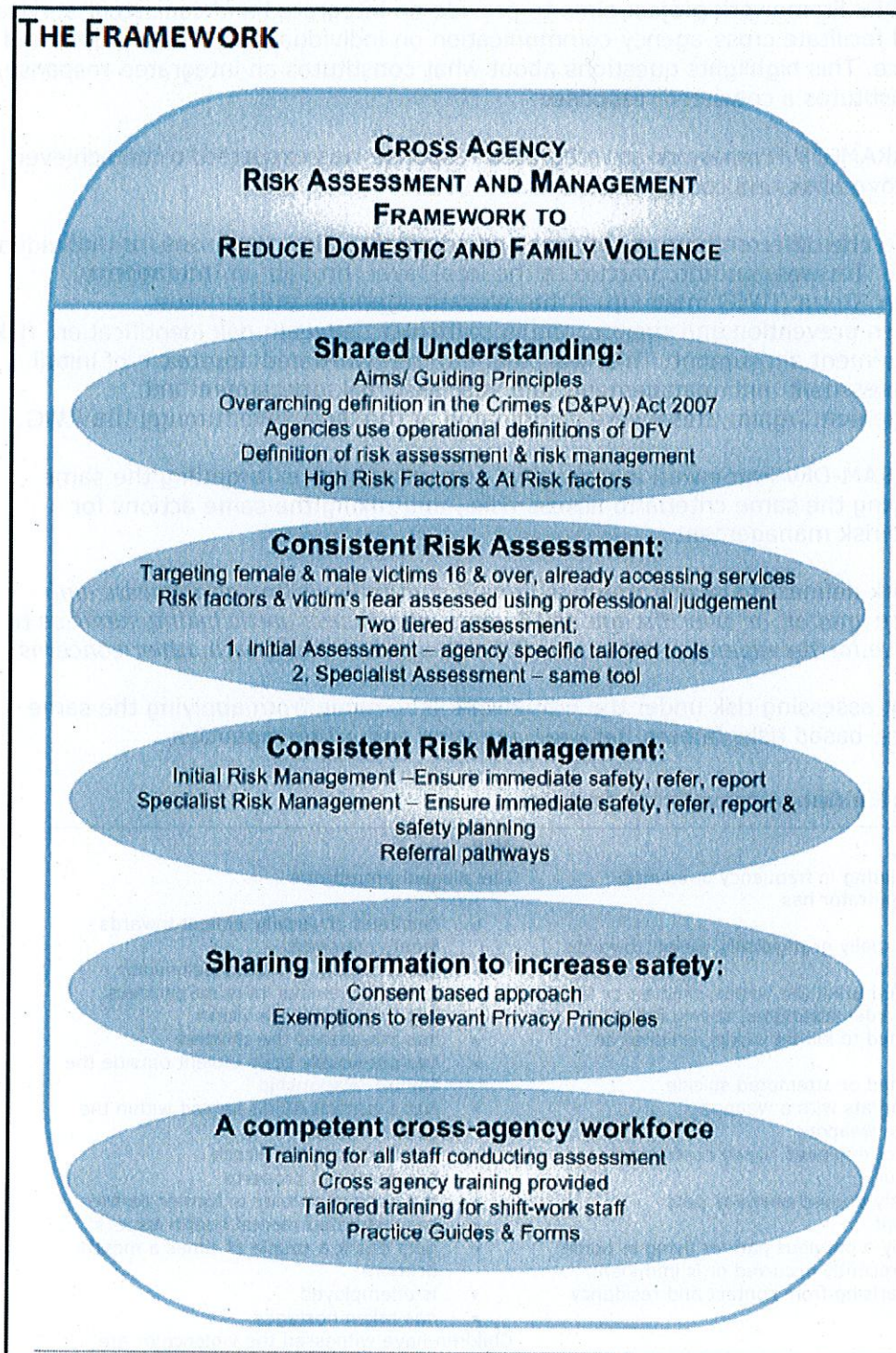
NSW Health, the NSW Police Force, the Department of Justice and Attorney General, Community Services, Department of Human Services have developed agency – specific risk assessment and management tools, which fit within the CARAM-DFV Framework.

The second tier, *Specialist Risk Assessment and Management*, is to be conducted by staff from Government and NGOs that have specialist qualifications and/or experience and expertise in addressing the needs of victims of domestic and family violence. *Specialist Risk Assessment and Management* aims to

- comprehensively determine the level of risk
- urgently address the safety needs of those at *high risk*
- develop safety plans for those assessed at *elevated risk* or *at risk*, including referrals to other services as required
- provide advice to those assessed to be *at risk*, including referrals to other services as required
- provide an information card.



Exhibit 1.2: The CARAM-DFV Framework<sup>2</sup>



<sup>2</sup> CARAM-DFV Framework, page 11, unpublished (March 2010).

## 1.2 The challenge of an integrated and consistent response

The CARAM-DFV Framework project aims to provide an integrated and consistent service response and facilitate cross-agency communication on individual cases of domestic and family violence. This highlights questions about what constitutes an integrated response, and what constitutes a consistent response.

Under the CARAM-DFV Framework an *integrated* response was expected to be achieved through improved links and coordination at two levels:

- between the different human services and criminal justice responses for individual victims. This was put into practice at the local level through an Interagency Working Group (IWG) made up of the relevant agencies and services
- between prevention and support, and in particular between risk identification, risk management and support. This was built into the two-tiered approach of initial risk assessment and management, and specialist risk assessment and management. Again, these were coordinated at the local level through the IWG.

Under the CARAM-DFV Framework a *consistent* response involves targeting the same victims, applying the same criteria to assess risks, and taking the same actions for managing the risk management.

The Framework defines the target group as *female and male victims of domestic and family violence aged of, or over the age of 16 years who access participating services to seek assistance for the violence, either as a discrete issue or along with other concerns.*

Consistency in assessing risk under the Framework is to come from applying the same set of evidence-based risks factors, between agencies and within agencies.

### Exhibit 1.3: Evidence-based risk factors

High risk	Risk
Violence is escalating in frequency or severity The alleged perpetrator has <ul style="list-style-type: none"><li>• been sexually or physically violent towards the victim</li><li>• attempted to kill the victim, children or family (this includes attempted strangulation)</li><li>• threatened to kill the victim, children or family</li><li>• threatened or attempted suicide</li><li>• made threats with a weapon</li><li>• access to weapons</li><li>• stalked or exhibited highly controlling behaviour</li><li>• previously abused animals/ pets.</li></ul> Victim is pregnant Child of victim by a previous partner living in home Separation has recently occurred or is imminent <ul style="list-style-type: none"><li>• conflict arising from contact and residency issues.</li></ul> Worst Incident <ul style="list-style-type: none"><li>• was triggered by separation or imminent separation</li><li>• was triggered by separation and the victim is leaving the perpetrator for a new partner</li><li>• was triggered by the partner's jealousy</li><li>• involved a weapon.</li></ul>	The alleged perpetrator <ul style="list-style-type: none"><li>• has been physically violent towards family members</li><li>• has a history of violent behaviour towards previous intimate partners</li><li>• has threatened the victim</li><li>• has threatened the children</li><li>• has previously been violent outside the home/ relationship</li><li>• has a current ADVO served within the past 4 weeks</li><li>• has harassed the victim</li><li>• has damaged property</li><li>• is a current partner or former partner</li><li>• has untreated mental health issue/s</li><li>• gets drunk a couple of times a month or more</li><li>• is unemployed</li><li>• has taken hostages.</li></ul> Children have witnessed the violence or are present.



Under the Framework the first tier *Initial Risk Assessment and Management* is to be conducted by frontline staff in agencies including:

- Local Court staff
- NSW Police Force officers (General Duties officers, Domestic Violence Liaison Officers, Supervisors)
- Community Services staff (Child Protection and Brighter Futures Case Workers)
- Area Health Service staff who currently conduct routine screening for domestic violence (Child and Family Health Nurses, Mental Health Service staff, Staff delivering maternity services in hospital and community health settings, Drug and alcohol service staff, Women's Health Nurses)

Consistency between agencies for the initial assessments is a major challenge for CARAM-DFV, as agencies are working with victims of domestic and family violence in very different contexts. Police in particular are doing assessments 24/7, often after hours, where they had to be alert for crimes of violence and could have fears for their own safety, and where they see the victim at the times of, or soon after the actual incidences of violence.

By contrast, the initial assessors from other agencies are usually seeing the victim on their own, in offices or other settings in business hours, where *the heat is off* and in many cases the victim is seeking advice or support. They may see DFV as an ongoing pattern rather than a one-off incident.

Community Services has a different context again, particularly with child protection where victims are already known to the agency, there may be an antagonistic relationship with families, the protection of children is the priority, and there are mandatory reporting requirements. In cases of both domestic violence and child maltreatment approaches to risk assessment and management are particularly complex and still in early development<sup>3</sup>.

The partner agencies also have different approaches and legal requirements to information sharing, confidentiality and consent that are challenges to consistent implementation of CARAM-DFV. In particular, NSW Police and Community Services do not require consent to share information in many circumstances, and Community Services is mandated to share any information that relates to the safety of a child if they deem that child to be at risk.

A more fundamental challenge to consistent initial risk assessment is the very different organisational cultures, systems for supervision, reporting and data, legal contexts and workforces issues of the four agencies.

Reflecting these differences, agencies developed different initial risk assessment and management tools for the CARAM-DFV Framework, described below.

### **1.3 The CARAM-DFV tools**

To operationalise the CARAM-DFV Framework for the trial, the partner agencies developed risk assessment and management tools, and an information card for clients was adopted<sup>4</sup>. These tools were based on the evidence-based risk factors and principles

<sup>3</sup> While investigations of child maltreatment often involve domestic violence, there is little guidance about how to properly assess risk in such complex cases and in particular how domestic violence and child maltreatment might interact to alter risk. Recent work has proposed nested risk assessment frameworks whereby risk of both child maltreatment and domestic violence are considered simultaneously using two different standardised instruments. [Shlonsky, Aron and Colleen Friend, *Double Jeopardy: Risk Assessment in the Context of Child Maltreatment and Domestic Violence* Brief Treatment and Crisis Intervention 7:253-274 (2007)]

<sup>4</sup> Copies of these tools are in the framework document.

in the Framework. A comparison of the tools with the CARAM-DFV evidence-based risk factors is in appendix 1.

NSW Health developed an initial risk assessment and management form that largely but not fully reflected the evidence-based risk factors. Somewhat comparable forms were developed by Community Services and DJAG (for Local Courts). Each form involved small differences in wording and terms to better suit the agency's business. While these changes aimed to help initial assessors use the forms, they hampered the collection of consistent and comparable data from the forms.

Officers were expected to follow the risk management guidelines on the form, fill in the forms after assessing a victim, and with their consent make a referral to a specialist assessor where appropriate and pass on the form to a specialist assessor.

NSW Police had a very different approach—risk assessment was based upon a green card (exhibit 1.4) that officers took to an incident. The green card built upon the use of a yellow card by police at Sutherland for referral to DVPASS. As well as the list of risk factors, the reverse side had a consent form for support and some demographic and contact details for the victim. Unlike the other agency forms, the green card did not have guidelines for making a judgement of the level of risk or for risk management.

Following the incident the officer completed the risk assessment notebook checklist. When the officer returned to the police station they entered the data from the green card/ notebook checklist into the COPS database using the CARAM-DFV Narrative for DFV, which also required further details about the incident, the perpetrator and the victim. The COPS entry was then reviewed by the DVLO, and the green card sent to a contracted service such as DVPASS. The COPS database has not been modified for domestic violence data and during the trial data entry was primarily free text or "narrative". The police tools are particularly important for the trial because, as shown in chapter 4, almost all initial assessments were conducted by police.

NSW Health developed a common specialist risk assessment and management form for all specialist assessors, which was essentially the same form as the Health initial risk assessment and management form with allowance for specialist assessment. Community Services also developed a somewhat comparable specialist form.

The Domestic Violence Information Card (Z card) was adopted by the FP/RG for CARAM-DFV from NSW Health's Routine Screening for Domestic Violence program. It contains cartoons and information on domestic violence, what to do to get help, the Community Services Domestic Violence Line and other key agency contact details, and space for assessors to note relevant telephone numbers. It has been well tested, and revised according to victim and staff comments. It is available in English, Arabic, Chinese, Dari, Samoan, Serbian, Somali, Spanish, Tamil, Turkish, and Vietnamese.



## Exhibit 1.4 Tools used by police initial assessors (front sides)

<b>CARAM DFV Framework DOMESTIC VIOLENCE REFERRAL</b> Referring officer to tick the appropriate boxes below	 <b>CARAM DFV Framework Risk Assessment Notebook Checklist</b>												
The person whose details appear on the back of this card has consented to their personal details being provided to your service for further assistance.	At the scene gather the following information for entry into your COPS narrative on return to the station:												
<ol style="list-style-type: none"> <li>1. A weapon/firearm was used in the assault or threatened to be used <input type="checkbox"/></li> <li>2. Physical violence was used <input type="checkbox"/></li> <li>3. The offender threatened to kill the victim, children or other family members <input type="checkbox"/></li> <li>4. The offender attempted to kill the victim, children or other family members <input type="checkbox"/></li> <li>5. The victim is pregnant <input type="checkbox"/></li> <li>6. The offender has threatened or attempted suicide <input type="checkbox"/></li> <li>7. The offender has abused or threatened to abuse pets <input type="checkbox"/></li> <li>8. The victim indicated they are fearful <input type="checkbox"/></li> <li>9. The offender has previous convictions for violence/stalking/intimidation/breach AVO and/or is a recent releasee <input type="checkbox"/></li> <li>10. There is conflict between the parties regarding child contact or residency issues <input type="checkbox"/></li> <li>11. There is evidence of escalating severity and/or frequency of violence <input type="checkbox"/></li> <li>12. The parties separated in the last six months <input type="checkbox"/></li> <li>13. The victim states that the worst incident was triggered by jealousy <input type="checkbox"/></li> <li>14. The victim states that the worst incident was triggered by separation <input type="checkbox"/></li> </ol>	<ol style="list-style-type: none"> <li>1. Was a weapon/firearm used or threatened to be used?</li> <li>2. Do you believe the offender or victim has access to firearms?</li> <li>3. Has physical violence or threat of harm been used?</li> <li>4. Has the offender threatened to kill the victim, children or other family members?</li> <li>5. Has the offender attempted to kill the victim, children or other family members?</li> <li>6. Are you aware of any of the following:                         <ol style="list-style-type: none"> <li>a) That the victim is pregnant?</li> <li>b) That the offender has threatened or attempted suicide?</li> <li>c) That the offender has abused or threatened to abuse pets?</li> </ol> </li> <li>7. Has the victim indicated they are fearful?</li> <li>8. Does the offender have previous convictions for violence/stalking/intimidation/breach AVO and/or is a recent releasee?</li> <li>9. Is there any conflict between the parties regarding child contact or residency issues?</li> <li>10. Is there evidence of escalating severity and/or frequency of violence?</li> <li>11. Have the parties separated in the last six months?</li> <li>12. In relation to the worst incident the victim informs you about, was it triggered by jealousy?</li> <li>13. In relation to the worst incident the victim informs you about, was it triggered by separation?</li> </ol>												
High Risk: Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk: Yes <input type="checkbox"/> No <input type="checkbox"/>													
High risk details supplied to _____ at _____ by _____													
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Police OIC</td> <td style="border: none;">Contact no.</td> <td style="border: none;">Date of referral</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: none;">LAC</td> <td style="border: none;">Event No.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: none;"></td> </tr> </table>	Police OIC	Contact no.	Date of referral				LAC	Event No.					<small>PAB97450610</small>
Police OIC	Contact no.	Date of referral											
LAC	Event No.												

## 1.4 Trialled at two different sites

The three month trial of the Framework commenced on 1 July 1 2101 at two very different sites selected by the Financial Partners—Sutherland Shire, a Sydney urban setting with a population across a range of socio-economic levels; and Wagga Wagga LGA, a major regional centre with a significant Aboriginal population. The project aimed to have a focus on family violence in Aboriginal and Torres Strait Islander communities, and this influenced the selection of the Wagga Wagga site.

Both sites had a range of existing services dealing with domestic violence and there were interagency working relationships in place, particularly between police, courts and domestic violence support services. Both sites had Women's Domestic Violence Court Advocacy Services (WDVCAS), independent services for women and children seeking help and information about court protection from domestic violence, funded by Legal Aid Services NSW.

At Sutherland, the police had been working closely with Sutherland Shire Family Services for over two years through the Domestic Violence Pro-Active Support Service (DVPASS), funded by the NSW Department of Premier and Cabinet. The process was similar in some respects to CARAM-DFV but without the two tiers and the evidence-based risk assessment. With DVPASS, police at a domestic violence incident complete a yellow card that they send to DVPASS, who ring the victim to see if they would like referrals.



DVPASS met the needs of police for offering support to people at risk or in need when they attend an incident.

At Wagga Wagga the Domestic Violence Intervention Court Model (DVICM) was in place. DVICM included NSW Police, Local Courts, Legal Aid, Corrective Services, Community Services, WDVCS and the Domestic and Family Violence Intervention Service (DAFVIS). Within the DVICM where charges have been laid against a defendant, police directly refer victims to the DAFVIS. There is a weekly information sharing meeting between NSW Police, Community Services, Corrective Services and the DAFVIS, to enhance victim safety and offender accountability. Referrals and case tracking are subject to Privacy Codes of Practice, to ensure that victims are offered service and that subsequent information is only shared with their consent. Where there is no charge police also use the yellow card system to refer clients to the WDVCS.

Community Services had its own distinct referral pathways and processes involving either Child Protection or Brighter Futures. The consent and privacy practices are complex, given that both statutory and voluntary practices apply to families in differing circumstances. Initial assessments under the CARAM-DFV Framework could only be undertaken in very limited circumstances—where cases were not already allocated and the client had consented to a specialist assessment.

In this context, referral pathways for the trial at the two sites were complicated and differed from site to site. Each site had up to eight different agencies conducting initial risk assessment and management, and up to seven different services providing specialist risk assessment and management, with different links between initial assessor agencies and specialist assessors. The complicated local referral pathways were depicted in flow charts developed for each trial site in the CARAM-DFV project documentation, with drafts shown in exhibit 1.4<sup>5</sup>.

In anticipation of complications with referrals, each site had a referral coordinator from NSW Health to ensure initial assessors had a clear and simple referral pathway, to make referrals timely, and to confirm that the specialist assessor had the capacity to accept the referral<sup>6</sup>. In practice the referral coordinators had far fewer than expected referrals, and the role of the NSW Health referral coordinator merged into that of a local CARAM-DFV project coordinator (see chapter 5).

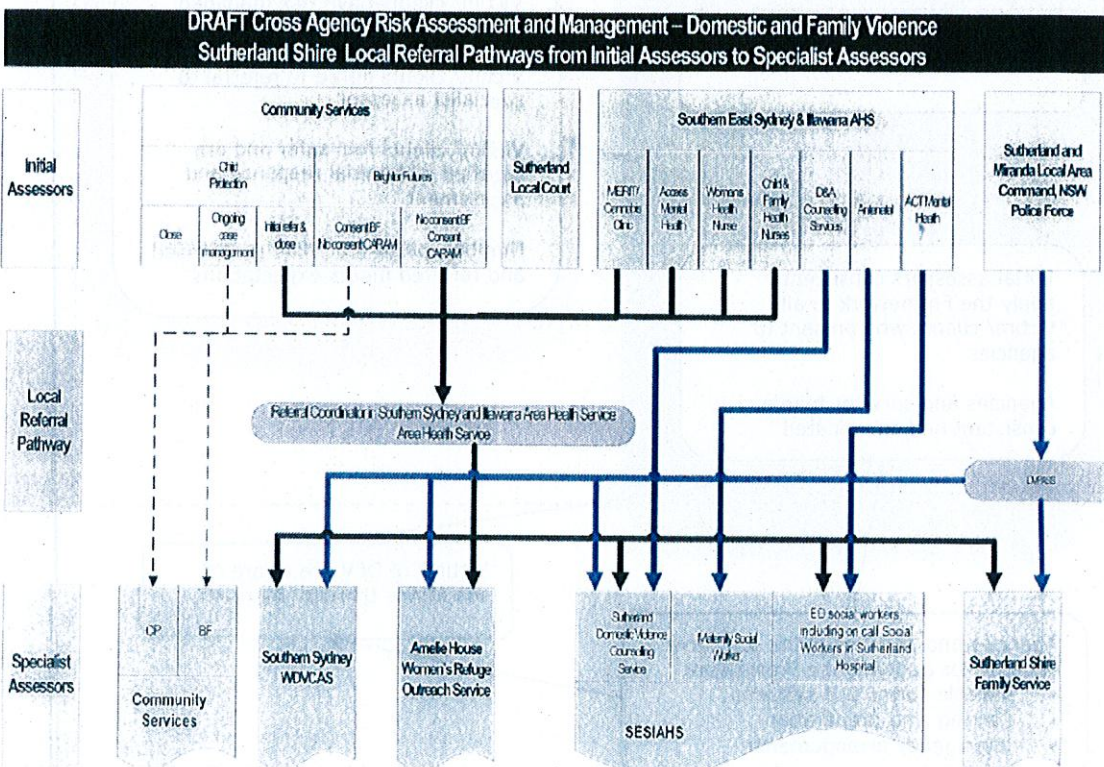
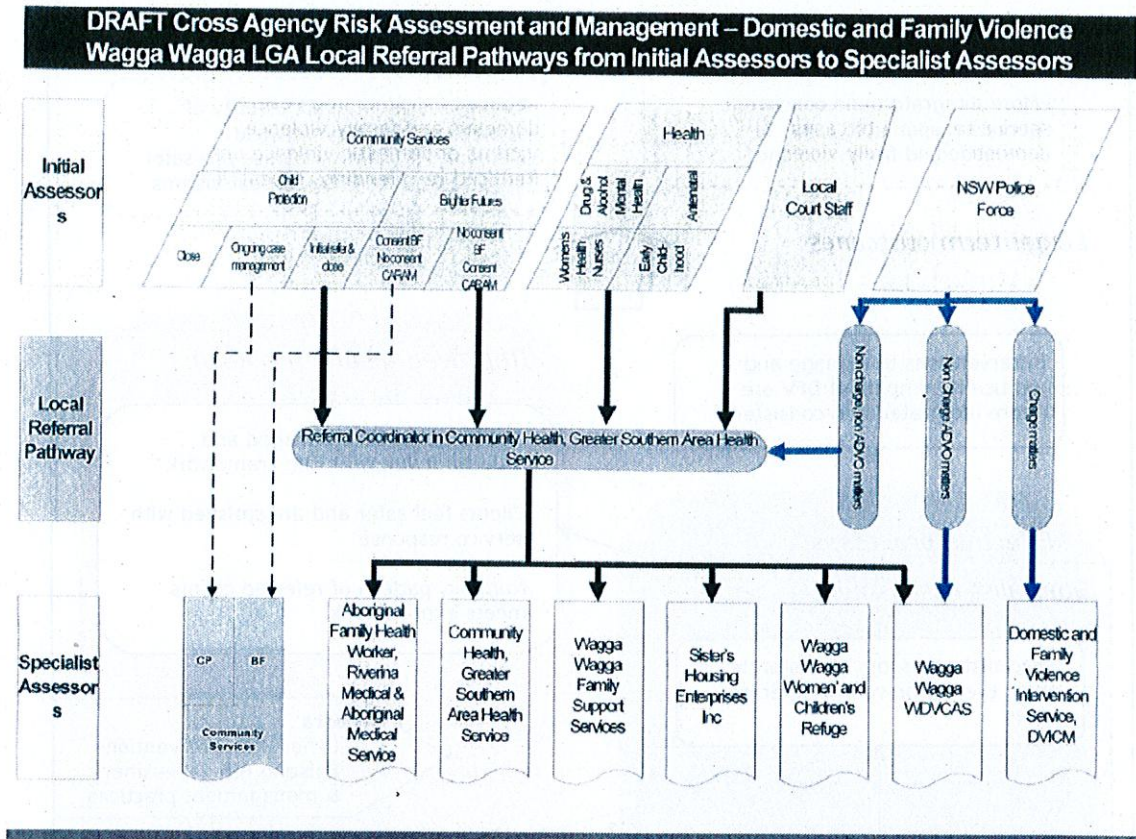
The local mechanism for implementing the CARAM-DFV Framework at each of the sites was an Interagency Working Group (IWG), comprising representatives from the relevant agencies (NSW Police Force Local Area Commands, Local Courts, Community Services, and Area Health Service) and from the local services working to support victims of domestic and family violence. In Wagga Wagga, this included the Aboriginal Medical Service. IWGs are discussed in chapter 5.

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<sup>5</sup> CARAM-DFV Framework (March 2010) Sections 12 and 13.

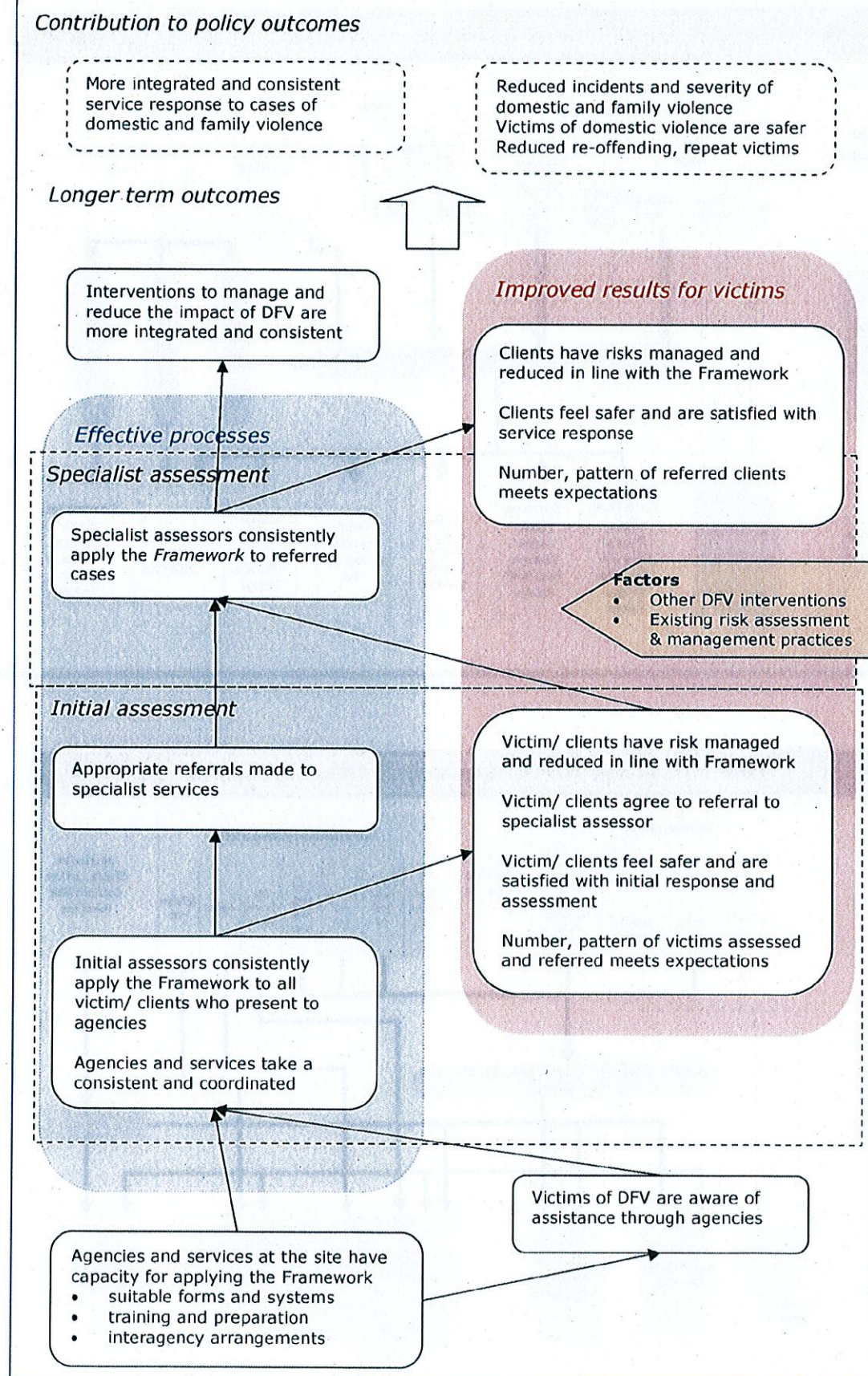
<sup>6</sup> CARAM-DFV Framework (March 2010) page 28.

**Exhibit 1.5 Referral pathways for the trials at Wagga Wagga and Sutherland**





**Figure 1.1: Results logic for the application of the CARAM-DFV Framework**



## 1.5 Results logic

The evaluation was framed by the results logic for the CARAM-DFV Framework (figure 1.1)<sup>7</sup> that shows the first results that need to be achieved at the bottom, linked to the long-term government outcomes and policy goals at the top of the diagram. The logic focuses on results or outcomes – what can be measured or observed, and is not a process diagram or flow chart.

The results logic has two streams—one for the implementation of the processes (blue), and the other for the results for victims and clients (pink). It also reflects the two tiers of the CARAM-DFV Framework, for initial risk management and for specialist risk management and assessment.

## 1.6 The evaluation of the trial

### 1.6.1 Purpose and objectives

The purpose of the evaluation of the trial is to assess how well the CARAM-DFV Framework can be implemented, identify possible improvements and inform future directions. The overall policy question is how well the CARAM-DFV Framework can contribute to a more integrated and consistent service response to cases of domestic and family violence in NSW.

The evaluation has two components, a process evaluation that focuses on implementation, and a results evaluation that explores and assesses the impact on clients.

#### Process evaluation objectives

- Document the process of implementation and issues arising (incl. the information card)
- Determine the degree of implementation of the Framework and tools (incl. the information card)
- Identify factors which assisted or inhibited the implementation
- Identify factors which assisted or inhibited interagency collaboration (incl. the referral coordination role)
- Determine the impact of implementation on staff and interagency infrastructure (incl. any workload changes and training issues)
- Determine the components, processes and intra and interagency infrastructures required to effectively implement the model

#### Results evaluation objectives

- Assess the appropriateness of the high risk and at risk factors
- Assess changes in the re-offending rates
- Assess whether the use of the Framework and risk assessment and management tools (incl. information card) enhanced victim safety and a sense of safety
- Determine whether the CARAM-DFV Framework increased reported victim satisfaction with the service response

The evaluation was independent and conducted by an external evaluation consultancy. The CARAM-DFV Framework Financial Partners/ Reference Group (FP/RG) adopted an evaluation Framework and strategy for the trial that addressed the objectives and the

<sup>7</sup> ARTD (2010) Evaluating the Trial of the CARAM-DFV Framework. Evaluation Framework and Strategy. Unpublished 16 August 2010.

particular situation with the evaluation of a trial. The strategy was developed by ARTD with consultation with FP/RG and the two IWGs<sup>8</sup>.

### **1.6.2 Challenges in the evaluation of trials**

The evaluation of a trial raises special issues for evaluation. First, the trial is testing the implementation of a new and innovative approach that has not been implemented before, so there are inevitable teething problems leading to changes for implementation and gaps with data collection. In addition, this trial had a short time period (three months). Second, the trial is within the existing systems for identifying and supporting victims of domestic violence. These systems use various approaches of formal and informal risk assessment, as well as different approaches to supporting victims—indeed, these differences were part of the rationale for the CARAM-DFV Framework. Third, the CARAM-DFV Framework deals with an issue where positive results for victims often occur in small steps and after a number of interventions<sup>9</sup>.

For these reasons there was limited scope for the results evaluation, and measures of the comparative impact on victims were not feasible. For example, the evaluation collected data on victim satisfaction with the service response, but was not in a position to assess whether this had increased, or whether there were changes in re-offending rates. Similarly, the evaluation assessed the application of the *high risk* and *at risk* factors but did not attempt to assess their appropriateness in predicting outcomes<sup>10</sup>.

### **1.6.3 An exploratory approach**

The evaluation design was descriptive and exploratory, with a focus on the question "*can it work?*". It covers the extent of implementation, barriers, issues and unintended or negative consequences for agencies and services, and in particular for victims. The evaluation did not aim to assess whether the CARAM-DFV Framework produces better results than existing approaches to risk assessment and management—rather the purpose of the trial is to test how well this approach can be applied and to identify barriers and scope for improvement.

The scope of the evaluation was the trial at the two sites. It did not cover the governance and development of the Framework, the policy and legal context, or financial arrangements to support the trial.

The approach to the evaluation reflects the following principles and processes:

- use available data and systems as much as possible
- non-intrusive methods which are respectful to, and safe for clients and other participants. Ethical risks and management actions were identified and NSW Health made an application to, and received approval for client interviews through a human research ethics committee<sup>11</sup>
- be culturally sensitive. An Aboriginal Impact Statement was completed for the trial and evaluation. ARTD engaged an Aboriginal consultant for interviews at Wagga Wagga, where there were Aboriginal clients
- minimising any burden on staff in the service systems and providing confidentiality to front-line staff.

<sup>8</sup> ARTD (2010) Evaluating the trial of the CARAM-DFV Framework. Evaluation Framework and Strategy. Unpublished 16 August 2010.

<sup>9</sup> The Victorian Government conducted a four week trial using similar risk factors, with a process evaluation that had inconclusive findings. KPMG, Risk Assessment, and Risk Management Framework for Family Violence in Victoria- Pilot Evaluation Report. Department for Victorian Communities. Unpublished 2007.

<sup>10</sup> The risk factors were based upon a comprehensive review of Australian and international literature that identified the factors associated with further serious or lethal violence—CARAM-DFV Framework, page 7, unpublished (March 2010).

<sup>11</sup> NSW Health (2010) Management Strategies for Participation in the Evaluation of the Cross Agency Risk Assessment and Management – Domestic and Family Violence July 2010.

It is important to make sure that the new approach is not having unintended or negative consequences for agencies or services, and in particular for victims. This is a critical reason why the evaluation assesses client satisfaction and safety—people should not be worse off because of the CARAM-DFV Framework.

In line with this, the main methods and data sources<sup>12</sup> were

- attend FP/RG and the IWGs meetings at the two sites
- review key documents
- analysis of data from existing agency CARAM-DFV forms and databases
- interviews with initial assessors, specialist assessors, IWG members
- interviews with trial participants in agencies and services
- interviews with a sample of victim/ clients.

Stakeholders have cooperated with the evaluation and the data collection methods have generally been effective and applied in line with the evaluation strategy. The use of the existing assessment forms as the main data source on clients was difficult as the assessment forms and cards were designed for case decision-making rather than data collection, were not fully consistent with each other, did not have standard definitions, and were not always completed. For future trials or implementation of the CARAM-DFV Framework, the capacity for monitoring and evaluation would be improved by designing assessment forms that allow better recording and reporting of data.

Within the constraints of a short pilot of a new initiative, we are confident that the evidence broadly reflects the processes of implementation and the results for clients. We have clear evidence on some aspects of the Framework, while questions remain for some other aspects which were beyond the scope of this evaluation and need further exploration. For example the evaluation did not attempt to validate initial assessments, or to compare the findings on the number of assessments and the pattern of risk factors with previous experience at the sites and with other studies.

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<sup>12</sup> The design and methods are in the *Evaluation Framework and Strategy* (2010), and details of their implementation in the trial and constraints are in Appendix 2.



## 2 Interagency Working Groups

At each of the trial sites Interagency Working Groups (IWG) were established as the local mechanism for implementing the CARAM-DFV Framework's goals of an integrated and consistent service response to domestic and family violence, and to facilitate cross-agency communication on individual cases. This chapter describes the implementation of the IWGs and their perspectives on the trial.

### 2.1 Functioning of the interagency

IWGs were successfully established at Sutherland and Wagga Wagga prior to the trial starting and comprised relevant representatives from the four agencies (NSW Police Force Local Area Commands, Local Courts, Community Services, and Area Health Service) and from the local services working to support victims of domestic and family violence. In Wagga Wagga this included the Aboriginal Medical Service.

The IWGs met monthly from before the trial commenced and through the trial period. There was some uncertainty due to the starting date for the trial shifting from March 2010 to July 2010, and delays in engaging a NSW Health referral coordinator at Wagga Wagga.

IWG meetings were generally well attended, with agencies and services showing high levels of formal commitment. The extent of attendance and participation was related to the level of involvement with the CARAM-DFV project, reflected in the high levels of participation by police, health and key NGO services.

The meetings were chaired by representatives from NSW Health, and supported by the NSW Health referral coordinators. They were appropriately documented by minutes.

To varying degrees the IWGs built upon existing relationships between agencies and domestic violence support services, particularly for police and courts where there were strong links with the NGOs providing DVPASS and WDVCS.

Interagency participants were asked how well they thought the interagency functioned over the period of the trial and what they thought worked well.

The majority of participants from both Sutherland and Wagga Wagga felt that their interagency functioned well or very well. Sutherland participants felt that there was a lot of tension at the IWG early in the project, discussed below, but most felt that this dissipated as the project progressed. The following comments were typical:

*'It functioned very well. It was well organised. The minutes were good. You knew what was happening. It was run well and well structured'. (Wagga Wagga)*

*'The Interagency ran very well. A definite effort was made to lead and manage the Interagency so that everyone had the opportunity to be heard'. (Sutherland)*

Some were more critical – for example one participant from Wagga Wagga felt that the function of the interagency was poor because it was fixated on police, and this person also felt that the group did not understand what they were trying to achieve.

Many of the strengths and weakness from an early assessment of the IWG appeared to remain (box 2.1).



### **Box 2.1: IWG members' early assessment of the partnership**

IWG members completed a partnership assessment survey at the July 2010 meeting in Wagga Wagga and the August 2010 meeting in Sutherland.

At both sites everyone who responded agreed that the partnership was addressing important needs in the community, and most believed that working together was a good way to solve problems. Partners were impressed with the level of attendance at meetings, and the commitment to discussing and resolving issues and working together. Partners were quite positive about the way the partnership worked in practice.

But almost all also believed that the IWG and/or duplicated existing processes, and this created an additional burden for busy people.

Overall governance of the partnership was seen as reasonably effective but the scope and roles were not clear to everyone, with concerns about lack of clarity about the partnership, about managing referrals, about other agencies' procedures, and no consistent definition about how agencies defined domestic violence. As one partner commented *'There seems to be a lot of uncertainty [that] can't just be dismissed as teething problems'*.

Despite this, most respondents thought that the partnership was worthwhile, with the benefits outweighing the effort. Some partners commented on the collaboration and the relationships they'd built with other organisations, others found value in learning from others, including the way different partner organisations worked.

Participants were asked to comment on ways in which the IWG contributed to a more integrated and consistent service approach, and people commented upon cross-agency communication on individual cases of domestic and family violence. Both Wagga Wagga and Sutherland members mentioned the opportunity for case conferencing with other agencies. From Sutherland: *'It allowed for case conferencing to help assist the more complicated victims'*. From Wagga Wagga: *'A good example of this happening was when one client dropped out of the loop and couldn't be found. This was raised at the meeting and police offered a response which they followed through on'*.

The IWG also served as a safe forum for seeking assistance in implementing the project successfully, *'Everyone knew the players so they were relaxed in approaching people for help and advice. You didn't feel you were imposing'*.

Asked about what were the best aspects of the CARAM-DFV Framework, about half the specialist assessors cited the interagency meetings, which led to a more intimate relationship with other services and thus a fluid referral process. Assessors felt this had great benefits for clients in terms of access to services they may otherwise not have been offered and a better experience for their clients, for example *'The process meant people didn't get lost in the system, especially with all the different government and non-government organisations. People can often get lost. With CARAM-DFV the person could be followed right through. For example, if they were initially assessed by Health we wouldn't necessarily know about it when they came to the refuge. The links were not there before. With CARAM-DFV there was a process to be followed'*.

## **2.2 Barriers to interagency coordination**

Participants were specifically asked about difficulties that arose at the IWG and how they were addressed.

Wagga Wagga participants for the most part felt that there were no real difficulties. The police representative at Wagga Wagga felt that there were already systems in place (DAFVIS) for police to refer DV victims who they considered in need of further

assistance. He considered that they were already doing adequate "risk assessments" and that the referral process was working very well before CARAM-DFV so he did not see the added value in attending the IWG.

Three main interrelated issues emerged from Sutherland participants:

- They felt that the implementation of the project was rushed
- There was a feeling that not enough local consultation was undertaken before Sutherland was chosen as a pilot area, and as a result the project was being imposed on services and agencies that already had systems in place that were working well. Some services felt the work that they were already doing was not acknowledged. This created hostility and anxiety at the beginning of the project. Some police felt that CARAM-DFV just added another set of meetings.
- Some agencies felt that CARAM-DFV interfered with their core business and chose not to follow the protocols of the project.

The following quote from a Sutherland participant encapsulates many of the difficulties.

*'Problem solving and networking wasn't as good as hoped. The project was poorly implemented and planned and poorly consulted. This created hostility and anxiety, which didn't really dissipate. People didn't really understand CARAM-DFV. I don't think they read the material. A number of services didn't do the training. Tools hadn't been finalised and it was implemented in a rush with limited lead in time. The pilot never really recovered from that, with some services not really participating. It got better as the pilot got going. Health started their own interagency and this made other interagencies irrelevant for them, especially with the conflict at the beginning'.*

Other Sutherland participants felt that agencies still did their best regardless of these issues:

*'There were issues around the usefulness of the trial, although agencies still did their best to make it work. There is an overlap between the CARAM-DFV pilot and what DVPASS already do'.*

An important initial difficulty came from the way the CARAM-DFV processes were overlaid upon the existing systems without sufficient attention to managing the change, leading to misunderstandings, discussions at apparent cross-purposes, and concerns about the sustainability of existing relationships and services. To a number of stakeholders, these difficulties arose because the wrong sites were chosen for the trial—sites with less developed or linked services would have been preferable.

Some specialists assessors felt that there was a lot of negativity when the project first started and that *"the negative attitudes of some stakeholders impacted on the number of referrals and ultimately on the success of the trial."*

Another factor behind the tensions at Sutherland was differences in underlying values. As one IWG member pointed out, *'The Interagency highlighted very different approaches to dealing with domestic violence victims and the CARAM-DFV Framework'*. Because of the different approaches to domestic violence, some assessors felt that 'political negotiations were necessary to facilitate the project'. Discussions with assessors and IWG members from more feminist-based organisations indicated they felt that all victims should be assessed for risk, especially if they were distressed, as this would indicate they were more likely to be at "high risk". They felt that assessing victims for risk and giving them as much information as possible, including referrals to specialist assessors, is in fact part of the empowerment process for victims of domestic violence. On the other hand, a more family-orientated service felt that some women were too distressed to be formally assessed, that the assessment process would distress them even further, that

the relationship between the support service staff member and the victim would be compromised by the assessment process and that their service already offered the victim all the support and referrals they required. This clash of philosophical attitudes caused quite a lot of tension among interagency members and ultimately affected the number of referrals to specialist assessors.

At Wagga the Aboriginal agency made an initial commitment, but then experienced gaps in the participation suggesting a longer and more intense process of engagement may have been needed.

### 2.3 Views of the value of the CARAM-DFV Framework

IWG members were asked if they felt that overall, CARAM-DFV contributed towards a more integrated and consistent service response to DFV. Table 2.1 shows responses to this question by agency. Responses were mixed, with the majority of Wagga Wagga IWG respondents feeling that CARAM-DFV did contribute to a more integrated, consistent response, while the majority of Sutherland respondents felt that it did not. In

<sup>13</sup>Sutherland, even among respondents from the same agency (Police and Health) there were different responses to this question.

**Table 2.1: Did CARAM-DFV contribute towards a more integrated and consistent response to DV?**

Agency <sup>1</sup>	Response	Comments
Police	No	It is just repeating what we are already doing. Police are doing the initial assessment and DVPASS is doing the secondary assessment and referring on. It just meant added workload for no added benefit
Police	Yes	It's more consistent. The information gathered was all the same with no information missing
Police	No	CARAM-DFV should have worked in another location. ( <i>Here</i> ) all the services are already pretty well connected – the support is already there. It should have worked in another community which didn't have processes already in place. CARAM-DFV conflicted with DVICM. It could have been trialled somewhere that doesn't have DVICM
Health	Yes	CARAM-DFV formalised some referral processes and facilitated more consistency and integration in terms of regular meetings and issues being raised (within Health)
Health	No	Risk assessment needs immediate response. All services are already doing risk assessment and the majority of the time it works very well
Health	No	There is a lot more groundwork needed around integration. Didn't expect to play such a support role to initial assessors and specialist assessors. There was not much casework support. The concept is good. Need a common idea of what constitutes risk. One interagency meeting per month is not enough to do this
Health	Unsure	The Framework is great and is well structured. Might be more useful to put more resources somehow into the first point of contact, e.g. with the initial assessor. This is where people are being picked up but they aren't accepting support from referrals after this
Comm. Services	Yes.	The (NSW Health Referral) Coordinator was great. This worked well. She really built good relationships. There was not enough pre-planning
Comm. Services	No	A lack of time to do this in the way it was designed
Courts	Yes	It got specialist assessors involved quickly. They were informed more quickly. Previously it was the client who had to follow up on the referral. So there was a strong likelihood that the client would not go ahead. CARAM-DFV took the onus away from the client which was good
Courts	Unsure	We understand that there was a need to capture all the organisations with a role but when it comes to DV we have already worked out our approach. We are happy with the procedures in place at the moment

<sup>13</sup> The research evidence for these approaches is discussed in the review of Australian and international literature commissioned by the CARAM\_DFV project. Unpublished (2009).

NGO	No	It's the same as always
NGO	No	The strategic intention is good but I think they need to build on what's already working. I understand for Health it may provide a more integrated response. The manner in which it was implemented was disrespectful of the work the services were already doing and how CARAM-DFV might impact on current work being done in this area. Our service felt imposed upon. Strategic intention was very good but implementation was much more complex. They chose us because our area was well networked and doing good work but did not understand how it was working and how CARAM-DFV might impact negatively on it. Delivery for victims has not changed and CARAM-DFV has unsettled partnerships, which is still ongoing. A great deal of work is required to ensure effective and clear referral pathways. The Referral Coordinator did a great job
NGO	Yes	Everyone was on the same page. It opened up other services and created pathways
NGO	Yes	It strengthened relationships with agencies, increased networking, made things more cohesive
NGO	Yes	People can have closed minds. Any process that brings DV to the forefront is excellent. It raised awareness in different ways. Increased networking
NGO	Yes	Felt that the program worked well

Source: Interviews with IWG members.

<sup>1</sup> Site and agency details are not included to preserve confidentiality of the responses.

## 2.4 Conclusions

The IWGs were effectively implemented. At each of the trial sites they met throughout the trial with for the most part good will and active participation by agencies and services. Participation was to some extent commensurate with agencies overall involvement in the trial, with Police, Health and some NGOs the most active participants.

The IWGs were essential for local implementation and contributed to improved interagency coordination and promoted opportunities for discussion of individual cases. While members reported better understandings of the roles and contexts of other agencies, there was little evidence that a shared understanding of the CARAM-DFV Framework was achieved within the three month period of the trial. A barrier that caused conflict and anxiety occurred where some services felt the work that they were already doing was not acknowledged and was being duplicated by CARAM-DFV. Different understandings of the Framework and how it differed from other existing processes led to frustration and meetings at cross purposes.

While IWGs are an effective approach for interagency coordination, in the future the approach would be improved by a longer time period for the trial (say 6 months) and more focus on managing the changes involved in introducing a new initiative into an already complex and difficult policy area, particularly where other services were already in place. This includes paying more attention to the existing policy and procedural frameworks, and taking account of the interests of local agencies and services, including the economic, social and emotional concerns raised by introducing such a change.

### 3 Preparation and training

This chapter describes the training and its impact for initial assessors and specialist assessors. The findings largely come from the 33 initial assessors and 14 specialist assessors who were interviewed.

#### 3.1 The CARAM-DFV Framework training program

The training program for the trial was designed by the Education Centre Against Violence, to equip all relevant staff in the participating agencies to effectively perform their roles in the trial. The training program had three modules. Module 1 was an overview of the Framework for all participating staff and was of 1.5 hours duration. Module 2 was on the role of initial assessors, was mandatory for initial assessors, and was of 2 hours duration. Module 3 was on the role of specialist assessors, was mandatory for specialist assessors, and was of 3.5 hours duration. The design and delivery of the training is described in detail in the evaluation report<sup>14</sup>.

The training was delivered in two streams, one for multi-agency training groups, with participants from NSW Health, Community Services and key local NGOs in each trial site (including two NSWPF Regional DV Coordinators for each site and two Sutherland Local Court Office Managers), and the other training stream was for NSW Police officers and Local Court registrars.

The multi-agency training was delivered in two rounds, in March and again in June 2010. In total, approximately 125 individuals participated in Sutherland and 88 in Wagga Wagga. Overall, the majority of participants reported that their learning needs had been substantially met by the training. Less than half reported a substantial increase in confidence in relation to DFV risk assessment and management as a result of the trial training.

The training program for police officers and Local Court registrars was a composite and condensed version of Modules 1 and 2. Approximately 130 individuals participated in the training in Sutherland and 25 in Wagga Wagga. Overall, the majority of participants reported that their learning needs had been met and their confidence in relation to DFV risk assessment and management had increased as a result of the trial training.

In practice the training was somewhat different than originally envisaged. The evaluation report sets out the main differences as:

- the design had a cross-agency format in order to mirror the interagency nature of the trial, where training groups and trainers/ presenters would be from all the partner agencies. With the exception of one NSWPF presenter for the police briefings, all the trainers were NSW Health employees
- the content was to be tailored to meet the needs and roles of participants, including customisation for initial and specialist assessors. Some participants were expected to need 'pre-training' if they had not previously had foundational DFV training. However, no pre-training module was offered
- the proposed training program was to be delivered in four modules, each of 3.5 hours duration. The designers considered this was the minimum time to allow for information delivery and skills practice, as well as discussion of cross-agency issues in practice. However, only three modules were delivered and both modules 1 and 2 were significantly reduced in length to 1.5 hours and 2 hours respectively.

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<sup>14</sup> Education Centre Against Violence (2010) CARAM-DFV Unpublished. October 2010.



## 3.2 Initial assessors—participation and impact

### 3.2.1 Varied participation

The extent and type of CARAM-DFV training and preparation varied by agency and by site, and this was reflected in the sample of initial assessors that we interviewed.<sup>15</sup> A greater proportion of Sutherland assessors in the sample completed formal face-to-face training modules than Wagga Wagga assessors (61% at Sutherland compared to 27% at Wagga Wagga)<sup>16</sup>. Significantly less police (15%) completed formal training modules than did initial assessors from other agencies (92%)<sup>17</sup>. Initial assessors from Health in Sutherland received the most formal CARAM-DFV training, with all but one assessor completing both CARAM-DFV training modules. Only 3 of the interview sample of 20 police assessors completed a face-to-face CARAM-DFV training module.

**Table 3.1: Initial assessors that we interviewed - type of CARAM-DFV preparation**

<b>Sutherland</b>	<b>Police</b>	<b>Health</b>	<b>Comm. Services</b>	<b>Courts</b>	<b>All initial assessors</b>
N	10	5	3	0 <sup>1</sup>	18
Face-to-face Module 1	30%	20%	100%		39%
Face-to-face Modules 1 & 2	0%	80%	0%		22%
Briefing - Police or Court	40%	0%	0%		22%
Internet info. package	10%	0%	0%		6%
Email information	20%	0%	0%		11%
No briefing or training	0%	0%	0%		0%
All	100%	100%	100%		100%

<b>Wagga Wagga</b>	<b>Police</b>	<b>Health</b>	<b>Comm. Services</b>	<b>Courts</b>	<b>All initial assessors</b>
N	10	4	0 <sup>1</sup>	1	15
Face- to-face Module 1	0%	0%		0%	0
Face- to-face Modules 1 & 2	0%	100%		0%	27%
Briefing - Police or Court	50%	0%		100%	33%
Internet info. package	10%	0%		0%	7%
Email information	0%	0%		0%	0%
No briefing or training	40%	0%		0%	33%
All	100%	100%		100%	100%

Source: Initial assessor interviews.

<sup>1</sup>no interviews in these cases

Most assessors in the sample (80%) had previous training in domestic violence (Sutherland 89%; Wagga Wagga 74%), with all agencies providing some form of training for their workers, often specialised workshops run by external agencies. All front-line workers in Community Services have mandatory training in domestic violence, and all front-line NSW Health employees have mandatory in-house training in domestic violence screening.

### 3.2.2 Positive Impact for most

Most Initial assessors that we interviewed felt that the CARAM-DFV training provided an understanding of the Framework and prepared them for their roles as initial assessors. The majority of those that felt their training was not adequate were police officers who had not completed formal modules.

<sup>15</sup> The *Report on the Evaluation of Training* shows overall participation numbers by site and agency. The interview sample has small numbers for Community Services and Local Courts—for example only one Local Court staff was interviewed, but the number attending CARAM-DFV briefings was 2 in Sutherland and 2 in Wagga, and an additional staff member attended face to face training in Sutherland.

<sup>16</sup>  $\chi^2=3.92, df=1, p=.04$ .

<sup>17</sup>  $\chi^2=18.99, df=1, p<.001$ .

Most (75%) initial assessors felt that their CARAM-DFV training provided an understanding of the Framework "very well" or "somewhat well", and 71% felt that their CARAM-DFV training prepared them "very well" or "somewhat well" for their role as an initial assessor. There were no significant differences between Wagga Wagga and Sutherland on these parameters.

Of the 15 assessors who completed formal module training, 93% felt that the CARAM-DFV training provided an understanding of the Framework "very well" or "somewhat well" and 93% felt that their CARAM-DFV training prepared them "very well" or "somewhat well" for their role as an initial assessor.

**Table 3.2: How well the CARAM-DFV training provided an understanding of the Framework and prepared the assessor for their role, by agency**

Sutherland and Wagga Wagga	Police	Health	Comm. Services	Courts	All Initial assessors
N	16	9	3	1	29
<b>Understanding of the Framework</b>					
Very well	25%	67%	33%	100%	41%
Somewhat well	38%	22%	67%	0%	34%
Not very well	6%	11%	0%	0%	7%
Not at all	0%	0%	0%	0%	0%
Don't know	31%	0%	0%	0%	17%
All	100%	100%	100%	100%	100%
<b>Preparation for the role of initial assessor</b>					
Very well	38%	67%	33%	100%	48%
Somewhat well	19%	22%	67%	0%	24%
Not very well	13%	11%	0%	0%	10%
Not at all	0%	0%	0%	0%	0%
Don't know	32%	0%	0%	0%	17%
All	100%	100%	100%	100%	100%

Source: Initial assessor interviews.

Five of the 29 initial assessors who completed some form of CARAM-DFV training felt that there were some gaps in the training. Of the three assessors who felt there were gaps in the face-to-face modules, comments included the need for more training on how to speak to victims, e.g. role playing; and some uncertainty when it came to actually using the forms.

Assessors who only received a briefing were interested in knowing more about the CARAM-DFV approach and how it benefited the client; how to work with people outside the region; and one police officer was uncomfortable with having to learn the narrative by himself. Some Sutherland police officers felt they didn't need training as they were accustomed to doing risk assessments with the yellow cards used with DVPASS.

### 3.2.3 IWG participants had mixed views

IWG participants were asked if they thought the initial assessors were adequately prepared to take on their roles within CARAM-DFV. The responses from both Wagga Wagga and Sutherland were mixed. About half the IWG participants felt that the training was adequate, and about half thought that the initial assessors received too little training or that it was months before the implementation and assessors had forgotten. Interestingly, when asked whether they thought the initial assessors effectively assessed and managed the risk of the victims, almost all the IWG participants said "yes". There was also a concern in Sutherland that an inexperienced project officer working with one of the participating NGOs and who was fielding the referrals from police was not

using criteria in line with the Framework, which affected the number of referrals to specialist assessors (see chapter 5).

The views of some police about the training related to their views about the CARAM-DFV Framework overall. A senior police stakeholder observed that the training was adequate and covered what police needed to know, but some aspects, particularly the risk factors, were not seen as credible or relevant for the police context. This meant that some police would comply with the need to implement the CARAM-DFV process but not with any real application or enthusiasm.

### 3.3 Specialist assessors—participation and impact

All 14 specialist assessors that we interviewed had completed Modules 1 and 3 of the CARAM-DFV training before undertaking their roles as specialist assessors.

Most specialist assessors felt that the CARAM-DFV training provided an understanding of the Framework (100%) and prepared them for their role as specialist assessors (86%), although overall Sutherland specialist assessors were slightly less positive than Wagga Wagga specialist assessors.

**Table 3.3: How well the CARAM-DFV training provided an understanding of the Framework and prepared the specialist assessor for their role**

Understanding of Framework	Sutherland	Wagga Wagga	All specialist assessors
N	7	7	14
Very well	14%	43%	29%
Somewhat well	86%	57%	71%
Not very well	0%	0%	0%
Not at all	0%	0%	0%
All	100%	100%	

Preparation for role	Sutherland	Wagga Wagga	All specialist assessors
Very well	14%	71%	43%
Somewhat well	57%	29%	43%
Not very well	29%	0%	14%
Not at all	0%	0%	0
All	100%	100%	

Source: Specialist assessor interviews.

There was a general feeling from those who did the training in the early stages that Module 1 was delivered prematurely and was still a work in progress. These assessors also felt it would have been better to have their training closer to the actual commencement of the pilot. Other assessors felt the training was thorough and offered a valuable networking opportunity.

Twelve of the 14 specialist assessors who were interviewed felt that there were some gaps in the training, although most were quick to point out that this was no reflection on the trainers who were “well organised” and “excellent”. There was consensus that the training provided good information about the CARAM-DFV Framework but was less informative concerning its practical application. Some assessors would have liked role play practice in introducing the CARAM-DFV Framework to clients, getting clients to sign the consent forms and administering the assessment tools. One assessor wanted discussion on the ethics of sharing information.

### **3.4 Conclusions**

The effectiveness of the training for initial assessors was mixed. Amongst the initial assessors we interviewed the extent and type of CARAM-DFV training varied markedly, particularly by agency. Over 80% had some previous DV training. Most initial assessors felt that the CARAM-DFV training provided an understanding of the Framework and prepared them for their roles as initial assessors. Of those who felt their training was not adequate, the majority were police officers who had not completed formal modules. While about half the IWG participants felt that the training for initial assessors was adequate, the other half thought that the initial assessors received too little training or that it was too early before the trial.

A more fundamental issue with the training for some police concerned the limited credibility and relevance of the evidence-based risk factors in the police context, leading to the possibility of assessors complying CARAM-DFV initial assessment process with without any real commitment to applying the risk factors.

The impact of the training on specialist assessors was largely positive. All specialist assessors completed Modules 1 and 3 of CARAM-DFV training and most felt that the training was effective for understanding the Framework and preparing them for their role as specialist assessors. IWG members at both sites thought the specialist assessors had the capacity to take on their roles within CARAM-DFV.



## 4 Initial assessments—results

This chapter outlines the results of the trial for first tier of the CARAM-DFV Framework, initial risk assessment and management, and in particular the pattern of clients and the use of the evidence-based risk factors. It is based on the analysis of data from the COPS database and the agency-specific initial assessment forms. While there were some inconsistencies and gaps in the data, we are confident that it reflects the broad patterns of assessments, clients and risk factors. No quantitative data is presented on consent for referral or consent to share information as the data was not consistently recorded by all assessors.

### 4.1 The pattern of clients and agencies

The agencies in the CARAM-DFV trial conducted 671 initial assessments, 462 at Sutherland and 209 at Wagga Wagga. Nearly all (97%) of the initial assessments were conducted by Police, with 98% at Sutherland and 96% at Wagga Wagga. Police reported high levels of compliance with the application of the Framework to DFV incidents, and the level of assessments was reasonably uniform across the three months of the trial.

Many stakeholders were surprised at their low level of assessments. Also for Community Services initial assessments under the CARAM-DFV Framework were only undertaken in very limited circumstances—where cases were not already allocated and the client had consented to a specialist assessment. In reality, for the Brighter Futures team, this was limited to “walk in” clients who disclosed domestic violence and with whom there would be no ongoing casework and who consented to a specialist assessment. At Wagga Wagga no clients fitted these criteria within the timeframe for the trial.

**Table 4.1 Initial assessments by each agency, over time**

<b>Sutherland<sup>1</sup></b>	<b>Police<sup>2</sup></b>	<b>Health</b>	<b>Comm. Services</b>	<b>Courts</b>	<b>All agencies</b>
July	142	2			144
August	170	3			173
September	139	2			141
No data		1	3		4
All records	451	8	3		462
Proportion by agency	98%	2%	<1%		100%
<b>Wagga Wagga</b>	<b>Police</b>	<b>Health</b>	<b>Comm. Services</b>	<b>Courts</b>	<b>N</b>
July	65	2		4	71
August	72				72
September	63			2	65
No data	1				1
All records	201	2		6	209
Proportion by agency	96%	1%		3%	100%
<b>Both locations</b>					
All records	652	10	3	6	671
Proportion by agency	97%	1%	<1%	1%	100%

Source: COPS data and initial assessment forms

<sup>1</sup> At the Sutherland trial, Miranda LAC did 217 assessments and Sutherland LAC did 245 assessments.

<sup>2</sup> We received 32 additional records from COPS that had no assessed risk or risk factors recorded and we have excluded them as not involving an initial assessment.

## 4.2 Profile of clients

Around three quarters of initial assessments were with women, similar at both sites. The finding that men comprised one quarter of initial assessments was unexpected<sup>18</sup>. Clients had a wide spread of ages reasonably in line with expectations.

**Table 4.2 Clients at initial assessments, by age and gender**

	Sutherland				Wagga Wagga			
	Female	Male	All	No Data	Female	Male	All	No Data
N	337 (74%)	120 (26%)	457 (100%)	5	151 (75%)	50 (25%)	201 (100%)	8
Under 20	8%	11%	9%		17%	22%	18%	
20 - 29	19%	15%	18%		32%	20%	29%	
30 - 39	29%	28%	28%		28%	16%	25%	
40 - 49	30%	27%	29%		17%	26%	19%	
50 - 59	9%	13%	10%		5%	8%	5%	
60 +	5%	8%	6%		1%	8%	3%	
All	100%	100%	100%		100%	100%	100%	
No Data		3		2	6	1		1

Source: COPS data and initial assessment forms

The number of clients recorded as Aboriginal was 31 (16%) at Wagga Wagga, and 8 (2%) at Sutherland, reasonably in line with expectations. Actual numbers may have been higher than those recorded on the forms. No initial assessments were reported as requiring an interpreter, and this was not raised as an issue by participants.

Around two thirds of clients at both sites had a partner relationship to the perpetrator, and the other third had a family relationship.

**Table 4.3: Clients' relationship to perpetrator**

	Sutherland				Wagga Wagga			
	Female	Male	All	No Data	Female	Male	All	No Data
N	336	120	456	1	156	50	206	
<b>Partner Relations</b>								
De facto	13%	10%	12%		24%	16%	22%	
Former de facto	10%	11%	10%		14%	12%	14%	
Spouse	12%	8%	11%		6%	4%	5%	
Former spouse	11%	9%	10%		8%	8%	8%	
Other domestic relationship	1%	7%	2%			2%	0%	
Former other domestic relationship	0%		0%		1%		0%	
Intimate partner					1%		1%	
Former intimate partner	1%		1%		3%	2%	2%	
Boyfriend	1%	8%	2%			2%	0%	
Former boyfriend	1%	3%	1%	1		10%	2%	
Girlfriend	12%	1%	9%		10%		7%	

<sup>18</sup> We checked whether there were duplicate incident numbers and dates that may have indicated assessments of two people at the one incident— almost all were recorded as separate incidents.

Former girlfriend	11%	2%	9%		6%		5%
<b>Subtotal</b>	<b>72%</b>	<b>58%</b>	<b>68%</b>	<b>1</b>	<b>73%</b>	<b>56%</b>	<b>69%</b>
<b>Family Relations</b>							
Parent	15%	14%	15%		11%	16%	12%
Brother	0%	13%	4%			10%	2%
Sister	4%		3%		5%		4%
Son		7%	2%			10%	2%
Daughter	4%		3%		6%		4%
Other family	4%	8%	5%		5%	8%	6%
Former other family	1%	1%	1%				
<b>Subtotal</b>	<b>28%</b>	<b>43%</b>	<b>32%</b>		<b>27%</b>	<b>44%</b>	<b>31%</b>
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>		<b>100%</b>	<b>100%</b>	<b>100%</b>
No Data	4		4	1	1	1	2

Source: COPS data and initial assessment forms

Note: all percentages are rounded to the nearest whole number.

### 4.3 Assessed risk levels

Under the CARAM-DFV Framework<sup>19</sup> if domestic and family violence has been identified, victims are assessed as either *high risk* or *risk*. *High risk* refers to a victim facing risk of potentially lethal violence or violence resulting in serious injury, while *risk* refers to a victim facing risk of further violence. Assessors were guided to assess risk by applying their professional judgement to the presence of the evidence-based risk factors, and whether the victim is fearful of the perpetrator—see exhibit 1.3.

As a guide, if the victim is fearful of the perpetrator, and one or several high risk factors are present, the victim should be assessed as *high risk*. The victim should be assessed as *at risk* if the violence is not escalating in severity or frequency; no *high risk* factors are present; at least one *risk* factor is present; the victim is not fearful of the perpetrator.

Approximately two-thirds of clients were assessed as “high risk”, the same at both sites.

**Table 4.4: Risk levels of clients at initial assessments.**

<b>Sutherland</b>	Police	Health	Courts	Comm. Services	All Agencies
N	451	7		3	461
At Risk	37%	43%		67%	38%
High Risk	63%	57%		33%	62%
All	100%	100%		100%	100%
No Data		1			1
<b>Wagga Wagga</b>	Police	Health	Courts	Comm. Services	All Agencies
N	201	1	5		207
At Risk	35%				34%
High risk	65%	100%	100%		66%
All	100%	100%	100%		100%
No Data		1	1		2

Source: COPS data and initial assessment forms

<sup>19</sup> CARAM-DFV Framework (March 2010) pages 17-21

There is little systematic information on consent for referral or consent to share information as data was not consistently recorded by all assessors or collected by the evaluation.

## 4.4 The pattern of risk factors

### 4.4.1 High risk clients

The Framework guideline was that a victim should be assessed as high risk if one or several high risk factors are present and whether the victim is fearful of the perpetrator. Table 4.5 shows which high risk factors were identified for clients assessed as high risk. This pattern of risk factors represents those on the police green card and notebook, since police did 97% of initial assessments. In practice the evidence-based risk factors were largely but not fully reflected in the police green card and the agency-specific initial assessment forms (see chapter 1 and appendix 1).

For most clients assessed as *high risk* two high risk factors were present—made threats with a weapon (93%) and access to weapons (80%). Another three high risk factors were identified for over 40% of all clients—Physical violence used; Perpetrator threatened to kill victim, Children or other family members; and conflict over child contact or residency issues.

In addition, 53% of clients said that they were fearful of the perpetrator (shaded red). The CARAM-DFV Framework guides assessors to use professional judgement to assess whether the victim is fearful, recognising that victims sometimes minimise the danger they face, and may not express fear, and says that assessors should determine risk to the victim considering her/his situation if no action was taken. These findings suggest that in 47% of cases the assessors judged that the victim was at high risk despite the victims not indicating that they are fearful.

**Table 4.5: High risk factors identified for *high risk* clients at initial assessment**

	Proportion of clients		
	Sutherland	Wagga	All
N	287	136	423
Made threats with a weapon/ weapon used	94%	90%	93%
Access to weapons	82%	76%	80%
Physical violence used	58%	46%	54%
Victim indicated that they were fearful/scared of perpetrator	55%	48%	53%
Perpetrator threatened to kill victim, children or other family members	52%	48%	51%
Conflict over child contact or residency issues	46%	42%	44%
Parties separated	26%	32%	28%
Worst incident triggered by jealousy or separation <sup>1</sup>	28%	23%	26%
Violence getting worse	24%	20%	22%
Perpetrator tried to kill victim, children or other family members	18%	19%	19%
Perpetrator was suicidal	7%	8%	7%
Victim is pregnant	2%	4%	3%
Perpetrator has hurt / abused pets, or threatened to	1%	2%	1%
Recently or about to separate	1%	1%	1%
Stalked or highly controlling behaviour <sup>3</sup>	1%	1%	1%
Been sexually violent/ sexual assault <sup>2</sup>	0%		0%
Children to previous partner living in home <sup>2</sup>		1%	0%

Source: COPS data and initial assessment forms



Notes: Forms and COPS had somewhat different categories of risk factors, and similar descriptions were grouped together. For example the risk factor 'Gets drunk a couple of times a month or more' covers factors on forms with reference to alcohol and drug use.

<sup>1</sup>Includes worst incident triggered by separation or Worst incident triggered by jealousy.

<sup>2</sup>These factors were not directly recorded in police CARAM-DFV data

<sup>3</sup> The closest green card question was "Does the offender have previous convictions for violence/ stalking/ intimidation/ breach AVO and/or is a recent release?"

#### 4.4.2 At risk clients

The guideline for a victim to be assessed as *at risk* are the violence is not escalating in severity or frequency; no *high risk* factors are present; at least one risk factor is present; the victim is not fearful of the perpetrator. Table 4.6 shows which *high risk* factors (white) and at risk factors (shaded green) were identified for clients assessed as at risk.

An important finding is that two *high risk* factors were identified for around 60% of at risk clients— made threats with a weapon/ weapon used; and access to weapons, and these were the same factors most frequent with the high risk clients. A far smaller number of clients had other high risk factors.

This is different from what would be expected from the guidance in the CARAM-DFV Framework— that *at risk* assessments are made when no *high risk* factors are present. On the other hand, only 1% of victims were recorded as fearful/scared of the perpetrator, which is consistent with the CARAM-DFV Framework.

Three *risk* factors were the most common at both sites and were identified in around 25%-45% of cases— Children have witnessed the violence or are present; Perpetrator has been physically violent towards family; Perpetrator gets drunk a couple of times a month or more.

**Table 4.6: All risk factors identified for at risk clients at initial assessments**

Sutherland		Proportion of clients		Wagga		Proportion of clients	
N		174		N		71	
Made threats with a weapon/ weapon used		63%		Made threats with a weapon/ weapon used		65%	
Access to weapons		58%		Access to weapons		62%	
Perpetrator has been physically violent towards family		44%		Children have witnessed the violence or are present		41%	
Children have witnessed the violence or are present		29%		Perpetrator has been physically violent towards family		37%	
Gets drunk a couple of times a month or more		26%		Gets drunk a couple of times a month or more		27%	
Perpetrator is unemployed		11%		Conflict over child contact or residency issues		15%	
Conflict over child contact or residency issues		9%		Perpetrator has current ADVO served within the past 4 weeks		15%	
Perpetrator has current ADVO served within the past 4 weeks		9%		Perpetrator is unemployed		14%	
Untreated mental health issue/s		7%		Perpetrator threatened to kill victim, children or other family members		11%	
Perpetrator threatened to kill victim, children or other family members		3%		Untreated mental health issue/s		10%	
Perpetrator tried to kill victim, children or other family members		2%		Perpetrator tried to kill victim, children or other family members		3%	
Perpetrator has damaged property		2%					
Perpetrator has threatened the victim		2%					
Victim indicated that they were		1%					

Sutherland	Proportion of clients	Wagga	Proportion of clients
fearful/scared of perpetrator			
Has previously been violent outside the home/relationship	1%		
Physical violence used	1%		
Parties separated	1%		
Stalked or highly controlling behaviour	1%		
Violence getting worse	1%		
Perpetrator has harassed victim	1%		
Has a history of violent behaviour towards previous intimate partners	1%		
Recently or about to separate	1%		
Worst incident triggered by jealousy or separation <sup>1</sup>	1%		

Source: COPS data and initial assessment forms

Notes: Forms and COPS had somewhat different categories of risk factors, and similar descriptions were grouped together. For example the risk factor 'Gets drunk a couple of times a month or more' covers factors on forms with reference to alcohol and drug use.

<sup>1</sup>Includes worst incident triggered by separation or worst incident triggered by jealousy.

## 4.5 Conclusions

The agencies conducted 671 initial assessments, nearly all (97%) by police, and police reported high levels of compliance with the application of the Framework to DFV incidents. Many stakeholders were surprised at the low level of assessments by Health, Community Services and Local Courts. The evaluation did not have scope to compare the level of assessments with previous records for DFV incidents for these locations.

The profile of clients was broadly similar at both sites. Clients had a wide spread of ages. At least 31 clients (16%) were recorded as Aboriginal at Wagga Wagga, and at least 8 clients (2%) at Sutherland. Around two thirds of clients at both sites had a partner relationship to the perpetrator, and the other third had a family relationship. The finding that one quarter of initial assessments was with men was unexpected.

Approximately two-thirds of clients were assessed as *high risk*, the same at both sites. The effectiveness and appropriateness of the application of the risk factors is unclear from the experience of the trial. Data on the assessment of *high risk* is broadly consistent with the CARAM-DFV Framework in the context of assessments by police. Most clients assessed as *high risk* had two high risk factors present— made threats with a weapon (93%) and access to weapons (80%). In addition, 53% of clients said that they were fearful of the perpetrator. The data on the assessment of *at risk* is less consistent with the Framework. *High risk* factors were identified for around 60% of *at risk* clients, when the guidance in the CARAM-DFV Framework suggests that *at risk* assessments are made when no *high risk* factors are present. The same two *high risk* factors predominated for the *at risk* clients as those assessed as *high risk*.

The similar results of initial assessments and risk factors at both sites suggest systemic trends rather than local issues. As police did almost all the assessments, they reflect the police approach to risk assessment and recording data.

The findings on the use of risks factors offer scope for further exploring the application of the individual risks factors, and in particular examining whether they could be refined or simplified particularly for the Police context.

## 5 Initial assessments—process

This chapter describes the process of initial assessments including factors which assisted or inhibited implementation and the impact on staff. Much of the data comes from the experience of the 33 initial assessors who we interviewed. The findings need to be seen in the light of police using different tools and processes than the other assessors (chapter 1), and almost all initial assessments being conducted by police (chapter 4).

### 5.1 Implementing the tools

Under the CARAM-DFV Framework the tools for assessing and managing risk were the agency-specific forms for all agencies except police. Police used the green card and then the COPS narrative (see chapter 1), and it should be noted that the unlike the other agency forms the green card did not have guidelines for judging the level of risk or for risk management.

Most initial assessors that we interviewed (N = 33) said they did not formally describe the assessment process to the client but tried to integrate it into what they would normally do. Many initial assessors said they filled the assessment form in after the client had left and that the client was not aware they had undergone a CARAM-DFV assessment.

Around two thirds of all initial assessors felt that the tool assessed risk well and the risk factors were useful (Table 5.1). Almost all assessors found recording data was easy and overall that the tool easy to use. There were no significant differences between Wagga Wagga and Sutherland.

Only 50% of police assessors felt that the assessment tool assessed risk well and the risk factors were useful, compared to 100% of health assessors. Assessors in community services and courts had mixed views. Where police had positive responses, there was some indication that these may have been less experienced police.

While 50% of police assessors had negative views on how well the assessment tool assessed risk or the usefulness of the risk factors, most responded as "not very" rather than "not at all". In line with the negative views, some other police stakeholders strongly questioned the credibility and relevance of the risk factors to the police context.

Overall 91% of all initial assessors found recording data using the tool "very" or "somewhat" easy and the tool itself "very" or "somewhat" easy to use. This included 85% of police assessors. A factor that may have influenced those police assessors with negative views (15%) was the process for recording data using the COPS narrative (see section 5.5).

**Table 5.1: Initial assessors that we interviewed—views on usefulness of the tool, by agency (Sutherland and Wagga Wagga)**

How well the tool assessed risk	Police	Health	Comm. Services	Courts	All initial assessors
N	20	9	3	1	33
Very	30%	56%	0%	0%	33%
Somewhat	20%	44%	67%	0%	30%
Not very	40%	0%	33%	100%	30%
Not at all	10%	0%	0%	0%	6%
All	100%	100%	100%	100%	

Usefulness of risk factors	Police	Health	Comm. Services	Courts	All initial assessors
Very	25%	78%	67%	100%	46%
Somewhat	25%	22%	0%	0%	21%
Not very	40%	0%	0%	0%	24%
Not at all	10%	0%	33%	0%	9%
All	100%	100%	100%	100%	

Ease of recording the data	Police	Health	Comm. Services	Courts	All initial assessors
Very	70%	89%	67%	100%	76%
Somewhat	15%	11%	33%	0%	15%
Not very	5%	0%	0%	0%	3%
Not at all	10%	0%	0%	0%	6%
All	100%	100%	100%	100%	

Overall ease of use	Police	Health	Comm. Services	Courts	All initial assessors
Very	60%	78%	67%	100%	70%
Somewhat	25%	22%	0%	0%	21%
Not very	0%	0%	0%	0%	0%
Not at all	15%	0%	33%	0%	9%
All	100%	100%	100%	100%	

Source: initial assessor interviews

## 5.2 Domestic Violence Information Card

Almost all initial assessors from Community Services (100%), Local Court (100%) and Health (78%) distributed the information cards to clients. Police assessors were significantly less likely to have distributed the cards with 55% of police assessors reporting that they "never" distributed the information cards<sup>20</sup>. The majority of the police assessors stated that they either had not been given the cards to distribute or that they had too much to carry already and had not taken them to domestic violence call outs. There were no significant differences between Wagga Wagga and Sutherland.

Of the 20 initial assessors who used the cards, 65% felt that the information card was either "very useful" or "somewhat useful". Some assessors (35%) felt that they really didn't know how useful the cards were because the client may have just thrown them in the bin when they left the assessor. There were no significant differences between agencies or sites.

**Table 5.2: How often the initial assessors gave the Information Card to domestic violence victims, by agency (Sutherland and Wagga Wagga)**

How often card was given	Police	Health	Comm. Services	Courts	All initial assessors
N	20	9	3	1	33
Always	15%	67%	100%	100%	39%
Sometimes	30%	11%	0%	0%	21%
Never	55%	22%	0%	0%	39%
All	100%	100%	100%	100%	

Source: initial assessor interviews

<sup>20</sup>  $\chi^2=22.9, df=9, p=.006$ .



**Table 5.3: Usefulness of the domestic violence information card, by agency (Sutherland and Wagga Wagga)**

Usefulness of the card- assessors who used the cards	Police	Health	Comm. Services	Courts	All Initial assessors
N	9	7	3	1	20
Very	44%	29%	67%	0%	40%
Somewhat	22%	29%	33%	0%	25%
Don't know	33%	43%	0%	100%	35%
All	100%	100%	100%	100%	

Source: initial assessor interviews

### 5.3 Consent to share information and be referred

After assessing a victim under the CARAM-DFV Framework assessors were expected to follow the risk management guidelines on the tool, and where appropriate and with the client's consent make a referral to a specialist assessor (chapter 1). For many of the police assessors this involved an adaptation of pre-existing processes, particularly at Sutherland where the green card replaced the yellow card and the referral still went to DVPASS.

As indicated in chapter 4, information on the quantitative pattern of consents is not available as data was not consistently recorded by all assessors.

Some IWG members at Sutherland were concerned that an inexperienced project officer working with an NGO was fielding the referrals from police and opting not to refer to the specialist assessors, using criteria that were not considered by other IWG members to be good practice or in line with the Framework. This affected the number of referrals to specialist assessors at the site.

A third of initial assessors at both Sutherland and Wagga Wagga said that at least some of their clients were unwilling to share their information with other services. About half the initial assessors said that at least some of their clients did not want to be referred to a specialist assessor.

The two main reasons given were either that the client didn't feel the situation was serious enough and didn't need assistance or that someone other than the victim had called the police and the victim didn't want anyone else involved including police. Other reasons were that the client was already receiving support from other services or that they were embarrassed or ashamed and wanted to maintain their privacy.

Community Service workers had concerns with confidentiality and consent for conducting risk assessments. The context is complex (both statutory and voluntary practices apply to families in differing circumstances), there was very limited scope for initial assessments under the CARAM-DFV Framework and in practice no child protection clients consented to a specialist assessment.

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#### Case study: Client C—consent issues for an initial assessor

The experience of one initial assessor was not predicted....

The initial assessor rated Client C as a high risk client mainly due to the identification of a weapon. Client C originally agreed to being referred to a specialist assessor. By the time the specialist assessor had contacted Client C, she had withdrawn her consent.

The initial assessor felt that she had become scared that she had told someone and was worried about what would happen if she did start talking. This situation became very difficult for the initial assessor. The specialist assessor was unable to contact the client due to the withdrawal of consent.

The initial assessor still felt that the client was in a dangerous situation and felt responsible for her welfare and safety. After much discussion with the supervisor, the initial assessor felt there was no choice but to go to the police and convey what had happened. This placed the initial assessor in a difficult situation where the client's confidentiality had been breached. The initial assessor would also have to deal with this situation when meeting again with the client. In this case, the tool was useful in assessing the client as high risk but the outcome was not expected.

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## 5.4 Referral coordinators

With the complicated referral pathways for the trial, each site had a referral coordinator from NSW Health to facilitate referrals to specialist assessors. In practice almost all initial assessments were by Police and largely not through the NSW Health referral coordinator. At Sutherland referrals from Police went through DVPASS where in practice the DVPASS project officer had the function of a referral coordinator. In Wagga Wagga referrals from Police could follow three paths—direct to DAFVIS (charge matters) or WDVCS (non-charge ADVO matters), or to the NSW Health referral coordinator (non-charge non-ADVO matters).

As a result in practice the role of the two NSW Health referral coordinators became increasingly that of local project coordinators, and expanded to providing advice, supporting training, setting up systems, handling queries, supporting the IWG, liaising with specialist assessors, collecting data and so on. At the same time at Sutherland the role of the DVPASS project officer became a form of referral coordinator.

IWG participants and specialist assessors were generally highly appreciative of the work of the NSW Health referral coordinators.

## 5.5 Impact on workload

When initial assessors were asked what aspects of the CARAM-DFV Framework they felt were not useful, the majority of comments from police related to the amount of paperwork involved in the pilot and having to enter data into the COPS database. 80% of assessors said that their workload had increased when using the CARAM-DFV tool. 90% of police said their workload had increased "a lot" compared to 39% of other agencies<sup>21</sup>. This was primarily due to entry of the narrative into the COPS database. The database was not designed in a way that made this an easy process and necessitated typing in a lot of free text. The following comment is typical *"The narrative and the amount of information to put on the COPS system were the worst parts. The COPS database did not work well with it."* For police this was a subset of broader issues to do with data systems domestic violence—it was not considered feasible or appropriate to invest in a system upgrade for the small CARAM-DFV trial.

Most other assessors reported that the increase in workload was due to paperwork involved in the evaluation of the pilot rather than an increase in the time spent with a client. The majority of those that did increase their time with the client perceived this as beneficial in providing a better quality of service.

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<sup>21</sup>  $\chi^2=9.9, df=1, p=.002$

The impact on workload could also lead to less application of the CARAM-DFV Framework, either by avoiding assessments or by just complying with the form (ticking the boxes) rather than making a considered professional judgement based on the risk factors. Several police assessors said that some police were reluctant to attend DFV call outs because of the increased paperwork involved in entering the CARAM-DFV data into the COPs database, and were concerned that this could result in an increase in response times.

For Community Services some officers did not see how the CARAM-DFV tools added value to the already comprehensive risk assessments undertaken in child protection and Brighter Futures. One officer commented *"It wasn't that we didn't have a lot (of domestic and family violence incidents) we just didn't do a lot [of CARAM-DFV assessments] because we just don't have the time."*

**Table 5.4: Changes in workload on DV cases when using the CARAM-DFV tool (Sutherland and Wagga Wagga)**

Changes in workload	Police	Health	Comm. Services	Courts	All initial assessors
N	20	9	3	1	33
Increased a lot	90%	33%	67%	0%	70%
Increased a little	10%	44%	0%	0%	18%
Much the same	0%	11%	33%	100%	9%
Decreased a little	0%	11%	0%	0%	3%
All	100%	100%	100%	100%	

Source: initial assessor interviews

## 5.6 View of the process

Initial assessors were asked about what aspects of the CARAM-DFV Framework they felt worked the best. About half said the risk assessment forms themselves e.g. *"The form was the best part. Inexperienced people would know what risk factors to ask about and then identify high risk people easily,"* and the referral process e.g. *"The referral process was smooth, easy and efficient with great follow up. The Managed Risk Plan was all laid out for you."*

The other half of the initial assessors talked about the increase in awareness both for practitioners and clients that CARAM-DFV has facilitated in terms of the importance of assessing risk and what that entails e.g. *"CARAM-DFV created awareness of safety issues in domestic violence and the form is a good reminder of the low and high risk factors and what questions to ask."*

Most assessors felt there were positive impacts on the clients from applying the CARAM-DFV Framework. Their comments fell into four categories:

- the benefits of having an automatic referral to a specialist assessor who could then provide other types of assistance and referrals for the domestic violence victim/client
- the benefits to the victim of the increase in their understanding and awareness of their situation after completing the CARAM-DFV risk assessment e.g. *"It validated that what was happening to them was not OK and that they are not safe. They don't often focus on themselves."*
- increased awareness by assessors of the questions they should be asking in order to better assess their clients level of risk e.g. *"It definitely had a positive impact. It made me more aware that I had to ask more questions."*

- a few police assessors felt that it made the DFV victims feel more positive towards the police e.g. *"The victims felt that we cared more, especially with the pet question. It made police come across as more caring."*

Initial assessors were asked what aspects of the CARAM-DFV Framework they felt were not useful. The majority of comments from police related to the amount of paperwork involved in the pilot and having to enter data into the COPS database, described above.

Other police queried the appropriateness of having to ask all the questions at every domestic call out. Some police assessors felt that if the incident only involved verbal abuse or if they deemed it to be "not very serious" then a lot of the questions weren't appropriate and were a waste of their time.

Some police officers felt that they were mandated to complete the risk assessment even when the domestic violence situation called for immediate action, for example when the victim needed hospitalisation or the perpetrator had to be removed. In such situations police felt they needed a simpler, less time consuming alternative to the green card.

Some assessors from other agencies felt that CARAM-DFV worked well and their only criticism was that they wanted more room to write comments on the assessment form. One assessor felt that CARAM-DFV was cumbersome and interfered with her services usual way of working.

Other barriers mentioned by some assessors were: the CARAM-DFV process seemed artificial and put clients off; some of the questions made clients uncomfortable; some police got it wrong and had to go back to the victim and ask questions again or get them to sign the consent form which annoyed the victim.

Assessors were asked whether they felt they had an opportunity for support or debriefing when they made an initial assessment. There were significant differences between agency responses with only 45% of police saying they felt they had support compared to 92% of other agencies<sup>22</sup>.

## 5.7 Influence on working with DFV clients in the future

Overall the CARAM-DFV had very little impact on most police assessors, with 90% reporting that it would not change their approach, and 80% that it was not likely to influence their future practice. The small number of community service assessors was equally negative. These responses could indicate either that they saw little value in CARAM-DFV or that they were already working in line with CARAM-DFV, but other comments suggest that it was the former for most of them.

By contrast CARAM-DFV had a positive impact on most health assessors with 66% reporting that it would change their approach, and 89% that it was likely to influence their future practice.

Of those that said their approach had changed, the majority felt that they were much more aware of the range of questions that they needed to ask to assess their clients risk e.g. *"I wouldn't have asked as many questions or type of questions. I would have got less information. It definitely changed my practice."* Some assessors seemed to be reluctant to acknowledge that their approach had changed in case their previous approach to working with DFV victims was interpreted as negligent. These assessors were comfortable with acknowledging that CARAM-DFV would influence their future

<sup>22</sup>  $\chi^2=6.5, df=1, p=.008$



practice but at the same time denied that their approach had changed as a result of CARAM-DFV.

**Table 5.5: Initial assessors that we interviewed—changes in approach for assessing DFV clients and managing risk compared to their previous approach (Sutherland and Wagga Wagga)**

Did your approach change much?	Police	Health	Comm. Services	Courts	All Initial assessors
N	20	9	3	1	33
Very	5%	33%	0%	0%	12%
Somewhat	5%	33%	0%	0%	12%
Not very	10%	11%	33%	0%	12%
Not at all	80%	22%	67%	100%	61%
All	100%	100%	100%	100%	

Source: initial assessor interviews

**Table 5.6: Likelihood of CARAM-DFV influencing future practice (Sutherland and Wagga Wagga)**

Is CARAM-DFV to influence your future practice?	Police	Health	Comm. Services	Courts	All Initial assessors
N	20	9	3	1	33
Very	0%	67%	0%	0%	18%
Somewhat	20%	22%	0%	100%	21%
Not very	10%	11%	33%	0%	12%
Not at all	70%	0%	67%	0%	48%
All	100%	100%	100%	100%	

Source: initial assessor interviews

## 5.8 Conclusions

The findings from the trial of the implementation of the initial assessments show a clear difference between the views of police assessors on the one hand and health assessors on the other. The smaller numbers of assessors we interviewed in community services and courts had more mixed views.

Police assessors were split 50:50 on whether their assessment tool worked well and whether the risk factors were useful. CARAM-DFV appeared to have very little impact on police assessors, with around 90% reporting that it would not change their approach and was not likely to influence their future practice. Some police stakeholders strongly questioned the credibility and relevance of the risk factors to the police context. At the same time 50% of these police assessors were positive about the assessment tool and risk factors, with some indication that these may be less experienced police.

In relating these findings to the trial, it is important to note that almost all (97%) of the Initial assessments were conducted by police (chapter 4), and such high proportions could be expected in the future. An important factor in interpreting these findings is that police used different tools and processes than the other assessors (chapter 1), and police conduct their assessments in very different contexts from the other agencies. Police attending DFV incidents are alert for violence and other offenses, may have fears for their own safety, and are often in an environment characterised by a senior officer as *"...the heat of the moment, often after hours, the victim and perpetrator both there, everyone distressed and emotional, kids screaming ..."*.

Community Services also faced very different circumstances as their cases involved both domestic violence and child maltreatment. The trial suggested that the consent and privacy practices within a Community Services context are complex, given that both statutory and voluntary practices apply to families in differing circumstances. Initial assessments under the CARAM-DFV Framework were only undertaken in very limited circumstances—where cases were not already allocated and the client had consented to a specialist assessment.

Police more than the other agencies incurred substantial increases in workload in recording CARAM-DFV assessments. The increased workload raised issues that some police could comply with the CARAM-DFV process but without any real enthusiasm, and could even lead to reluctance to attend DFV incidents.

The increased workload appeared primarily to be related to the requirements for entering data on domestic and family violence into the COPS data system. This is an artefact of the trial—we understand that a system upgrade was not considered feasible or appropriate for a small trial, and that the data issue is a subset of broader issues with Police data systems for domestic violence.

These findings point to the conclusion that the CARAM-DFV Framework has not yet generated the necessary level of a shared understanding between agencies or created the assessment tools that will lead to consistent responses to cases of domestic and family violence in the very different operating environments of the agencies. The findings also suggest that for the initial assessment process the CARAM-DFV Framework reflected the ways of working, culture and organisational settings of Health more than the other agencies.

At the system level more work is needed to take into account the different policy and procedural frameworks under which agencies operate and how new processes can be better embedded within these. The CARAM-DFV Framework tools and risk factors need to be refined so that they better fit the operating environments of the partner agencies.

## 6 Specialist assessments—results

This chapter outlines the results of the trial for second tier of the CARAM-DFV Framework, specialist risk assessment and management, based on the analysis of data from the common specialist assessment forms. In particular it covers the pattern of clients, comparisons with clients that had initial assessments, and the use of the evidence-based risk factors.

### 6.1 The pattern of clients

100 specialist assessments were conducted at the two sites, 57 at Sutherland and 43 at Wagga Wagga. They were unevenly spread between the specialist assessors, reflecting the different referral pathways and levels of referrals. In particular with 97% of initial assessments by police (section 4.1), the specialist assessors on referrals pathways from police had higher numbers of referrals and specialist assessments.

The rate of clients referred to specialist assessors at Sutherland was almost half the rate at Wagga Wagga. Generally specialist assessors had ample capacity to accept clients. One of the factors behind the lower rate at Sutherland was an inexperienced project officer working for an NGO who dealt with all the referrals from police and according to some IWG members was not applying the CARAM-DFV criteria and opting not to refer to the specialist assessors, discussed in chapter 5.

**Table 6.1: Specialist assessors – number of assessments**

<b>Sutherland</b>	Number	%
Amelle House WC Refugee	13	23%
Community Services	1	2%
Health	11	19%
Family Support Service	12	21%
WDVCAS	20	35%
All	57	100%
<b>Wagga Wagga</b>	Number	%
Community Services	6	15%
DAFVIS	17	44%
Health	1	3%
Aboriginal Medical Service	3	8%
Sisters Housing	1	3%
WDVCAS	11	28%
Women & Children's Refuge	4	10%
All	43	100%
<b>Both locations</b>		
Total	100	

Source: Specialist assessment forms

**Table 6.2: Rate of initial assessments going to specialist assessment**

	Initial assessment	Specialist assessment	Rate of specialist assessment
<b>Sutherland</b>	462	57	12%
<b>Wagga Wagga</b>	209	43	21%
Both locations	671	100	15%

Source: Specialist assessment forms

## 6.2 The profile of clients compared with initial assessments

Almost all clients for specialist assessments were woman, compared with three quarters of initial assessments. There was a wide spread in the ages of clients who had specialist assessments, similar to the initial assessments.

**Table 6.3: Gender of clients – initial and specialist risk assessments**

<b>Sutherland</b>	Initial	Specialist	Difference (+-%)
N	460	54	
Female	74%	96%	22%
Male	26%	4%	-22%
All	100%	100%	
No Data	2	3	5

<b>Wagga Wagga</b>	Initial	Specialist	Difference (+-%)
N	208	37	
Female	75%	97%	22%
Male	25%	3%	-22%
All	100%	100%	
No Data	1	6	7

Source: Specialist assessment forms

**Table 6.4: Age of clients – initial and specialist risk assessments**

<b>Sutherland</b>	Initial	Specialist	Difference (+-%)
N	457	54	
< 20	9%	4%	-5%
20 - 29	18%	6%	-12%
30 - 39	28%	44%	16%
40 - 49	29%	33%	4%
50 - 59	10%	9%	-1%
60 +	6%	4%	-2%
All	100%	100%	
No Data	5	3	8

<b>Wagga Wagga</b>	Initial	Specialist	Difference (+-%)
N	201	41	
< 20	18%	5%	-14%
20 - 29	29%	51%	22%
30 - 39	25%	17%	-8%
40 - 49	19%	17%	-2%
50 - 59	5%	2%	-3%
60 +	3%	7%	4%
All	100%	100%	
No Data	8	2	10

Source: Specialist assessment forms



At least 3 clients (7%) who had a specialist assessment at Wagga Wagga were recorded as Aboriginal, all through the Aboriginal specialist assessors at Riverina Medical and Dental Aboriginal Corporation. This compares with the 31 clients (16%) who had an initial assessment at Wagga Wagga who were recorded as Aboriginal. One factor in the lower rate at Wagga Wagga may have been gaps in the participation by the Aboriginal service. No clients who had a specialist assessment at Sutherland were recorded as Aboriginal, compared with the 8 clients (2%) who had an initial assessment.

One client who undertook a specialist assessment at Sutherland required an interpreter, whereas no interpreters were required for the initial assessments at Sutherland or Wagga Wagga.

Clients who had a partner relationship to the perpetrator were more likely to have a specialist assessment compared with clients who had a family relationship to the perpetrator, with the same trend at both sites.

**Table 6.5: Clients' relationship to perpetrator, initial and specialist assessments**

<b>Sutherland</b>	Initial	Specialist	Difference (+-%)
N	456	53	
Partner Relations	68%	85%	17%
Family Relations	32%	15%	-17%
Total	100%	100%	
<b>Wagga Wagga</b>	Initial	Specialist	Difference (+-%)
N	206	30	
Partner Relations	69%	93%	24%
Family Relations	31%	7%	-24%
Total	100%	100%	

Source: Specialist assessment forms

### 6.3 Risk levels of clients

Under the CARAM-DFV Framework<sup>23</sup>, clients at the specialist assessment are assessed as either *high risk*, *elevated risk* or *risk*. Risk ratings for the trial varied between specialist assessors and sites. Overall approximately half of clients in Sutherland were rated as "high risk," and nearly three quarters in Wagga Wagga.

**Table 6.6: Risk levels of clients at specialist assessments**

<b>Sutherland</b>	N	At risk	Elevated risk	High risk	All	No Data
Amelie House WC Refugee	13	54%	8%	38%	100%	
Community Services	1	100%			100%	
Health	10	30%	10%	60%	100%	1
Family Support Service	11	9%	27%	64%	100%	1
WDVCAS	20		40%	60%	100%	
All	55	22%	24%	55%	100%	2
No Data						
<b>Wagga Wagga</b>	N	At risk	Elevated risk	High risk	All	No Data
Community Services	6	33%		67%	100%	

<sup>23</sup> CARAM-DFV Framework (March 2010) pages 17-21



DAFVIS	17			100%	100%
Health	1		100%		100%
Aboriginal Medical Service	3	100%			100%
Sisters Housing	1			100%	100%
WDVCAS	11	18%	18%	64%	100%
Women & Children's Refuge	4	50%	25%	25%	100%
All	43	21%	9%	70%	100%
No Data					

Source: Specialist assessment forms

**Table 6.7: Risk levels of clients—initial and specialist risk assessments**

Sutherland	Initial	Specialist	Difference (+-%)
N	461	55	
At Risk	38%	22%	-16%
Elevated risk		24%	24%
High Risk	62%	55%	-8%
All	100%	100%	
No Data	1	2	
Wagga Wagga	Initial	Specialist	Difference (+-%)
N	207	43	
At Risk	34%	21%	-13%
Elevated risk		9%	9%
High risk	66%	70%	4%
All	100%	100%	
No Data	2		

Source: Specialist assessment forms

## 6.4 Pattern of risk factors

### 6.4.1 High risks clients

The most common high risk factors for high risks clients were broadly similar at both locations, indicating a reasonable consistency in risk assessment, taking into account the relative small number of clients and their likely range of experiences and circumstances.

Most clients (85%) indicated that they were fearful/scared of the perpetrator, which could reflect the referral process and / or the ability of DFV workers to assist clients to better recognise the risks in their situation.

The two most common risk factors were identified in 70% of cases or more: *Stalked or highly controlling behaviour*; and *Physical violence used*.

While comparisons with initial assessments need to be treated with caution because these are different cohorts, it is worth noting some differences. For the initial assessments, *Physical violence used* was identified for 54% of clients, but *Stalked or highly controlling behaviour* was identified for only 1% of clients (although in this case the question was quite different—see appendix 1. Most clients assessed as *high risk* at initial assessments had two high risk factors identified— *made threats with a weapon* (93%) and *access to weapons* (80%). For the specialist assessment cohort only around 25% of clients had these factors identified.



**Table 6.8: High risk factors identified for *high risk* clients at specialist assessment**

	N	Proportion of clients		
		Sutherland	Wagga Wagga	All
Victim indicated that they were fearful/scared of perpetrator	30	87%	83%	85%
Stalked or highly controlling behaviour	30	70%	73%	72%
Physical violence used	30	70%	70%	70%
Violence getting worse	30	63%	57%	60%
Conflict over child contact or residency issues	30	50%	70%	60%
Worst incident triggered by jealousy or separation <sup>1</sup>	30	43%	70%	57%
Recently or about to separate	30	37%	53%	45%
Perpetrator threatened to kill victim, children or other family member	30	37%	50%	43%
Perpetrator was suicidal	30	33%	37%	35%
Children to previous partner living in home	30	23%	30%	27%
Access to weapons	30	23%	27%	25%
Made threats with a weapon/weapon used	30	20%	27%	23%
Perpetrator tried to kill victim, children or other family members	30	17%	17%	17%
Worst incident involved weapon	30	17%	17%	17%
Perpetrator was hurt/abused pets, or threatened to	30	10%	13%	12%
Victim is pregnant	30	3%	20%	12%
Been sexually violent/sexual assault	30	7%	7%	7%

Source: Specialist assessment forms

<sup>1</sup>Includes worst incident triggered by separation or worst incident triggered by jealousy

#### 6.4.2 Elevated and at risk clients

The risk factors for *elevated* and *at risk* clients was more varied but had similar trends across both locations, though caution is needed with the low numbers of clients and their likely spread of circumstances.

Fewer but substantial numbers of clients indicated that they were fearful/scared of the perpetrator, when assessed as at elevated risk or at risk.

The two high risk factors most common for the high risk assessments were also common with elevated risk and at risk assessments (*Stalked or highly controlling behaviour*; and *Physical violence used*).

**Table 6.9: All risk factors identified for *elevated risk* clients at specialist assessments**

Sutherland		Wagga	
Proportion of clients		Proportion of clients	
N	13	N	4
Perpetrator has harassed the victim	92%	Perpetrator has harassed the victim	100%
Perpetrator has threatened the victim	92%	Victim indicated that they were fearful/scared of perpetrator	100%
Physical violence used	85%	Perpetrator is unemployed	100%
Perpetrator has damaged property	77%	general threats	100%
Perpetrator has current ADVO served within past 4 weeks	62%	Children have witnessed the violence or are present	75%
Victim indicated that they were fearful/scared of perpetrator	62%	Conflict over child contact or residency issues	75%



<b>Sutherland</b>	Proportion of clients
Gets drunk a couple of times a month or more	54%
Children have witnessed the violence or are present	54%
Stalked or highly controlling behaviour	54%
Has previously been violent outside the home/relationship	38%
Perpetrator threatened to kill victim, children or other family members	38%
Perpetrator is unemployed	31%
Violence getting worse	31%
Worst incident triggered by jealousy or separation <sup>1</sup>	23%
Perpetrator was suicidal	23%
Untreated mental health issue/s	23%
Recently or about to separate	15%
Made threats with a weapon/ weapon used	15%
Access to weapons	8%
Perpetrator tried to kill victim, children or other family members	8%
Has a history of violent behaviour towards previous intimate partners	8%
Worst incident involving a weapon	8%
Perpetrator has taken hostages	8%
Been sexually violent/ sexual assault	8%
Children to previous partner living in home	8%
Conflict over child contact or residency issues	8%
Perpetrator has hurt / abused pets, or threatened to	8%

Source: Specialist assessment forms

<sup>1</sup>Includes worst incident triggered by separation or worst incident triggered by jealousy

<b>Wagga</b>	Proportion of clients
Perpetrator has damaged property	75%
Perpetrator was suicidal	50%
Worst incident triggered by jealousy or separation <sup>1</sup>	50%
Untreated mental health issue/s	50%
Physical violence used	50%
Stalked or highly controlling behaviour	50%
Gets drunk a couple of times a month or more	50%
Perpetrator has current ADVO served within past 4 weeks	50%
Has previously been violent outside the home/relationship	25%
Has a history of violent behaviour towards previous intimate partners	25%
Access to weapons	25%
Perpetrator has taken hostages	25%
Recently or about to separate	25%

**Table 6.10: All risk factors identified for at risk clients at specialist assessments**

<b>Sutherland</b>	Proportion of clients
N	12
Perpetrator has harassed the victim	83%
Children have witnessed the violence or are present	67%
Physical violence used	67%
Perpetrator has damaged property	67%
Worst incident triggered by jealousy or separation <sup>1</sup>	50%
Perpetrator has threatened the victim	50%
Stalked or highly controlling behaviour	42%
Perpetrator has current ADVO served within past 4 weeks	33%
Children to previous partner living in home	33%
Victim indicated that they were fearful/ scared of perpetrator	25%
Untreated mental health issue/s	25%

<b>Wagga</b>	Proportion of clients
N	9
Perpetrator has harassed the victim	56%
Perpetrator has threatened the victim	56%
Physical violence used	56%
Has a history of violent behaviour towards previous intimate partners	56%
Children have witnessed the violence or are present	56%
Gets drunk a couple of times a month or more	44%
Perpetrator is unemployed	44%
Perpetrator has damaged property	44%
Victim indicated that they were fearful/ scared of perpetrator	44%
Has previously been violent outside the home/relationship	44%
Perpetrator was suicidal	33%



<b>Sutherland</b>	Proportion of clients
Conflict over child contact or residency issues	25%
Gets drunk a couple of times a month or more	25%
Has previously been violent outside the home/relationship	17%
Victim is pregnant	17%
Perpetrator is unemployed	8%
Recently or about to separate	8%
Worst incident involving a weapon	8%
Perpetrator threatened to kill victim, children or other family members	8%
Has a history of violent behaviour towards previous intimate partners	8%
Perpetrator tried to kill victim, children or other family members	8%

<b>Wagga</b>	Proportion of clients
Stalked or highly controlling behaviour	33%
Perpetrator has current ADVO served within past 4 weeks	33%
Untreated mental health issue/s	22%
Perpetrator has taken hostages	22%
Conflict over child contact or residency issues	22%
Worst incident triggered by jealousy or separation <sup>1</sup>	11%
Children to previous partner living in home	11%
Made threats with a weapon/ weapon used	11%
Perpetrator threatened to kill victim, children or other family members	11%
Perpetrator tried to kill victim, children or other family members	11%
Violence getting worse	11%
Perpetrator has hurt / abused pets, or threatened to	11%

Source: Specialist assessment forms

<sup>1</sup>Includes worst incident triggered by separation or worst incident triggered by jealousy

## 6.5 Conclusions

The initial assessments generated 100 specialist assessments, 57 at Sutherland and 43 at Wagga Wagga. Almost all specialist assessments were with woman, and at Wagga Wagga three clients (7%) were recorded as Aboriginal.

The rate of initial assessments referred to specialist assessors was 15% overall, with the rate at Sutherland almost half that at Wagga Wagga. As specialist assessors at both sites generally had ample capacity to accept clients, the difference in rates was likely to be due to different practices for making referrals and seeking consent. To some degree the lower rate at Sutherland came from problems with referrals from Police through the project officer at the NGO discussed in chapter 2 and chapter 5, pointing to barriers that arose in introducing the new Framework and in achieving a shared understanding and acceptance in a three month trial.

The most common *high risk* factors for *high risk* clients were broadly similar at both sites, showing a reasonable consistency in risk assessment, taking into account relative small number of clients and their likely spread of circumstances. Two *high risk* factors were identified in 70% of cases or more: *Stalked or highly controlling behaviour*; and *Physical violence used*. While comparisons with initial assessments need to be treated with caution because these are different cohorts, it is worth noting some differences. In particular most clients assessed as *high risk* at initial assessment had two *high risk factors*—*made threats with a weapon* (93%) and *access to weapons* (80%), while for the specialist assessment cohort only around 25% of clients had these factors identified.

The risk factors for *elevated* and *at risk* clients were more varied but had similar trends across both locations, though caution is needed with the low numbers of clients and their range of different experiences and circumstances.

These findings suggest that the risk factors were broadly appropriate and feasible for the specialist risk assessment, and were able to be applied with reasonable consistency, taking into account that the Framework was being implemented by experienced DFW workers, and in largely comparable organisational settings and operating environments (chapter 7).



## 7 Specialist assessments—process

This chapter describes the process of the specialist risk assessment and management including factors which assisted or inhibited implementation and the impact on staff. The focus and much of the data was on the assessment process rather than the subsequent risks management process. Most of the data comes from the experience of the 14 specialist assessors that we interviewed.

### 7.1 Implementing the specialist risk assessment form

Under the CARAM-DFV Framework all the specialist assessors used the common specialist risk assessment and management form, although Community Services developed a slight variation (see chapter 1). On all the available evidence specialist assessors implemented the risk assessment and management framework as intended.

The majority of specialist assessors felt that the specialist risk assessment and management form assessed risk "very" or "somewhat" well (79%) and that the risk factors were useful (64%). Some assessors from Sutherland did not find that the tool assessed risk well, and there were some assessors at both sites who did not find the risk factors useful.

Most assessors (86%) found it easy to record data on the form and all assessors found the tool either "very" or "somewhat" easy to use overall.

**Table 7.1: Usefulness of the assessment tool**

How well the tool assessed risk	Sutherland	Wagga Wagga	All assessors
N	7	7	14
Very	14%	57%	36%
Somewhat	43%	43%	43%
Not very	29%	0%	14%
Not at all	14%	0%	7%
All	100%	100%	

Usefulness of risk factors	Sutherland	Wagga Wagga	All assessors
Very	43%	57%	50%
Somewhat	29%	0%	14%
Not very	29%	14%	21%
Not at all	0%	29%	14%
All	100%	100%	

Ease of recording the data	Sutherland	Wagga Wagga	All assessors
Very	57%	100%	79%
Somewhat	14%	0%	7%
Not very	29%	0%	14%
Not at all	0%	0%	0%
All	100%	100%	

Overall ease of use	Sutherland	Wagga Wagga	All assessors
Very	29%	57%	43%
Somewhat	71%	43%	57%
Not very	0%	0%	0%
Not at all	0%	0%	0%
All	100%	100%	

Source: Specialist assessor interviews



We asked IWG members from the agencies and services that engaged specialist assessors about the effectiveness of the process. On the whole Wagga Wagga IWG members found the specialist assessors form to be very effective. One Wagga Wagga service thought the form was excellent but that categorising similar risk factors into sections would be helpful to the worker. *"Categories would mean that, if some sections were not relevant, they could be skipped."* Another Wagga Wagga service found they needed to provide extra training in the use of the form: *"The service did additional training with staff. They did 2 extra training sessions. After these, it was all good. These got people more familiar with the form so that they could have a conversation around it with clients instead of reading through it and ticking boxes. The workers didn't like the form in front of them when they were doing the interviews. So the extra training (provided by the refuge) really helped."* A third Wagga Wagga service was so impressed with the form that they remodelled their current risk assessment form based on it.

Sutherland IWG members were less positive. One service said they didn't use the form. Another felt it was adequate but that there was some confusion with the initial and specialist assessors forms having the same questions. Another service wanted more room on the form for comments. The Community Services member felt it was cumbersome to have to do the CARAM-DFV risk assessment as well as the "secondary risk of harm" assessment they were already required to do. The DVPASS member felt that just about everybody came up as high risk and would like "Children at risk" to have a higher priority on the form.

Interestingly, although many assessors preferred to integrate the assessment into their conversation and did not like having the form in front of the client, one Sutherland specialist assessor very deliberately involved the client in the assessment process by showing them the form, explaining what it was for, slowly going through the form with the client and conveying to the client their level of risk. This was seen by the NSW Health referral coordinator in Sutherland as a very positive use of the form as an intervention in itself.

Almost without exception IWG members felt that specialist assessors had done a good job and had made effective assessments of risk. While CARAM-DFV is only one influence on the quality of their risk assessments, this is an important assurance that specialist assessors were seen to be making effective assessments using the CARAM-DFV form and there were no unexpected negative consequences arising from it.

## **7.2 Barriers to implementation**

Specialist assessors were asked what aspects of the CARAM-DFV Framework they felt were not useful. Responses to this question were mixed. Some of the assessors were concerned about the process of referring clients by faxing the referral forms through the NSW Health referral coordinator. Their concerns were both practical—they found the coloured forms did not fax well and were difficult to decipher, and ethical—some assessors felt that sharing information in this way was a breach of client's confidentiality and risked jeopardising their relationship with their client.

For some assessors from Health the restructuring of the health system had an impact on their ability to be fully involved—*"The extra paperwork and the number of meetings at a time when Health is being stripped to the bone"*. Another felt that in hindsight the psychologists from her service were not really suited to being specialist assessors as their role was not crisis work.

Six of the specialist assessors commented on unexpected consequences of the CARAM-DFV Framework. They include: being able to provide assistance to women that would normally not have an avenue to access their service; that the 3 month trial was actually quite straight forward despite peoples initial misgivings; being left without any referrals



by the end of the trial; having the majority of victims decline to have a specialist assessment; having a client get really distressed; and having to call the mental health team for suicidal clients.

### 7.3 Time taken for assessments and impact on workload

There were large variations in the length of time taken to conduct specialist assessments, with the average of 32 minutes at Sutherland and 60 minutes at Wagga Wagga. Obviously the intensity and complexity of cases varied. Further the measure was not standardised—the form asked “time taken to complete the assessment form” and it is likely that assessors had different understandings of what to include compared with other parts of their case management and support work with the client.

**Table 7.3: Specialist assessors – number of assessments, time taken**

<b>Sutherland</b>	N	Avg. Time Taken (minutes)	Shortest (minutes)	Longest (minutes)	No Data
Amelie House					13
Community Services					1
Health	5	19	10	30	6
SFSS	10	55	30	90	2
SSWDVCAS	18	23	10	60	2
All	33	32	10	90	24
No Data					
<b>Wagga Wagga</b>	N	Avg. Time Taken (minutes)	Shortest (minutes)	Longest (minutes)	No Data
Community Services					6
DAFVIS	16	20	10	40	1
Health	1	90	90	90	
RIVMED	2	8	5	10	1
SHE Housing	1	60	60	60	
WDVCAS	10	120	60	270	1
WWCR	4	86	45	150	
All	34	60	5	270	9
No Data					

Source: Specialist assessment forms

Most specialist assessors (76%) found that using the CARAM-DFV Framework did not have a major impact on their workload. Where there was an increase in workload it related to the extra paperwork involved in sending back the forms and/or time taken for training. The trial generated few client referrals than anticipated for specialist assessors. Some assessors reported that with the CARAM-DFV Framework they spent more time with the client which was positive from the client's point of view e.g. “Yes it was positive. They saw we took their situation seriously.”

**Table 7.4: Changes in workload on DV cases when using the CARAM-DFV tool**

<b>Changes in workload</b>	<b>Sutherland</b>	<b>Wagga Wagga</b>	<b>All Specialist assessors with ongoing positions <sup>1</sup></b>
N	6	7	13
Increased a lot	0%	29%	15%
Increased a little	50%	29%	38%
Much the same	50%	29%	38%
Decreased a little	0%	14%	8%
All	100%	100%	

Source: Specialist assessor interviews

<sup>1</sup> One specialist assessor could not answer this question because her position was newly created for the CARAM-DFV pilot



## 7.4 Domestic Violence Information Card

The vast majority of the assessors always gave the information cards to the clients. Overall the vast majority of all assessors found the information cards to be useful but Wagga Wagga assessors were significantly more likely to say the cards were "very" useful.

**Table 7.2: Use and usefulness of the Information Card**

How often card was given	Sutherland	Wagga Wagga	All assessors
N	7	7	14
Always	86%	71%	79%
Sometimes	0%	14%	7%
Never	14%	14%	14%
All	100%	100%	
Usefulness of the card	Sutherland	Wagga Wagga	All assessors who used the cards
N	7	7	14
Very	43%	86%	64%
Somewhat	43%	14%	29%
Don't know	14%	0%	7%
All	100%	100%	

Source: Specialist assessor interviews

## 7.5 Risk management

Risk management practices were not a focus for this evaluation, beyond confirming that clients were satisfied with the processes, were safer, and had increased senses of safety (chapter 8). Specialist assessors were assumed to be experienced DFV workers with the necessary skills in risk management, and no challenges to this assumption emerged. The quality of management practices was outside of the scope of the evaluation and specialist risk assessment and management form did not lend itself to consistent information on risk management and this data was not recorded or analysed.

## 7.6 Influence on working with DFV clients in the future

Most specialist assessors (71%) felt that their approach to assessing DV clients had changed as a result of the CARAM-DFV Framework compared to their previous approach before CARAM-DFV. This was more frequent at Wagga Wagga (86%), with 43% saying that it had changed very much. Only 57% of Sutherland assessors felt their approach had changed, and this was "somewhat", and 43% said their approach did not change at all.

Similarly 72% of specialist assessors said CARAM-DFV was likely to influence their future practice, more at Wagga Wagga (86%) than Sutherland (57%).

Many assessors felt that they had gained a much broader view of the domestic violence risk factors than they had previously and as a result of CARAM-DFV were now asking more questions e.g. *"I probably hadn't considered the perpetrator's impacts on other people/threats to other people, not just family, including children from previous relationships."* Two assessors said they would incorporate the CARAM-DFV assessment into their service's ongoing practice. Many assessors also felt that CARAM-DFV had confirmed the value of working with other agencies and those relationships would continue after the pilot was finished.



**Table 7.5: Changes due to CARAM-DFV for assessing clients and managing risk**

Did your approach change much compared to your previous approach?	Sutherland	Wagga Wagga	All assessors
N	7	7	14
Very	0%	43%	21%
Somewhat	57%	43%	50%
Not very	0%	14%	7%
Not at all	43%	0%	21%
All	100%	100%	100%
How likely is CARAM-DFV to influence your future practice?	Sutherland	Wagga Wagga	All assessors
N	7	7	14
Very	14%	57%	36%
Somewhat	43%	29%	36%
Not very	29%	0%	14%
Not at all	14%	14%	14%
All	100%	100%	100%

Source: assessor interviews

## 7.7 Conclusions

On all the available evidence specialist assessors implemented the risk assessment and management framework as intended. The views of specialist assessors were mixed, with the majority having positive views. Most specialist assessors felt that the specialist risk assessment and management form assessed risk well (79%) and that the risk factors were useful (64%). Some assessors from Sutherland did not find that the tool assessed risk well, and there were some assessors at both sites who did not find the risk factors useful. Generally assessors found the tool easy to use.

Most specialist assessors found that the CARAM-DFV Framework brought value to their work. Over 70% of assessors found the Framework was a positive influence in their work with DFV clients and was likely to influence their future practice compared to their previous approach before CARAM-DFV. At the same time around 30% of assessors found that CARAM-DFV added little or no value to their work. More assessors were positive at Wagga Wagga than Sutherland.

Many assessors felt that they had gained a much broader view of the risk factors than they had previously and as a result of CARAM-DFV were now asking more questions about risk. Two assessors planned to incorporate the CARAM-DFV assessment into their services ongoing practice. Many assessors also felt that CARAM-DFV had confirmed the value of working with other agencies and those relationships would continue after the pilot was finished.

These findings were confirmed by the views of IWG members, where on the whole Wagga Wagga IWG members found the specialist assessors form to be very effective while some Sutherland IWG members were less positive.

Most specialist assessors (76%) found that using the CARAM-DFV Framework over the trial did not have a major impact on their workload, although others reported that it increased a lot or decreased a little.



## 8 Impact on clients

The CARAM-DFV Framework was intended to increase clients' satisfaction with service responses, and increase their safety and sense of safety. This data comes from interviews with 13 clients who had initial and specialist assessments (6 from Sutherland and 7 from Wagga Wagga), and the views of the assessors.

### 8.1 Two clients' experiences

Overall the clients that we interviewed were positive about the interventions and CARAM-DFV process and reported feeling safer. Two case studies from the client interviews illustrate the impact of CARAM-DFV on clients in different circumstances.

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#### Case Study 1- active use of the risk assessment with the client

Client A is a young woman with two small children who presented to a specialist assessor after being referred by a local refuge after she rang inquiring about counselling. At the time of her visit to the specialist assessor she was still living with her husband who had a history of physical and emotional violence towards her. Client A was not ready to leave the relationship but was very distressed after a violent incident.

Client A had not received an initial assessment and the specialist assessor explained to her about the assessment and what it would be used for. Client A readily agreed to the assessment and the sharing of her information and explained that she felt grateful that someone was taking an interest in her problems. She felt that the specialist assessor understood her issues and took them seriously and said that after doing the risk assessment she felt that the specialist assessor was more concerned about her than she herself had been previously. The assessor included Client A in the assessment process by showing her the form and the results that assessed her as "high risk". The client requested a copy of the assessment form to take home.

Client A said she felt very supported by the assessor because she was gentle and kind and "knew her stuff" and was "obviously good at what she does". The client said she received a network of advice and referrals that she had no idea were available to her. For example, she received referrals for financial advice, a DV counsellor, a children's counsellor for her kids who had witnessed the violence, and "even stuff to assist my husband to get help".

When asked whether she felt safer after her visit with the specialist assessor, she replied that after her first visit she felt less safe because she did not follow the assessor's advice to leave the relationship despite the fact that the risk assessment had made her aware that she was at high risk. When she got home she kept looking at the copy of the assessment form that the specialist assessor had given her and decided to return to the assessor for another visit. During a subsequent visit the specialist assessor convinced Client A to leave the relationship, go to the police and take out an AVO "and I'm glad she did!"

Client A is now living independently with her two children and says she feels much safer with the AVO in place and much less stressed and afraid now that she no longer has the constant threat of violence in her life. She was very clear in the interview that the CARAM-DFV Risk Assessment and the expertise of the specialist assessor were the catalysts that led her to take steps to ensure the safety of herself and her children and she does not intend to return to the violent relationship.

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## **Case Study 2 – increased awareness of risk and actions**

Client B had separated from her violent partner. She reported the abuse to the police who assisted her in seeking an AVO.

When she saw the specialist assessor she was talked through the risk assessment form. This was a real eye opener for her. The specialist assessor took her through the dv wheel, which made her more aware of the risk she faced. She knew that the violence was bad but hadn't realised the psychological as well as physical damage it was causing her and her child. "She explained the cycle of violence and made me realise what I had been going through."

The specialist assessor helped her with legal and with custody issues by referring her to appropriate services and helping her along the way.

The specialist assessor gave Client B lots of useful advice which gave her the courage to leave town and start again. Client B is still involved in court action but, with the continued help of the specialist assessor, says she is more prepared and feels more supported.

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## **8.2 Impact of the initial assessment process**

### **8.2.1 Clients' experiences**

Most of the clients that we interviewed found the initial assessment very helpful and the assessors supportive. Most felt they were understood and taken seriously and 10 of the 12 clients that received initial assessments rated the assessments as largely or fully meeting their needs. Two clients did not feel they were taken seriously by police but were still referred for specialist assessment.

The information and advice received by clients varied according to their needs. Clients said they received information on ADVO's, counsellors, financial advice, housing and court. In some cases they did not receive much information at all, depending on their circumstances. Most felt the information they received met their needs. Only two of the 12 clients remembered having the assessment process and what it would be used for explained to them before undergoing the assessment. In line with this most initial assessors said they did not describe the assessment process to the client but tried to integrate it into their normal work, and many filled the assessment form in after the client had left, so that the client was not aware they had undergone a CARAM-DFV assessment.

Responses to questions about the usefulness of the information card were vague. More than half the respondents didn't remember receiving it. Several who remembered it said they did not need it. One client said she felt confident having the phone numbers she may need for the future.

Referrals to other agencies were varied and depended on the client's circumstances with some clients receiving no referrals and others receiving quite a few. Referrals included DFVIS, DFAS, counselling, financial advisors, housing, forensic services, court and Family Support Services.

### **8.2.2 Initial assessors' views**

Initial assessors were positive about the impact of the initial assessment process on clients. 90% of the initial assessors felt their clients were "very" or "somewhat" satisfied with the assessment process. 71% of Sutherland assessors said they felt that their clients were "very" satisfied compared to 33% of Wagga Wagga assessors.<sup>24</sup>

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<sup>24</sup>  $\chi^2=5.23, df=2, p=.073$



**Table 8.1: Initial assessor's view of clients satisfaction with the overall assessment process, by agency**

How satisfied was the client with the overall process?	Police	Health	Comm. Services	Courts	All Initial assessors
N	18	7	3	1	29 <sup>1</sup>
Very	50%	71%	67%	0%	55%
Somewhat	39%	29%	0%	100%	34%
Not very	11%	0%	33%	0%	10%
Not at all	0%	0%	0%	0%	0%
All	100%	100%	100%	100%	

Source: Initial assessor interviews

<sup>1</sup>Four assessors felt they could not answer this question because they did not know how the client felt about the process

As discussed in chapter 5, most initial assessors saw positive impacts for the clients from applying the CARAM-DFV Framework:

- the benefits of a referral to a specialist assessor who could then provide other support; increase in understanding and awareness of their situation after completing the CARAM-DFV risk assessment " *It validated that what was happening to them was not OK and that they are not safe. They don't often focus on themselves.*"
- some assessors commented on their own increased awareness of what questions they should be asking in order to better assess their clients level of risk
- A few police assessors felt that it made the DV victims feel that they were more interested in them and cared more about what was happening to them

Most assessors did not feel that applying the Framework had any direct negative impacts on the clients. Some mentioned issues such as the CARAM-DFV process seemed artificial and put clients off; some of the questions made clients uncomfortable; some police got it wrong and had to go back to the victim and ask questions again or get them to sign the consent form which annoyed the victim.

### 8.3 Clients' sense of safety after initial assessment

Most clients said they felt safer after their initial assessment. When asked to rate their sense of safety after their initial assessment on a scale of 1 to 5 with 1 being *very unsafe* and 5 being *very safe*, 90% of clients rated their sense of safety between 3 and 5.

We asked the initial assessor about client's sense of safety after completing the CARAM-DFV risk assessment compared to before they completed it. 22% of assessors felt their client's sense of safety was somewhat better after their assessment and 67% said they felt their clients' sense of safety had not altered.

Most assessors felt that clients' sense of safety would not alter until after the specialist assessment when a safety plan was in place. One assessor felt that the assessment made the clients more aware of their risk and so they felt less safe, but the assessor interpreted the clients' awareness of their lack of safety as a positive outcome of the risk assessment (see Case Study Client A). Several assessors felt that the client knowing that they would receive a follow up phone call did make them feel more secure after the initial assessment.

**Table 8.2: Initial assessor's view of clients sense of safety after the CARAM-DFV risk assessment**

Client's sense of safety after CARAM-DFV assessment	Police	Health	Comm. Services	Courts	All Initial assessors
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N	19	9	2	1	31 <sup>1</sup>
Somewhat Better	21%	33%	0%	0%	23%
The same	74%	56%	100%	100%	71%
Somewhat worse	0%	11%	0%	0%	3%
Varied from case to case	5%	0%	0%	0%	3%
All	100%	100%	100%	100%	

Source: Initial assessor interviews

<sup>1</sup> Two assessors felt they could not answer this question because they did not know whether the client felt safer

Around a third (36%) of initial assessors that we interviewed felt that safety issues were handled much better or somewhat better under CARAM-DFV compared to before CARAM-DFV, and half (54%) believed they were handled the same. Overall Sutherland assessors were significantly more likely to say that the safety risks of victims were handled better under CARAM-DFV with 50% of Sutherland Initial assessors saying they were better handled compared to only 10% of Wagga Wagga assessors<sup>25</sup>.

**Table 8.3: Initial assessor's view of how well safety risks were handled under CARAM-DFV compared to before CARAM-DFV by agency**

Client's sense of safety after CARAM-DFV assessment	Police	Health	Comm. Services	All Initial assessors
N	20	5	3	28 <sup>1</sup>
Much Better	5%	60%	33%	18%
Somewhat Better	20%	20%	0%	18%
The same	65%	20%	33%	54%
Somewhat worse	10%	0%	33%	11%
All	100%	100%	100%	

Source: Initial assessor interviews

<sup>1</sup> Five assessors felt they could not answer this question because they did not know whether the safety issues were handled better

## 8.4 Impact of the specialist assessment process

All the clients that we interviewed were positive about their specialist assessment. All respondents felt that the specialist assessor fully met their needs and they were very satisfied with the response. No clients identified negative consequences of the assessment process, apart from the short term impact of having a better understanding of the risk that they faced. Clients' experience of the specialist assessment process was in every case very good. Respondents felt that they understood their situation a lot better, the assessors were empathic, and that they were well taken care of.

It was made clear to all but two clients what the assessment was and what it would be used for. Respondents were given a lot of information including DV pamphlets and information card, information on sexual assault and phone numbers for referral services. They felt this met their needs.

Most respondents received some referrals with some respondents receiving more than others according to their needs. Referrals included DV, financial, and relationship counsellors; Department of Housing; Children's Abuse Centre; DV Support Group; a psychiatrist; Wesley Mission; a psychologist; DV workshops; and a playgroup. Two respondents said they did not receive any referrals.

<sup>25</sup>  $\chi^2=8.4, df=2, p=.015$



Similarly most (83%) of the specialist assessors that we interviewed believed clients' were satisfied with the specialist assessment process. Overall more Sutherland assessors said that clients were "very" satisfied.

**Table 8.4: Specialist assessors view of clients satisfaction with the process**

How satisfied was the client with the process?	Sutherland	Wagga Wagga	All assessors
N	7	5	12 <sup>1</sup>
Very	71%	40%	58%
Somewhat	14%	40%	25%
Not very	0%	20%	8%
Not at all	14%	0%	8%
All	100%	100%	100%

Source: Specialist assessor interviews

<sup>1</sup>Two assessors felt they could not answer this question because they did not know how satisfied the clients were with the process

## 8.5 Clients' sense of safety after specialist assessment

All but two of clients that we interviewed felt safer and rated their feeling of safety after the second CARAM-DFV assessment as safe or very safe. One respondent said that the assessment made her aware of her risk and she left the perpetrator at a later time and then she felt safer.

Most specialist assessors (60%) who responded felt that their clients' sense of safety was the same after completing the CARAM-DFV specialist risk assessment compared to before they completed it. Four Assessors felt they could not answer this question.

There were a range of views at Wagga Wagga, with 57% of specialist assessors believing that clients' sense of safety had improved after their CARAM-DFV assessment. One of the specialist assessors pointed to the issue of raising the awareness of the client's level of risk as a means of instigating a change in behaviour in the client that may make the client feel less safe in the short term but safer in the long term, especially if she chooses to leave a violent relationship.

**Table 8.5: Specialist assessor's view of client's sense of safety after the CARAM-DFV risk assessment**

Client's sense of safety	Sutherland	Wagga Wagga	All assessors
N	3	7	10 <sup>1</sup>
Much Better	0%	43%	30%
Somewhat Better	0%	14%	10%
The same	100%	43%	60%
All	100%	100%	100%

Source: Specialist assessor interviews

<sup>1</sup>Four assessors felt they could not answer this question

Half of the specialist assessors felt that safety issues were handled much better or somewhat better under CARAM-DFV compared to before CARAM-DFV, and half believed they were handled the same. Overall Wagga Wagga assessors were more likely to say that the safety risks of victims were handled better under CARAM-DFV with 72% of Wagga Wagga specialist assessors saying they were better handled compared to only 20% of Sutherland assessors<sup>26</sup>.

<sup>26</sup> $\chi^2=6.52, df=2, p=.038$



**Table 8.6: Specialist assessor's view of how well safety risks were handled under CARAM-DFV compared to before CARAM-DFV by agency**

Client's sense of safety	Sutherland	Wagga Wagga	All assessors
N	5	7	12 <sup>1</sup>
Much Better	0%	43%	25%
Somewhat Better	20%	29%	25%
The same	80%	29%	50%
All	100%	100%	100%

Source: Specialist assessor interviews

<sup>1</sup>Two assessors felt they could not answer this question

## 8.6 Conclusions

All the evidence pointed to clients being largely satisfied with their experience of the initial risk assessment and management processes, and very satisfied with specialist risk assessment and management. It was not possible to say whether clients would have been more or less satisfied without CARAM-DFV Framework.

One qualification on these findings is that due to the selection process for the interviews the views are likely to be from clients who have more positive perceptions and have progressed further with making their lives safer. On the other hand no contrary evidence was found. Another important qualification is that no Aboriginal clients were interviewed, and the evaluation did not assess their experience of the Framework.

On the available evidence the clients' safety and sense of safety was at least the same and likely improved after completing the CARAM-DFV specialist risk assessment compared to before they completed it. This may have been the case following support from any experienced domestic violence worker irrespective of CARAM-DFV. No direct negative impacts on clients from the CARAM-DFV Framework were identified, apart from this short term impact for some clients of having a better understanding of the risks that they faced.

Assessors were keen to point out that the assessment itself may lead to clients' having an improved sense of safety or alternatively to make them more aware of their level of risk and feel less safe. Assessors saw this as a positive aspect of the Framework as raised awareness can lead to the client deciding to take steps to make them safer, and the specialist assessor could then assist the client with this process.



## **9 Progress towards an integrated and consistent response**

This final chapter considers to what extent the 2010 trial of the CARAM-DFV Framework has demonstrated an integrated and consistent service response to cases of individual cases of domestic and family violence.

### **9.1 Overall achievement**

Broadly speaking the trial was a step towards an integrated and consistent approach in NSW, and warrants further development and trialling. The evidence points to continuing and possible improvements to client satisfaction and their sense of safety, and no negative impacts for clients. A major achievement of the trial was to demonstrate the opportunities, barriers and further work needed to develop an integrated and consistent response to risk management and assessment that can be systematically implemented across NSW.

The trial highlighted issues in operationalising the Framework, particularly for initial assessments, and in building upon existing systems and services. It pointed to the limited changes that could be expected in the short term, without discounting the feasibility for achieving a more integrated and consistent response in the longer term.

For future trials or implementation, the capacity for monitoring and evaluation would be improved by designing assessment forms that allow better recording and reporting of data.

### **9.2 Integrated responses achieved but issues remain**

An *integrated* response is expected to be achieved through improved links and coordination of the participating agencies and services, at the local level through an Interagency Working Group.

The trial showed that IWGs were essential for local implementation and can contribute to improved interagency coordination and promote opportunities for discussion of individual cases. It demonstrated that an integrated response along the lines of the CARAM-DFV Framework is feasible at the local level. In fact at both sites there was already a reasonable degree of effective integration occurring, particularly between Police, Courts, Community Services and NGOs with models such as DVPASS and DVICM. For the trial, these existing models and services were a benefit in having established links and coordinated practices. But they were also one of the main challenges for introducing the CARAM-DFV initial assessment process, raising concerns about duplication, confusion between the approaches, and threats to existing services. These concerns were apparent in IWG meetings which were at times characterised by different understandings cross purposes and frustration. The experience pointed to the need for careful change management with innovations such as CARAM-DFV.

By contrast, integration was largely effective for the specialist risk management and assessment process, the second tier of the CARAM-DFV Framework, again often reflecting existing relations between organisations.

The degree of additional integration achieved with Community Services was less clear, largely due to the relatively low numbers of assessments in the trial and the lack of clarity about how the tools linked to the agency's existing comprehensive risk assessment processes. Also, because Community Services were specialist assessors, their specialist assessments were not referred to the NSW Health referral coordinator.



While IWGs are an effective approach for interagency coordination, in the future the approach would be improved by a longer time period for the trial (say 6 months) and more focus on managing the changes involved in introducing a new initiative.

### **9.3 Consistent responses remain a challenge**

Under the CARAM-DFV Framework the main method for a *consistent* response is the application of an agreed set of evidence-based risks factors.

The trial made less progress in achieving a consistent response, at least for initial risk assessment and management. The evidence suggests that a shared understanding or acceptance of the evidence-based risk factors was not achieved amongst the different agencies. It also highlighted the impact of differences between agencies around consent practices.

The very different circumstances faced by the agencies undertaking assessments were a major barrier to consistency. This was particularly the case for Police, who in practice conducted almost all the initial assessments, which were typically *"in the heat of the moment, often after hours, with the victim and perpetrator both there, everyone distressed and emotional, kids screaming"*. Community Services also faced very different circumstances as their cases involved both domestic violence and child maltreatment. The trial highlighted that the consent and privacy practices within a Community Services context are complex, given that both statutory and voluntary practices apply to families in differing circumstances. Furthermore clients in child protection cases were unwilling to provide consent to a specialist assessment

More broadly the findings from the trial suggest that the CARAM-DFV Framework reflected the ways of working, culture and organisational settings of Health more than the other agencies.

More work is needed to reach a shared understanding on risk factors, and to develop agreement on methods to apply them to initial assessments in a consistent manner in these very different contexts. It is likely that this will involve very different tools and processes for each agency, but based upon common underlying risk factors, rather than attempting to use similar tools and processes.

By contrast, for specialist risk assessment and management, the evidence-based risk factors were applied with far greater consistency. Most but not all specialist assessors, usually experienced domestic violence workers, appreciated the CARAM-DFV Framework and found that it added value to their work. Unlike initial assessors, specialist assessors generally worked with their clients in similar settings and brought comparable and substantial experience to their risk assessment and management.

### **9.4 Future directions need more attention to change management**

The trial clearly showed that more attention is needed to managing the process of change involved in such a major innovation as the CARAM-DFV Framework in an already complex and difficult policy area, and one where other changes to programs and systems were also occurring. At the system level this requires taking account of the different policy and procedural frameworks under which agencies operate and the importance of embedding new processes within these. It also includes paying more attention to the different interests of the stakeholders, particularly agencies and services at the local

level, and taking account of the economic, social and emotional concerns raised by such a change.

There would also be value in drawing upon the lessons from innovations theory<sup>27</sup>—that innovations are adopted more rapidly when they are perceived as relatively advantageous by those targeted for adoption; when they are more compatible with their existing values, beliefs, and experiences; when they are relatively easy to comprehend and adapt, and when they are observable. The 2010 trial fell short on some of the features for effective adoption of an innovation.

<sup>27</sup> Everett M. Rogers, *Diffusion of Innovations*, Fifth Edition 2003, Free Press, New York



## **APPENDIX 1 RISK FACTORS AND ASSESSMENTS TOOLS**

### **Comparison of the CARAM-DFV risk factors with assessments tools**

The partner agencies developed risk assessment and management tools to operationalise the CARAM-DFV Framework for the trial, based on the evidence-based risk factors and principles in the Framework. In table A1, the Evidence-based risk factors are compared with three key tools—the Health Initial Risk Assessment and Management Form; the Specialist Risk Assessment and Management Form; and the Police Green Card.

Some differences between the evidence-based risk factors and the tools are:

- The CARAM-DFV Framework uses whether the victim is fearful of the perpetrator as a guide but not a risk factor, whereas the initial and specialist assessments forms use it as a high risks factor (is the victim scared of the alleged perpetrator).
- The CARAM-DFV DFV Framework has 18 high risks factors. The Police green card has 14 risk factors but this is only part of the information collected by Police—other information is collected as part of all call outs and entered in the COPS system.
- The CARAM-DFV DFV Framework has the high risk factor “sexually or physically violent to victim”. The forms had physically violent as a high risk factor, and a spate high risk factor for sexual assault, with the direction to only record it if volunteered by the victim.
- The CARAM-DFV DFV Framework lists “alleged perpetrator is a current or former partner” as a risk factor whereas the initial and specialist assessment form list former partners as a high risk factor. Current partners are not considered any type of risk factor in the Initial and Specialist Assessments forms.
- If the victim has children, the initial and specialist assessments inquire whether or not there is conflict over whom the children should live with or how often the alleged perpetrator can see them. The CARAM-DFV Framework lists conflict arising from contact and residency issues as a high risk factor, but not within the context of “conflict over children”, which is not contained in the Framework.
- The initial and specialist forms list “general threats” as a risk factor whereas the CARAM-DFV Framework does not. Instead, the CARAM-DFV Framework lists “has threatened the victim” and “has threatened the children” as separate at risk factors.
- The CARAM-DFV Framework lists “stalked or exhibited highly controlling behaviour” as a high risk factor, while the initial and specialist assessment forms differentiate between following/stalking and controlling behaviour as separate high risk factors. The green card includes stalking under a quite different question—“9. Does the offender have previous convictions for violence/ stalking/ intimidation/ breach AVO and/or is a recent release?”.



**Table A1 Comparison of the CARAM-DFV Framework with assessments tools**

High Risk Factors in CARAM-DFV Framework	Health Initial Risk Assessment & Management Form	Police Green Card
	Specialist Risk Assessment & Management Form	
Violence is escalating in frequency or severity	Is the violence getting worse, happening more often?	11. There evidence of escalating severity and/or frequency
<b>(Alleged perpetrator has):</b>		
Been sexually or physically violent to victim	Has he/she been physically violent? Who to? Victim has been sexually assaulted by the alleged perpetrator	2 Physical violence used
Perpetrator tried to kill victim, children or other family members	Has he/she tried to kill you / anyone else?	3. Has the offender attempted to kill the victim, children or other family members
Perpetrator threatened to kill victim, children or other family members	Has he/she threatened to kill anyone? Who?	4. Has the offender threatened to kill the victim, children or other family members
Made threats with a weapon/ weapon used	Has he/she made threats with a weapon? Who to?	1. Was a weapon/firearm used of threatened to be used?
Access to weapons	Does (name of the alleged perpetrator) have access to a weapon?	
Stalked or highly controlling behaviour	Has he/she followed you in a way that made you feel scared?	9. Does the offender have previous convictions for violence/ stalking/ intimidation/ breach AVO and/or is a recent release?
above	Has he/she told you where you can/ can't go / who to speak to / what to do?	
Perpetrator has hurt / abused pets, or threatened to	Do you have pets? If so, has (name of perpetrator) hurt / threatened to hurt the pet/s?	7. Offender has abused or threatened to abuse pets?
Victim is pregnant	Is there any chance that you could be pregnant?	5. Victim is pregnant
Children to previous partner living in the home	Of the children living with you at home, are any the child of a previous partner?	
Recently or about to separate	Are you about to separate?	
Parties separated		12. Have the parties separated in the last six months? Also see Q18
Conflict over child contact or residency issues	Do you have any children? If so, is there conflict over who the children should live with / how often your ex-partner sees them?	10. Is there any conflict between the parties regarding child contact or residency issues?
Worst incident - triggered by separation or imminent separation	Recalling the worst incident that has occurred, was it triggered by separation / jealousy?	14. In relation to the worst incident the victim informs you about, was it triggered by separation?
Worst incident - triggered by jealousy	above	13. In relation to the worst incident the victim informs you about, was it triggered by jealousy?
Worst incident - sep and victim leaving for new partner		
Worst incident involving a weapon	Recalling the worst incident that has occurred, was there a weapon involved?	
Perpetrator was suicidal	Has alleged perpetrator tried to / threatened to commit suicide?	6. The offender has threatened or attempted suicide?
Victim indicated that they were fearful/ scared of perpetrator	Are you scared of (name of alleged perpetrator)?	8. The victim indicated they are fearful



## APPENDIX 2 EVALUATION METHODS

The main methods and data sources are summarised below, and described in the evaluation strategy<sup>28</sup>.

### Attend meetings

ARTD consultants attended the IWG meetings at both sites over the period of the trial, observed the discussion and reported on progress with the evaluation. ARTD has a Partnership Assessment Tool<sup>29</sup> for evaluating the strength of partnerships and provide the partnership with feedback. We used the tool at July meeting in Wagga Wagga and the August meeting in Sutherland.

ARTD consultants attended the Financial Partners/Reference Group meetings from August to observe the discussion and report on progress with the evaluation, including a presentation of preliminary findings at the December meeting.

### Review documents

We reviewed the main program documents used in the development of the CARAM-DFV Framework. We also scanned the literature with a focus on comparable evaluations to inform the evaluation design and methods.

### Data from the records for assessments

As CARAM-DFV is a pilot, we used the existing assessment forms as the main data source on clients, rather than impose another layer of data collection on assessors. The assessment forms and cards were designed for case decision-making rather than data collection, were not fully consistent with each other, did not have standard definitions, and were not always completed, so we spent much time cleaning the data. The data did not allow individual clients to be followed through from initial assessments to specialist assessments, so comparisons are between the two cohorts. The numbers of records for initial assessments and specialist assessments are in Table 4.1 and Table 6.1.

Overall we are confident that the data from the assessment forms and from the COPS database reflects the broad patterns of assessments, clients and risk factors. No quantitative data was collected on consent for referral or consent to share information as the data was not consistently recorded by all assessors.

### Interviews with initial assessors, specialist assessors, IWG members

ARTD interviewed trial participant's using a semi-structured interview schedule, primarily by telephone. We reached the intended samples of initial and specialist assessors. In practice the sample of initial assessors over-represents non-police and particularly health assessors compared with the actual pattern of assessments. We interviewed all the available samples of IWG members and had a high level of cooperation from respondents. We also interview key informants at the overall project level from Police and NSW Health. We generally had a high level of cooperation from respondents, and are confident in the accuracy of the interview data.

**Table A.1: Initial assessors - interviews completed**

Sutherland		N = 18		
	Police	Health	Community Services	Courts
	10	5	3	0

<sup>28</sup> ARTD (2010) Evaluating the Trial of the CARAM-DFV Framework. Evaluation Framework and Strategy. Unpublished 16 August 2010

<sup>29</sup> We used the Nuffield Partnership Assessment Tool and the VicHealth Partnership Assessment Tool to develop shorter tool specific to our purposes.



<b>Wagga Wagga</b>	<b>N = 16</b>		
10	4	1	1
<b>All</b>			
20	9	4	1

**Table A.2: Specialist assessors - interviews completed**

<b>Sutherland</b>	<b>N = 11</b>		
<i>NGOs</i>	<i>Health</i>	<i>Community Services</i>	
Family Support Service Amelie House Women & Children Refuge DVPASS WDVCAS	SESAHS: DV Counsellor Comm Health Social Work On-call Social Worker, Maternity Counsellor Social Worker- Hospital Emergency	Child Protection	
<b>Wagga Wagga</b>	<b>N = 9</b>		
Family Support Service RivMed AMS DAFVIS; WDVCAS Women & Children Refuge Sisters Housing	GSAHS: Community Health Services Social Worker Hospital	Brighter Futures	

**Table A.3: IWG members - interviews completed**

<b>Sutherland</b>	<b>N = 14</b>				
<i>Police</i>	<i>Health</i>	<i>Community Services</i>	<i>Courts</i>	<i>NGOs</i>	
Suth LAC x 2 Miranda LAC x 2	SESAHS 7	Sutherland SC	Suth LC	Family Support Service; Amelie House Women & Children Refuge; SS WDVCAS 3	
<b>Wagga Wagga</b>	<b>N = 11</b>				
LAC x 2	GSAHS 2	Wagga Wagga SC	Wagga Wagga LC	Family Support Service Women & Children Refuge Sisters Housing Riv Med WDVCAS	

### Interviews with clients

The sample frame was all clients who specialist assessors thought were in a reasonable position to respond, in line with the ethics protocol. We interviewed all the clients who agreed to an interview when asked by their specialist assessor, except for one who was unable to be reached. Clients were paid a \$30 allowance to cover costs. We used the agreed protocols for the client telephone interviews which went as planned and to our knowledge raised no concerns or risks for the clients.

While there were clients recorded as Aboriginal at Wagga Wagga, we did not interview them as we did not receive the ethics approval in time from the AHMRC.

We are confident that the interviews provide sound information about the experience of these clients. Due to the selection process they came from just three services and are likely to be people with more positive perceptions.

**Table A4: Clients - interviews completed**

	<b>All interviews</b>	<b>Specialist assessor</b>
<b>Sutherland</b>	6	Sutherland Family Support Services (4) Amelie House 2
<b>Wagga Wagga</b>	7	DAFVIS (7)



## APPENDIX 3 INITIAL ASSESSORS – INTERVIEW QUESTIONS (TELEPHONE)

Interviewer	Date, time, format (tel)	Respondent - name/code	Respondent - unit/location	Respondent (circle)
				Com Services Police Local court Health

1. Approximately how many assessments have you done through CARAM?

1.1 Number: \_\_\_\_

1.2 ☐ 0

1.3 ☐ 1

1.4 ☐ 2-3

1.5 ☐ 4-6

1.6 ☐ more than 6

*CARAM training – these questions are about the training you had on CARAM*

2. What formal training did you complete on the CARAM Framework? (tick all)

Module 1	Module 2	Module 3	Briefing – Police or Court	No training	Don't know	Other (describe)

3. Did you attend any dv specific training as part of the CARAM Pilot?

3.1 Yes ☐

3.2 No ☐

3.3 Don't know ☐

4. Have you done previous DV training? 4.1 Yes ☐ 4.2 No ☐ 4.3 Don't know ☐

5. What was this training?

	Very	Somewhat	Not very	Not at all	Don't know/ NA
6. How well did the CARAM training give you an understanding the Framework?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
7. How useful was the training for your role as an Initial Assessor?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

8. Looking back, was there anything that the training should have covered but didn't?

Yes ☐ No ☐ Don't know ☐

9. If there was, can you describe what else should have been included?

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10. Any other comments on the training?

The CARAM tools

*These questions refer to the tools used in the CARAM process for assessing and managing risk — these were the Risk Assessment Forms for all agencies except Police. Police used the Green Card and then the COPS narrative.*

11. What tools did you use for your assessment process?

Risk Assessment Form ☐ Green Card ☐ Other ☐ No tool ☐ Don't know ☐

12. If other, please describe \_\_\_\_\_

	Very	Some what	Not very	Not at all	Varied from case to case	Don't know/ NA
13. How useful was the tool in guiding your assessment of the risk faced by the victim?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>
14. How useful were the risk factors on the form in making an assessment?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>
15. How easy was it to record the data ?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>
16. Overall was the tool easy to use?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>

17. Are there any parts of the tools which could be improved? How?

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18. Any other comments on the tools

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### Domestic Violence Information Card

	Always	Sometimes	Never	Varied case to case	Don't know / NA
19. Did you give client(s) the Information Card?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

	Very	Some what	Not very	Not at all	Varied from case to case	Don't know/ NA
20. How useful do you think the Information Card was to the client?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>

21. In what ways was it useful for the client?

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22. In your view, how could the Information card be improved?

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### Client Responses

*These questions look at how the client responded to your initial assessment and management of safety through CARAM.*

23. Did any of your clients refuse to give consent to share their information with relevant services? Yes ☐ No ☐ Don't Know ☐

24. If yes, can you give an idea of what their concerns were?

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	Very	Some what	Not very	Not at all	Varied from case to case	Don't know/ NA
25. How willing was the client(s) to be referred on to a Specialist Assessor	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>

26. What were the issues for the client(s) about being referred on to a Specialist Assessor?

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	Very	Some what	Not very	Not at all	Varied from case to case	Don't know/ NA
27. In your view, how satisfied was the client was with the overall assessment process?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>

28. What were the issues for the client(s) about the overall assessment process?

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*Safety* These questions are about whether CARAM added to the client's sense of safety, recognising that the client was in a stressful situation

	Much better	Somew hat better	The same	Somewh at worse	Much worse	Varied from case to case	Don't know/ NA
29. In your view, how much did your client(s) sense of safety change by the time you completed the CARAM risk assessment?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
30. For your client(s), how well were the safety risks handled under CARAM compared with how they might have been before CARAM?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>

31. Can you describe any issues with the CARAM process that affected the client's sense of safety?

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32. For the client(s), were there any negative impacts of applying the CARAM framework?

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33. For the client(s), were there any positive impacts of applying the CARAM framework?

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*Workload - these questions are about the effect of CARAM on the time you spent working on a DV case.*

	Increased a lot	Increased a little	Much the same	Decreased a little	Decreased a lot	Varied from case to case	Don't know/ NA
34. Did your workload on a DV case change when using the tool?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>

35. When using the CARAM tool what were the main factors that affected your workload?

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36. How did CARAM affect the amount of time you spent directly with a DV client?

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37. How did this impact on the DV client?

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38. Do you feel you had enough opportunity for support or de-briefing for yourself when you made an initial assessment using the CARAM framework,

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These questions are about your approach to working with DV clients in the future

39. For yourself, did CARAM lead to a different approach for assessing a DV client and managing the risks, compared to your previous approach? What factors would you not have considered previously?

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	Very	Some what	Not very	Not at all	Don't know/ NA
40. How likely is it that your experience with the CARAM Framework will influence your future practice?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

41. In what ways will you change your practice as a result of your experience with the CARAM Framework?

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42. What aspects of the CARAM Framework did you feel worked the best?

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43. What aspects of the CARAM Framework did you feel were not useful?

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44. Were there any unexpected consequences from applying the CARAM framework?

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45. Is there anything else you would like to add?

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