

Strengthening Hospital Responses to Family Violence (SHRFV)

Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM)

Intermediate Victim Survivor Training

Resources Overview



 



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# Overview

The SHRFV MARAM Intermediate victim survivor training resources form part of a suite of resources developed to support SHRFV Hospital and Health services to align to the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework.

The provision of training is a key element of building the capability of staff to understand their role and responsibilities under MARAM, develop the skills and knowledge required to respond effectively to family violence and contribute to an organisation meeting their legislative requirements.

This resource, *SHRFV MARAM Intermediate Victim Survivor Training Resources Overview* is designed to be a practical resource for project managers, trainers and others involved in the planning and delivery of training in Hospitals and Health services to support staff who have a role which aligns to the MARAM Intermediate responsibilities. Please note that for other sectors, training modules developed for staff with Intermediate responsibilities under MARAM is called Brief and Intermediate training.

## SHRFV MARAM Intermediate victim survivor training resources

* Training Resources Overview
* Training modules – e-learn format
* Training modules – PowerPoint format
* Participant Guide
* Facilitator Guide

# Training modules

## Resources

The *SHRFV MARAM Intermediate victim survivor training modules* have been developed in both an e-learn format and PowerPoint format. The intention is to provide Hospitals and Health services with multiple training delivery methods and options to meet the learning needs of staff and maximise potential inclusion in Learning Management Systems.

A facilitator guide has been developed to support trainers undertaking face-to-face training.

## Target audience

The *SHRFV MARAM Intermediate victim survivor training modules* are suitable for staff in Hospitals and Health settings who have roles that align to the MARAM Intermediate responsibilities under MARAM. The SHRFV [MARAM Alignment Resources](https://www.thewomens.org.au/health-professionals/clinical-resources/strengthening-hospitals-response-to-family-violence/maram-alignment-resources/) can be referred to, to support mapping your workforce against the MARAM responsibilities.

Under MARAM, staff mapped at an Intermediate level are required to align their practice to the following responsibilities:

|  |  |
| --- | --- |
| Responsibility 1: | Respectful, sensitive and safe engagement |
| Responsibility 2: | Identify family violence  |
| Responsibility 3: | Conduct intermediate risk assessment |
| Responsibility 4: | Conduct intermediate risk management |
| Responsibility 5: | Seek secondary consultation for comprehensive risk assessment, risk management and referrals |
| Responsibility 6: | Contribute to information sharing with other services (as permitted by legislation) |
| Responsibility 9: | Contribute to coordinated risk management |
| Responsibility 10: | Collaborate for ongoing risk assessment and risk management |

## Learning Outcomes

The learning outcomes of the training modules include:

* Capability to engage effectively with those accessing your service and respond at a MARAM Intermediate level.
* Capability to identify and assess family violence risk at an intermediate level utilising the MARAM tools.
* Capability to manage risk and prioritise the safety of adult and child victim survivors of family violence and keep perpetrators in view and accountable at a MARAM Intermediate level.
* Ability to provide effective services informed by the MARAM Framework.

## Pre-requisites

Prior to undertaking these modules, it is recommended participants complete the three Victorian Government Information Sharing Schemes eLearn modules for Health and Community Services Professionals <https://elearn.childlink.com.au/>. Each module takes approximately 20 minutes to complete.

|  |  |
| --- | --- |
| Module 1 | Information Sharing Schemes Essentials for Health and Community Services Professionals |
| Module 2 | Purpose and Requirements |
| Module 3 | Consent and Privacy |

## Module content

The *SHRFV MARAM Intermediate victims survivortraining modules* cover skills and knowledge required by practitioners with Intermediate responsibilities under MARAM including: an applied understanding of the MARAM Framework, practice guidance and tools; and practice skills to support effective engagement, risk identification, assessment and management, advocacy and reflective practice.

The training focuses on working with both adult and child victim survivors of family violence. It does not address working with perpetrators of family violence. The guidance on working with perpetrators is currently under development by Family Safety Victoria.

The modules have been contextualised to the health context by The Royal Women’s Hospital from the modules designed by the Domestic Violence Resource Centre Victoria (DVRCV). The DVRCV Training approach is underpinned by The [Victorian Government Responding to Family Violence Capability Framework (2017)](https://www.vic.gov.au/family-violence-capability-frameworks).

There are four modules, which cover the following content:

|  |  |
| --- | --- |
| Module 1: * Overview of the Victorian Family Violence reform context and MARAM
* Foundational knowledge
* Understanding attitudes, structural inequality and discrimination
* Barriers to disclosure

Time: approx. 45mins | Module 2: * Observable signs of trauma
* Effective engagement
* Child-focused practice

Time: approx. 30mins |
| Module 3: * Evidence-based risk factors
* MARAM risk assessment tools
* Structured Professional Judgement model
* Assessment of seriousness of risk
* Misidentification of the perpetrator and victim survivor

Time: approx. 30mins | Module 4: * Intermediate risk management

(including safety planning)* Keeping perpetrators in view and accountable
* Workplace supports

Time: approx. 30mins |

All modules include opportunities for participants to apply learning and check their understanding throughout. How this is achieved varies slightly depending on the training platform, e-learn or face-to-face. The case studies applied throughout the e-learn modules are contextualised within four Hospital settings and participants can choose to follow one of the following professional personas that best fits their role:

* Mental Health clinician
* Social Worker in a Hospital
* Care Coordinator in an Emergency Department
* Hospital Admission Risk Program (HARP) clinician

These case studies can also be utilised for the face-to-face modules or alternatively the activities can be an opportunity for a case reflection.

There are videos used in the modules that will require participants to access youtube via the embedded link to view them.

The [MARAM practice guides](https://www.vic.gov.au/maram-practice-guides-and-resources) and your organisation’s policy and procedures should be referred to by staff to support on-going practice development. The *Participant Guide* includes links to the MARAM practice guides and a list of resources to support practice development.

## Evaluation & Certificate of Completion

Module 1 and Module 4 include a link to the Victorian Government’s pre and post participant survey. The responses collected are anonymous and will only be utilised by the Department of Health, the Department of Families, Fairness and Housing and Family Safety Victoria for evaluation and reporting purposes. The pre-survey takes approximately five minutes, and post-survey approximately ten minutes to complete. Please note that the time to complete these surveys has not been included in the approximate time given for these modules.

Hospitals and Health services may also choose to ask participants to complete an organisation specific evaluation of the training.

A certificate of completion can be generated at the completion of the modules. This function can be provided through your organisation’s Learning Management System (LMS) and would need to be discussed with your LMS administrator.

## Editing and Contextualising Options

The modules have been developed as a 'general' version with no specific references to procedures or policies used by a particular Hospital or Health service. This is intended to make the modules as accessible as possible for Hospital and Health services without the software to edit and contextualise the modules.

### Face-to-face modules

The modules have been developed using Microsoft PowerPoint. Hospitals and Health services can edit and contextualise these modules to reflect their organisation’s procedures and operating environment.

### E-learning modules

The e-learning modules have been developed utilising the authoring software Articulate 360. The source file (editable version) and compressed zip file for each module are available on the Toolkit.

Hospitals and Health services with Articulate software will be able to edit and contextualise the modules using the source files.

Content developed in Articulate is also SCORM compliant. SCORM, which stands for Shareable Content Object Reference Model, is a set of technical standards for eLearning software products. SCORM tells programmers how to write their code so that it can “play well” with other eLearning software. It is the de facto industry standard for eLearning. Specifically, SCORM governs how online learning content and Learning Management Systems (LMSs) communicate with each other. If your organisations LMS is SCORM compatible you will be able to upload the zip files onto your organisation’s LMS to allow access for users and track their progress.

## Publishing Options for E-learn

Articulate has the capability of publishing in a number of different ways to increase learner accessibility; how your learners will be able to access it will largely depend on what systems you already have in place at your Hospital or Health service.

### For Hospitals and Health services with a LMS

**If you need to track learners' progress and results**

Upload the compressed zip files to your learning management system (LMS).

Storyline 360 supports cmi5, Tin Can API (xAPI), SCORM 2004, SCORM 1.2, and AICC LMSs.

If you're not sure how to upload courses to your LMS or invite learners, check with your LMS provider for instructions.

**If you don't need to track learners' progress or results**

If you don't need to track learners' progress or results, then web publishing is a good option.

Give the compressed zip files to your server administrator to upload to a web server (this could be your organisation's intranet or another web server your learners can access easily). Finally, give learners the URL to access.

If you don't have access to a web server, here are some free options:

* Amazon S3 offers free hosting with generous usage limits.
* Google Cloud also has a free hosting service.

### Access for Hospital and Health services without a LMS

For Hospital and Health services without a LMS, the modules are available through the Victorian Government Information Sharing Schemes and MARAM online leading portal, <https://elearn.childlink.com.au/>. This link can be sent to learners. This option will not allow you to track your learners’ completion/progress like an LMS would.

# Participant Guide

The resources in this *SHRFV MARAM Intermediate victim survivor training modules Participant Guide* are designed to support the practice development of participants undertaking the *SHRFV MARAM Intermediate victim survivor training modules*. It includes an overview of the modules, a resource list which includes links to the MARAM practice guides, information about specialist family violence services and a glossary.

# Facilitator guide

The Facilitator Guide has been developed to build the capability of trainers undertaking face-to-face training with staff. The guide has been adapted from the Facilitator Guides developed by DVRCV to correlate with the content of the SHRFV modules that have been contextualised to the health context.

# Implementation considerations

## Infrastructure & Support

Training the workforce to build organisational capacity and capability are critical elements of the SHRFV approach to MARAM alignment, but it is essential that the necessary infrastructure including policies, procedures, tools and partnerships are in place prior to the delivery of training. This will ensure that health professionals have access to an effective system that will allow them to respond effectively to family violence disclosures.

Hospitals and Health services should consider the nature of on-going support required by staff to undertake family violence response work at an Intermediate level and include this as part of their MARAM Alignment action plan. One of these considerations should be whether staff should undertake this training on a regular basis, such as annually or on a bi-annual basis. This decision will likely depend on whether staff have access to supervision or other options to reflect on and develop their practice (such as the clinical champion network) and how frequently they are responding to family violence in their day-to-day work and how embedded their practice has become.

## Intermediate risk assessment and the Adult Intermediate Risk Assessment Tool

It is important that risk assessment and risk management processes are integrated into medical records and systems to meet legal and clinical documentation standards, but also to support effective responses to family violence, clear communication, information sharing and continuous improvement mechanisms. Many Victorian Hospital and Health services have or are moving towards electronic clinical platforms, and may have an EMR in situ, in development or a blend of systems (paper-based, Digital Medical Record, Scanned Record). It is important to consider how clinicians will use these systems, and how risk assessment and risk management data can be captured[[1]](#footnote-1).

When considering your approach to embedding the MARAM tools and risk assessment and risk management processes into your Hospital or Health service’s medical record systems, there are a few things to consider.

### Intermediate risk assessment

Under MARAM, the Structured Professional Judgement model underpins risk assessment. The elements of the Structured Professional Judgement Model are:

* Victim survivor’s self-assessment
* Evidence-based risk factors
* Information sharing
* Professional judgement and intersectional analysis

This model expands on the Structured Professional Judgement model used in the now superseded Common Risk Assessment Framework (CRAF) to include a wider range of risk factors based on contemporary evidence, information sharing and an intersectional analysis.

The Adult Intermediate Risk Assessment Tool supports gathering of information about evidence-based risk factors or common presentations of the risk factors (refer to the next section), the victim survivor self-assessment and protective factors (which is part of professional judgement intersectional analysis).

The Adult Intermediate Risk Assessment Tool does not prompt practitioners to document the other elements of the Structured Professional Judgement model. Hospital and Health services should consider options for medical record systems to capture all elements of the Structured Professional Judgement model.

All elements of the Structured Professional Judgement Model need to be considered when assessing the ‘seriousness’ of risk and undertaking risk management and safety planning.

### Adult Intermediate Risk Assessment Tool

Questions in the Adult Intermediate Risk Assessment Tool are grouped according to:

* Risk-related behaviours being used by a perpetrator against an adult, child or young person
* Self-assessment of level of risk (adult victim survivor), and
* Questions about imminence (change and escalation)

The tools prompt practitioners to ask about most risk factors or common presentation of the evidence-based risk factors. For example, what you will notice when you look at the tool is that:

* Some questions are a small reframing of the risk factors.

For example: for the risk factor Drug and/or alcohol misuse/abuse the questions is ‘Have they recently misused alcohol, drugs or other substances?’

* Other questions represent a common presentation of the evidence-based risk factor.

For example: The question which relates to the risk factor stalking of victim is ‘Have they recently followed you, repeatedly harassed or messaged/emailed you?’

* There is not a direct question for each risk factor, but all the risk factors relate to a question/s.

For example, there is no direct question about the risk factor emotional abuse, but this risk factor is ‘kept in mind’ in the questions ‘Have they been obsessively jealous towards you?’ and ‘Have they ever threatened to harm the child/ren?

The Adult Intermediate Risk Assessment Tool also asks if emotional abuse was identified in an identification or screening assessment.

This is a different format than the CRAF tools, which listed all the risk factors. Therefore, it is vital practitioners have a strong understanding of the evidence-based risk factors, and take a narrative approach to understanding how each risk factor presents in each victim survivors lived experience, rather than using the Adult Intermediate Risk Assessment Tool as a check list. It is important for Hospitals and Health Services to consider how they will support practitioners to document presentations of family violence that are not captured in the Adult Intermediate Risk Assessment Tool.

## How the Adult Intermediate Risk Assessment Tool intersects with the other MARAM tools

MARAM supports a ‘gathering approach’ to collaborative risk assessment, supported by the way the tools build on each other.

The Adult Intermediate Risk Assessment Tool has a section that captures the evidence-based risk factors that were identified using the Identification and Screening Tool. If the questions haven’t been asked the Adult Intermediate Risk Assessment Tool prompts practitioners to ask the questions in the Identification and Screening Tool except for the initial question ‘Has anyone in your family done something that made you or your children feel unsafe or afraid?’

The Adult Brief Risk Assessment Tool has a sub-set of questions from the Adult Intermediate Risk Assessment Tool designed to identify serious risk factors for time-critical interventions.

The Adult Brief Risk Assessment Tool should be used if:

* There is limited time to engage with a patient
* It is not safe to seek further detail about the family violence beyond high risk factors
* It immediately follows an incident
* It is during a crisis intervention

The Adult Comprehensive Risk Assessment Tool which is used by Specialist Family Violence practitioners/services builds on the Identification and Screening and Adult Intermediate Risk Assessment Tool, by adding questions about common presentations of risk factors for Aboriginal and Torres Strait Islander and diverse communities.

1. At the time of publication of this document, the Victorian Government had not provided direction on expectations for Hospitals or Health services on how risk assessment and risk management data should be collected. [↑](#footnote-ref-1)