

PRACTICE TOOL 3: HIGH RISK DFV FACTORS

While there is significant evidence that the factors in the table below indicate high risk of serious harm or death, all risk factors are important in any case of DFV and should be responded to, regardless of any intent of homicide.

| High risk factor | Key facts |
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| History of DFV | <p>The most consistently identified risk factor for intimate partner lethality and risk of re-assault is the previous history of violence by the person who commits DFV against the victim survivor(s), including children.</p> <p>Homicide is rarely a random act and often occurs after repeated patterns of physical and / or sexual abuse and psychologically coercive and controlling behaviours.</p> |
| Intoxication and drug and/or alcohol misuse | <p>The misuse of alcohol or drugs by people committing DFV increases risk associated with physical violence.</p> <p>DFV related assaults are more likely to occur when either or both the victim survivor and perpetrator are intoxicated.</p> |
| Age of the person committing DFV and/ or age of victim survivor | <p>The most common age for a person committing DFV related homicide is 35 to 39 years, and the most common age for a victim is 30 to 34 years. However, there is evidence that in the NT, combined with other factors, perpetrators 25 years and under are at a higher risk of committing serious harm against their partners. The normalisation and inter-generational patterns of the use of DFV in intimate partner relationships, gender inequality and rigid gender roles and identities increases the risk.</p> <p>For victim survivors aged 18 years and under, the very early age at which relationships start, the normalisation of DFV, gender inequalities and educational limitations increases their risk of serious harm.</p> |
| Early onset of DFV in the relationship | <p>There is evidence of a common sequence in relationships ending in DFV related homicide, where relationships can develop quickly, with early declarations of love, possessiveness and jealousy.</p> <p>Following an event which threatens their control (such as separation), the evidence shows that the sequence can include the perpetrator's motivation moving from having control over the victim survivor to revenge. This leads to an escalation of DFV, including revenge-motivated planning to seriously injure or kill to the victim survivor.</p> |

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| Separation (actual or pending) | <p>Women are most at risk of being killed or seriously harmed during and/or immediately after separation from their male partner.</p> <p>Separation is particularly dangerous when the person who commits DFV has been highly controlling during the relationship and continues or escalates violence following separation in an attempt to reassert control or punish the victim survivor.</p> <p>Children (and pets) are also at heightened risk of harm during and post-separation.</p> |
| Intimate partner sexual violence | <p>Intimate partner sexual violence (IPSV) is a uniquely dangerous form of exerting power and control due to its invasive attack on victim survivors' bodies and the severity of mental health, physical injury and gynaecological consequences.</p> <p>More than other factors, IPSV is under-reported by victim survivors. Shame and stigma caused by commonly held assumptions that discussing sex or sexual assault within relationships is "taboo", are significant barriers to seeking help for IPSV.</p> |
| Non-lethal strangulation, choking or suffocating | <p>Strangulation is one of the most lethal forms of DFV. When a victim survivor is strangled, choked or suffocated, they may lose consciousness within seconds and die within minutes.</p> <p>The seriousness of choking, strangulation or suffocation as an indicator of future lethality is often misidentified, or not responded to proportionately, as a consequence of the often minimal visibility of physical injury. However, many victim survivors suffer internal injuries or may be unconscious for a period of time without being aware, both of which may result in confused recollections of the event and / or serious or fatal harm.</p> <p>Most people who commit DFV do not choke, strangle or suffocate to kill, but to show that they can kill. Non-lethal strangulation, choking and suffocation is a powerful method of exerting control over victim survivors. Through credible threats of death, people who commit DFV coerce compliance.</p> |
| Stalking | <p>Stalking behaviours (repeated, persistent and unwanted attention) including technology-facilitated surveillance, GPS tracking, interferences with property, persistent phoning/texting and contact against court order conditions, increases risk of male-perpetrated homicide.</p> <p>In some situations, people who commit DFV may engage close family members or friends to stalk the victim survivor when they are not able to do so themselves, for example when the person committing DFV is in prison.</p> |
| Threats to kill | <p>People who commit DFV who threaten to kill their partner or former partner, themselves or others including their children and pets, are particularly dangerous. Threats of this nature are psychologically abusive.</p> |

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| Access to, or use of weapons or objects by person who is committing DFV | Use of a weapon (any tool or object that could injure, kill or destroy property) indicates high risk, particularly if used in the most recent violent incident, as past behaviour strongly predicts future behaviour. |
| Escalation (frequency and/ or severity) of violence over time | The escalation in frequency and severity of violence over time is linked to lethality and often occurs when there are shifts in other dynamic risk factors, such as attempts by the victim survivor to leave the relationship. |
| Coercive control | <p>Reports from death review committees and Coroner's Courts highlight the prevalence of patterns of coercive and controlling behaviours prior to male-perpetrated intimate partner homicide, including verbal and financial abuse, psychologically controlling acts and social isolation. People committing DFV may also use other people to watch and control the victim survivor or misuse systems such as Domestic Violence Orders (DVO) and family court proceedings.</p> <p>Coercive and controlling patterns of behaviours are particularly dangerous and can heighten the risk of lethality in contexts where other high-risk factors are present, such as attempts by the victim survivor to leave the relationship.</p> |
| Threats or attempts to self-harm or suicide | Threats or attempts to self-harm or suicide by the person committing DFV are a risk factor for an outcome of murder (of the victim survivor) and suicide (of the person committing the violence). This factor is another very severe way of controlling another person. |
| Upcoming or recent release from prison of person committing DFV | <p>DFV risk can escalate very quickly when circumstances change.</p> <p>DFV homicides in the NT have occurred soon after the person committing the violence is released from prison.</p> |
| Previous or current breach of court orders/ DVO | Breaching a court order, or any other protection order, indicates a disregard for the law and authority. Such behaviour is a serious indicator of increased risk of future violence. |
| Pregnancy and new birth | <p>Violence perpetrated against pregnant women by a partner is a significant indicator of future harm to the woman and child, and is the primary cause of death to mothers during pregnancy, both in Australia and internationally.</p> <p>Women with a disability, women aged 18-24 years and Aboriginal women, in particular, are at significant risk of experiencing severe violence from their partner during pregnancy.</p> <p>Violence often begins when women are pregnant, and when previously occurring, it often escalates in frequency and severity during the pregnancy.</p> |