

APPENDIX 9: INTERMEDIATE SAFETY PLANNING CONVERSATION MODEL

When you work with a person using violence, your risk management and safety planning must keep adult and child victim survivors' safety as central.

A Safety Plan is developed directly with the person using family violence. If it is not safe for you to complete a Safety Plan directly with the person using violence, you should proactively share this information with relevant services and develop or contribute to a Risk Management Plan in consultation with other professionals.

The **Intermediate Safety Planning Conversation Model** (safety planning conversation model) covers establishing and building readiness and motivation, addressing presenting needs and circumstances to stabilise or strengthen protective factors, and responding to safety for self and safety for others.

Some people who use family violence will be reluctant to accept a referral to a specialist perpetrator intervention service, particularly in the early stages of engagement.

As you build rapport and trust with the person using violence, opportunities may arise to support a referral. Reflect on guidance in **Responsibility 1** for more information on considerations for safe, non-collusive communication when working with a person using family violence.

The following conversation model builds from your intermediate risk assessment, where family violence has been identified through a self-disclosure or your risk assessment prompting questions.

You should tailor the questions to suit the person using violence's context, including:

- ... the nature of their relationship to the victim survivor/s
- ... whether they live with the victim survivor/s
- ... whether children reside or have contact with the person using violence
- ... the communities and age groups the person using violence and victim survivor/s identify with.

The safety planning conversation model follows the structure of the **Intermediate Safety Plan** in Appendix 8. You can develop the Intermediate Safety Plan covering the topics in an order that works for you and your service. The information you gather can be used to inform your **Intermediate Risk Management Plan (Appendix 7)**.

You should complete the relevant fields in the Intermediate Safety Plan and add further agreements, strategies or supports as needed based on the person's context, level of disclosure and use of family violence.

Clarifying the person's understanding of their use of violence and introducing safety planning

Leading questions

Other people I have worked with have been in similar situations to yours – have [use their example, such as used violence/controlling behaviours/have an intervention order/recently separated/have had a relationship breakdown].

They have found it useful to work on a plan to help manage themselves and their life circumstances, particularly when things feel stressful or difficult.

Does that sound like something you would be interested in?

Following questions

What are the things you think would be most challenging for you in this situation?

Have you ever spoken to someone before about making a support or Safety Plan?

Why is this important to consider for family violence risk management?

Provide information that a Safety Plan is to support the person using violence with a range of their needs, circumstances and, if safe to do so, about their safety for self and their family.

Normalising the process of discussing and writing a Safety Plan may help the person using violence to recognise that:

- ... they are not the only ones who have spoken with someone about their presenting needs/circumstances/use of violence
- ... it is not shameful to ask for help
- ... they are capable of managing their behaviour
- ... their decisions about their own wellbeing and needs can impact on the choices they make about their behaviour.

The person's responses to these questions will provide you with insight into:

- ... whether the person is ready to speak with you about managing their behaviour
- ... the extent to which the person acknowledges and takes responsibility for their behaviour
- ... previous attempts at help-seeking
- ... previous use of strategies (what has worked, or not worked)
- ... where to target your Risk Management Plan actions when collaborating with other services.

Practice considerations

It is important to provide the person using violence with information about what is included or involved in creating a Safety Plan. Note that safety planning is for the purposes of increasing their supports to address presenting needs and circumstances, their own safety and mental wellbeing, and the safety of the people affected by their use of violence.

Ask if the person would like to write the Safety Plan down using the template. It is important to be flexible to the person's requirements and needs regarding literacy, English language, cognitive capacity and the use of other preferred communication tools.

You may draw links between the person's presenting needs and their use of violence, such as homelessness, use of alcohol and/or drugs, or financial pressures. This can be a useful starting point for addressing risk.

At all times, it is important to match the person using violence's language, while avoiding invitations to collude, and only work with the information they share with you or they know you have received as part of a referral.

If the person is not accepting responsibility for their use of violence, and you are both aware an intervention order is in place, this can also be used to start the conversation.

Establishing the readiness and motivation for risk reduction and change

Leading questions

How would you like things to be different?

Following questions

What would it mean to you if you addressed [presenting need]?

What would it mean to you if you stopped using violence/controlling behaviours/kept to the intervention order conditions?

What would be the things that would keep you on track with this?

What would be the things that would shift you off track?

What have you tried before to help you stop using violence/controlling behaviours? What worked well? What didn't work?

What goal/s do you want to achieve through our work together?

Why is this important to consider for family violence risk management?

This conversation assists you and the person using violence to reflect on the level of:

... responsibility for their use of violence

... interest or readiness to address their presenting need and/or change their behaviour

... interest in meeting the needs of victim survivors, including children

... motivation to engage with others to ensure the safety and wellbeing of victim survivors.

Risk management strategies should take into consideration the person using violence's readiness and motivation to change. Remember, the person's readiness to **engage** is different from their readiness to **change**.

A person's readiness to **engage** is commonly driven by a range of external motivating factors, including mandated attendance or referral, police or court interventions, encouragement from a family member, or crisis situation.

If the person identifies these as primary motivators for **change**, their engagement with your service may be brief, they may not be ready to accept responsibility, and may be unable to look to others' needs beyond their own circumstances.

A person's readiness to **change** is often linked to internal factors and longer-term motivators, such as their values, goals, future desires, as well as their belief in their capacity and confidence to use their skills to achieve desired changes (self-efficacy). If the person identifies these as primary motivators for change, it may signify a deeper investment in safety and responsibility-taking.

It is important to carefully consider the person's description of their goals related to stopping their use of family violence. They may present goals they think you want to hear or may not understand their goals yet themselves.

Practice considerations

The person using violence may identify a range of external factors that are motivating them to engage with your service to address their presenting needs. These may be the same or different from those motivating them to speak with you about their use of family violence.

The person using violence may find it easy to name positive value statements or goals for who they want to be and what types of relationships they want to have with their family members, including children.

However, they may find it challenging to name and practice behaviours that get them towards these value statements or goals. In this instance, it may be useful to establish both short-term and longer-term goals with the person using violence.

Where you have established it is safe, appropriate and reasonable, you can use parenting as a motivator for engagement and/or change (refer to [Section 4.13](#) in the perpetrator-focused MARAM Practice Guide for [Responsibility 4](#)).

Listen for parent-centred goals (for example, see my children/have access to my children) and support the person towards developing child-centred goals (for example, have better communication skills so my children feel supported and listened to).

Conversation-prompting questions

What should you keep in mind when asking these questions?

Identifying when and how to reach out in times of an emergency and crisis

Leading questions

Let's start by talking about the worse-case scenario. If things got to a place where you needed to call for help immediately, who would you contact?

Following questions

Have you ever called Triple Zero (000) before about your own behaviour?

... Have you ever had contact with police? What was this like?

... Would your family member [victim survivor] ever call the police? Why/why not?

... When/if your family member [victim survivor] called police, how did/would you respond?

... Who else might you call? Do you have a trusted person?

If something were to happen to you, do you have an emergency contact you would like us to notify or speak to?

Who have you called when you have been faced with a crisis?

Have you spoken with Men's Referral Service/The Orange Door/Rainbow Door before?

Have you ever spoken with other services, like a GP or counsellor (for example, emergency telephone lines)?

Why is this important to consider for family violence risk management?

You may already have emergency contact details as part of your intake process.

Identifying the person using violence's emergency contacts and services they would call at a time of crisis will provide you with some indication of the strategies they have used before, as well as perceived and real barriers to engaging with authorities, and the person's willingness to seek help.

Through this conversation you may develop some understanding of whether a victim survivor would feel safe/fearful of contacting police if violence escalated. The person using violence may provide a narrative about authorities, including their own fear of police or perception of police involvement in 'private' matters.

If you receive any indication that the person using violence does not accept police intervention, or believes the victim survivor would not contact police, you should consider who else is involved with the person using violence and/or victim survivor to develop a Risk Management Plan in collaboration with other services.

Practice considerations

Ideally, a victim survivor should feel safe to engage with the police. However, if a victim survivor does not feel safe to do so, it may indicate the presence of specific risks or needs related to the person using violence.

Engagement with police may be an issue for Aboriginal people and people from diverse communities due to previous experiences and/or community expectations. It may also be an issue for anyone who has been previously involved with police, particularly where prior involvement has resulted in an escalation in the person's use of violence. It is important to consider whether the person using violence, or the victim survivor, has had negative experiences when engaging with police because of discrimination based on their identity.

If you need to engage with the police, including for responding to immediate risk, refer to guidance in **Responsibility 4**.

If the person using violence has had negative experiences with police, you should consider the impacts of your contact with police on the person using violence and victim survivor/s, and identify strategies that minimise reinforcing distrust of services and losing engagement.

You may observe narratives from the person using violence about police, justice and community services that attempt to position themselves as the victim and deflect responsibility for their behaviour.

If safe and appropriate to your role, consider using these opportunities to refocus on their behaviours and current situation to identify what is within their control and shift them away from a 'victim stance'.

When identifying services the person using violence can contact at the time of crisis, you should discuss crisis services relevant to their presenting needs and use of family violence, and consider their identity and prior experiences with services.

Wherever possible, identify culturally relevant and safe, and community-specific and inclusive services.

Identifying needs and circumstances requiring stabilisation – immediate accommodation needs

Leading questions

From our previous conversation you have told me you live [with your partner; family; parents; someone you provide care to; children]. Have you ever been asked to leave your home?

Following questions

Who asked you to leave?

Where did you go when you left?

What happened that you are now living with [family member] again?

What would happen if you were asked to leave again? Who would you contact?

[If intervention order or other conditions in place]

What does your intervention order [other order] say?

Do you have a copy of the order?

Have you spoken to a legal service about your order?

Do you have any questions about the conditions?

Why is this important to consider for family violence risk management?

If the person using violence is unable to leave the home and live separately during any period (including where a partner or family member does not want them to leave), it is important to consider options for **managing risk when exploring managing my behaviour and safety and the safety of others**, below.

Through this conversation, you may identify strategies the person can use to manage their behaviour for the safety of victim survivor/s.

Responses from this conversation should also be documented in the **Risk Management Plan**.

The person using violence may provide a range of reasons for their return to residing with victim survivor/s, including:

- ... loss of job
- ... loss of housing
- ... release from custody
- ... exiting inpatient care
- ... reconciled relationship
- ... loss of finances
- ... to help with children
- ... to help with care
- ... limited options due to community-wide events (for example, pandemic, bushfire or other crisis events).

Exploring how they responded to or felt about leaving the home shared with the victim survivor/s will provide insight into their capacity to cope with separation in the future.

The narratives the person using violence uses about times where they have not resided with the victim survivor/s can also provide insights into their use of coercive and controlling behaviours.

The person using violence may disclose behaviours that indicate increased use of strategies for maintaining control (for example, persistently contacting them by phone), declining mental wellbeing (for example, feeling hopeless or a deep sense of loss), or an extreme fixation/rumination (for example, wanting revenge for the hurt the victim survivor 'caused').

Narratives that indicate a tendency towards presenting homicide–suicide risk related to recent, pending or likely separation must be treated as **serious risk requiring immediate intervention**. You should proactively share this information with others involved with the person using violence and victim survivor in order to manage the imminence of risk.

Practice considerations

If the person using violence has recently returned to the home, explore how they understand the impact this has had on the person/people they are living with.

If appropriate, you may discuss and identify alternative housing options to increase safety and ensure the person complies with any orders or conditions excluding them from the victim survivor/s' home, including family violence intervention orders, corrections orders or bail or parole conditions.

You can use this opportunity to discuss with the person how they understand their intervention order or other order conditions. If they or you have a copy of the order, you can describe conditions of orders in plain English to support the person using violence to comply with the order. You may also discuss legal assistance options and consider a referral to a legal service who can provide legal advice.

If the person using violence is reluctant to use other available options, explore the reasons for this and identify and work to address barriers. If the person identifies alternative housing options to reside with other family members, you should assess the risk they may pose, including towards older parents, siblings and extended family.

Discussions about accommodation arrangements and living with or separate to the victim survivor/s can be broad ranging. Your conversations about living separately and accepting alternative housing options may include their beliefs or perceptions of the impact on their parenting role, financial responsibilities, identity as a partner/parent, or identity as a carer. If you observe beliefs or attitudes that indicate family violence risk factors through this discussion, or risks to the victim survivor's ongoing wellbeing such as accessing their NDIS package, it is important to update your risk assessment and proactively share information with relevant services.

Some specialist perpetrator intervention services have access to alternative accommodation options as well as brokerage to support access to housing.

Identifying needs and circumstances requiring stabilisation – personal and practical support

Leading questions

On a day-to-day basis, if you needed support for anything, who would you contact?

Following questions

Who would you contact for support to address [presenting need/s or circumstance/s]?

What types of support could the person or service offer you?

Who would you feel comfortable sharing your Safety Plan with?

Who knows about your [for example, use of family violence/controlling behaviour/intervention order/separation/relationship] with your family member?

How would contacting [person or service] support you to not use family violence/controlling behaviour/keep to your intervention order/not contact your family member?

Why is this important to consider for family violence risk management?

Presenting needs and circumstances can change over time. It is important to continue to monitor for changes as this can indicate change or escalation in risk behaviours, and you should modify the person's Safety Plan and your Risk Management Plan accordingly.

This conversation may support the person using violence to think broadly about the types of practical supports they currently access or would be appropriate in supporting them to address their presenting needs and stabilise their situation. You may choose to prioritise with the person which needs they feel they are ready and able to address first, keeping in mind how addressing that need will reduce or mitigate the risk they pose to victim survivors.

You should request and/or proactively share information if you identify currently involved services or prospective supports and interventions, and you are concerned that the person may use systems abuse to perpetrate family violence, or that the victim survivor may require a service.

It is critical to ensure that a victim survivor's access to services is not undermined by the person using violence or their needs and referrals (such as where both require support for alcohol and drug use and have been referred to the same organisation).

In this case, you should prioritise the experience of the victim survivor and ensure their service needs are met, which may include seeking alternative referral options for the person using violence.

Practice considerations

Identifying who the person can and would contact for support in a crisis or emergency, outside of authorities, as well as on a day-to-day basis for support, is a strengths-based approach to supporting the person take responsibility for and action steps towards safety.

If the person has an intervention order, community corrections order, parole order, family court order or other order in place, and they need legal support, check they have legal help contact details.

You can provide them with legal help contact information or seek consent to share their details with an appropriate legal service to contact the person using violence directly. This may include legal services for Aboriginal people and LGBTIQ people.

Legal services can also provide information about and explain conditions of orders and court duty lawyers can provide support for family violence intervention order matters. When discussing legal supports, you may identify that the person has received assistance from more than one legal service.

Conversation-prompting questions

What should you keep in mind when asking these questions?

This could indicate the person has intentionally limited options for victim survivors to receive legal support, creating a conflict of interest in representation of parties. This is an example of systems abuse and where identified, should be shared with other services.

It is critical to identify people or services that are realistic for the person using violence to contact, who they know will listen, provide appropriate responses and be available for ongoing support or re-engagement over time.

If a person has had negative experiences of a service due to discrimination or marginalisation, they will be unlikely to call upon them in future.

It may also indicate an inappropriate emergency contact, such as a victim survivor that the person using violence has separated from. You should prompt for alternative contacts if this person is inappropriate or unavailable to provide support.

Identifying needs and circumstances requiring stabilisation – support for wellbeing

Leading questions

Thinking about the things you named earlier that would be most challenging for you in this situation (for example, your financial issues), what supports do you already have in place to help you?

Following questions

Where you don't have supports in place, is that something you would be interested in?

What supports does your family member [and children, where relevant] have? Are you involved in those supports?

Why is this important to consider for family violence risk management?

This conversation builds upon your previous discussion on broad practical supports, to assist the person using violence to engage in targeted interventions designed to address their presenting needs.

Asking about services the family member [and any children] are engaged with will help you:

- ... identify other services that will be appropriate to involve in collaborative and coordinated risk management
- ... identify narratives about how the person using violence feels about the victim survivor/s accessing services, whether there is risk of them sabotaging the victim survivor's access to supports. This may be identifiable as a form of systems abuse.

Practice considerations

If the person using violence is aware of the victim survivor/s' engagement with services, and actively attends or communicates with those services, you should reflect on and assess the impact this awareness and behaviours may have on the victim survivor/s.

The person using violence knowing about and/or being involved with the victim survivor/s' professional supports may impact the victim survivor/s' capacity to access and effectively engage with services and support.

The victim survivor/s' engagement with services may present as a threat to the person using violence as it is an opportunity for them to disclose their experiences and represents capacity of the victim survivor to display their autonomy, freedom and independence in decision-making.

If the person using violence presents a narrative that perpetuates and reinforces the victim survivor/s' fears about accessing services (for example, a fear of accessing disability services because they 'only cause harm') that has resulted in a lack of appropriate services and the isolation of the victim survivor/s, you may seek secondary consultation to identify strategies to increase the safety and wellbeing of the victim survivor/s.

It may also indicate a level of coercive control and use of systems abuse from the person using violence. This may be observed as fear on behalf of the victim survivor when accessing services or the person using violence's attempts to manipulate services when speaking about the victim survivor.

Managing their behaviour for the safety of others

Leading questions

What do you notice about yourself when you are feeling calm or relaxed?

Following questions

What do you notice in your body?

What do you think about?

What things do you do that make you feel calm or relaxed?

[If safe to ask:]

What do you notice about yourself

When you have used [example behaviour they have disclosed]?

What do you notice in your body?

What feelings would you call them?

What do you think about?

Are there early signs that you might use [violence/become angry/feel enraged – use their words]?

Are there early signs that someone else has noticed?

Are there times in other situations, such as at work, where you notice these same feelings or thoughts?

At those times, what strategies have you used so that you didn't become [violent/yell/throw something – use their examples]?

Have you been able to use those same strategies at home/when with [victim survivor]?

What else might you do so that your family member [adult or child victim survivor/s] and yourself can be safe?

Why is this important to consider for family violence risk management?

Strategies to manage risk at times of escalation often feel like tangible and practical options for people who use family violence.

They may be more likely to accept having an 'anger management problem', rather than using family violence or coercive control. They may be open to discussing how they can manage this before they harm someone or themselves or damage property.

Being able to identify, discuss and reflect on the points in time, situations, feelings/emotions and body sensations they notice in the lead-up to escalation/violence, while not in the moment/experiencing its intensity, can help equip them to notice what is happening and do something before it becomes a problem.

Depending on your role and expertise, you may discuss with the person the difference between feelings/emotions and behaviours to support them to work towards constructive expressions of emotion.

You can support the person using violence to identify actions to take responsibility for managing their behaviour and document these on their Safety Plan. Any actions identified should also be documented in the **Risk Management Plan**.

Practice considerations

Starting this conversation from the position of 'positive' feelings/emotions and thoughts may assist in creating safety and trust when engaging with the person using violence.

You should monitor and modify your language to meet the needs and capacity of the person using violence, particularly where they may have cognitive disability.

It is useful to consider the language that the person uses with you to describe their use of family violence. At times they may describe themselves as being quick to 'anger' or feeling 'frustrated' and 'out-of-control'.

Regardless of how the person describes it, it can be useful to bring their words into your conversation when exploring what leads to and prevents them using violent, coercive controlling behaviours.

For example, 'what did you notice about your body or your thoughts just before the last time you felt 'out-of-control' and yelled and called [victim survivor] names?'

While using 'anger' may be a useful way to engage with the person about their use of violence, you should be careful not to collude by reinforcing a person's belief that their problem is about anger. This framing can minimise their use and impact of coercive controlling behaviours.

Other feelings/emotions people using violence may identify with include, but are not limited to, jealous, anxious, sad, annoyed, or hurt.

You can document some identified feelings/emotions in the Safety Plan at 'When I feel _____ there are things I can do to manage my behaviour'.

A **balanced approach to engagement**, using the same words chosen by the person using violence (for example, 'out-of-control') can be used to draw the link between their narrative (an attempt to justify the behaviour) and the direct consequence and outcome of their actions (violence and coercive control).

The actions that a person can take to de-escalate (sometimes called 'taking time out') when they notice their early signs are varied and should be determined with each person on an individual or case-by-case basis.

The person may already have some strategies they find useful.

Some options you may explore include:

- ... agreeing not to speak immediately to the victim survivor to 'negotiate' or convince them of a point
- ... walking to another part of the house or leaving the house/ location (if not at home)
- ... writing down some of the things to get them 'off their chest', but not using it/showing it to the victim survivor
- ... going for a walk
- ... calling a trusted friend or family member or other support as identified above
- ... practice breathing, grounding or mindfulness exercises
- ... using sensory de-escalation strategies.

Sometimes the strategies the person using violence uses to de-escalate, when not previously discussed with the victim survivor (and they are living together), can be experienced as abusive or another tactic to maintain control over the situation. For example, leaving the house without saying where they are going or when they are coming back.

If it is appropriate to your role and relationship with the person using violence, you can speak with them about how they would communicate their new strategies for de-escalation with the victim survivor. If you are unsure how to do this, contact a specialist perpetrator intervention service for a secondary consultation.

You may also share the de-escalation strategies identified by the person using violence with services working directly with the victim survivor.

You can seek secondary consultation with services who work with Aboriginal people, people from diverse communities, people with disabilities or older people when developing de-escalation strategies to ensure they are relevant to the person's context and needs.

Managing their behaviour at specific events or situations

Leading questions

Are there any situations or times in your life that are particularly challenging for you?

That you know you will get those early signs that you will likely use family violence/[named behaviour]?

Following questions

What family events are coming up?

What times will you be in contact with your family member [adult or child victim survivor/s]?

Are there other times in the year that are difficult for you?

[If children]

How do you manage child handover arrangements?

What have you done in the past so as not to [use violence/breach an intervention order/escalate] at these times?

What else might you do to maintain safety for your family members?

Why is this important to consider for family violence risk management?

Identifying points in time, events or situations will assist the person using violence to plan for and practice their strategies developed above.

They will also signify to you as a professional the points in time where you and others may need to think about alternative risk management strategies and coordinate efforts to keep victim survivors safe.

Exploring strategies for managing themselves at these times (for example deciding not to attend a community event, reaching out to therapeutic and emotional supports, connecting with positive community connections), in advance of the situation or event, will give the person using violence opportunities to take responsibility for choosing non-violence. If they are unable to identify strategies and/or cannot practice those you discuss with them, this should be a signal that other risk management strategies outside the person using violence are required to manage the risk to victim survivors. These strategies will inform, and should be documented in, your Intermediate Risk Management Plan.

Practice considerations

In your discussion, you should encourage the person using violence to identify and name the person or people who are impacted by their use of family violence, where safe and appropriate to your engagement. This process reinforces messages of personal accountability and encourages the person to link their behaviours to impact.

An exploration of situations and events can be broad. This may include, but is not limited to:

- ... court appearances, including related to the person's use of violence, separation and child arrangements
 - ... legal proceedings, including VCAT for guardianship arrangements, execution of wills, or Mental Health Tribunal hearings
 - ... child handover or contact
 - ... family get-togethers, including birthdays and religious celebrations, and where the person is in contact with or is excluded from the family
 - ... community and cultural events
 - ... anniversaries of deaths or separations
 - ... anniversaries of traumatic life experiences
 - ... anticipated receiving of news, including visa applications or health status
 - ... anticipated medical care, including lead-up to surgical procedures
 - ... post-medical treatment, including through recovery
 - ... anticipated during and after alcohol and/or other drug or mental health treatment, including starting, adjusting, or ending use of psychotropic medications
 - ... victim survivor's attendance at services for appointments or receipt of in-home services
 - ... attendance at the same support agency
 - ... attendance at the same place of worship.
-

Support plan for when the person feels unsafe for themselves / suicidal¹

Leading questions

Have you ever spoken to someone before about how you might stay safe if you felt like hurting yourself or someone else?

Following questions

Have you ever had thoughts about ending your life?

Have you ever acted upon these thoughts?

What are your warning signs that you might hurt yourself/want to end your life?

Have you ever spoken with someone about this before? What was this experience like? Would you contact them again?

Who might you talk to in future?

What strategies have you used or activities you have done until the feelings pass?

What might you use in future?

Why is this important to consider for family violence risk management?

Risk of suicide is a serious concern for any person. In every circumstance where there is risk of suicide, and where there are common risk factors, but it is not specifically indicated, professionals have an opportunity to provide safety.

Within the context of family violence 'threats of self-harm or suicide' are also understood as a serious risk factor for homicide-suicide and an extreme extension of controlling behaviours by a perpetrator. Suicide prevention practice understands 'threats of self-harm or suicide' as a key warning sign to be taken seriously.

Asking questions about self-harm and suicide provides insight into the person using violence's state of mind. Both suicide and family violence risk factors should be kept in mind in order to understand, assess and manage this risk.

A person using violence threatening to self-harm or suicide as a means of controlling a victim survivor is not always linked to the presence of mental health issues. However, in some instances they may be co-occurring. For further detailed information about 'in common' suicide and family violence risk factors, refer to [Appendix 6](#).

Escalation in threats or attempts, or greater specificity in nature of threats, should be taken seriously. The combination of threats to suicide or self-harm with other controlling behaviours and threats to kill or harm adults, children or pets, should be considered to indicate serious risk.

While the threat or attempt may be based in controlling behaviours, it should also inform your use of these conversation prompts as a starting point for providing interventions to support the person using violence, as well as developing collaborative and coordinated risk management responses with other relevant services.

Practice considerations

A suicide safety plan involves seeking the commitment from the person using violence not to harm themselves without first contacting supports to let them know they are in crisis. It is important that the person or people (if not a service/organisation) they wish to nominate to speak with are aware they are a contact for the person if they are in crisis.

In making a realistic suicide safety plan, you should encourage the person to nominate contacts that are available at all times, including emergency helplines.

Consider and discuss with the person using violence what other mental health or suicide safety plans they already have in place. Reaffirm and document these and any associated strategies on the Safety Plan document.

¹ Professionals should consider formal suicide response training options available to them.

Conversation-prompting questions

What should you keep in mind when asking these questions?

You should apply an intersectional lens when supporting the person to create a suicide safety plan, including to determine culturally safe support options and best ways to communicate and keep the plan accessible to the person when they need it.

Mental health issues are more common in some communities (for example, communities with a high level of trauma history, such as LGBTIQ people) than in the general population.

Mental health linked to threats or attempts to self-harm and suicide may be more prevalent due to systemic barriers or discrimination experienced by some communities.

Suicide is also more common in LGBTIQ communities. However, there is no current evidence about whether this is related to use of threats or attempts to suicide and self-harm in relation to perpetrator controlling behaviours in these communities.

Confirming agreed strategies and plans and useful phone numbers

Leading questions

How do you feel about the plan we have made today?

Following questions

How might you check on how you are progressing with this Safety Plan?

How would you like to check in with me about your Safety Plan?

Are there services on this useful phone numbers list you would feel comfortable working with?

Why is this important to consider for family violence risk management?

It is important to revisit with the person using violence how they feel about the plan they have made. They may express feeling comfortable, hopeful, confident, despondent, overwhelmed, or apathetic (among others) with the plan. While these responses will indicate to you how you may need to modify the plan, or continue your work with the person using violence, none of them should be taken as indicators for reduced risk or increased safety.

You should reflect on your conversation with the person using violence, seek advice and secondary consultation with your supervisor, and proactively share information with other services involved with the person to further assess, contextualise and manage risk.

Practice considerations

This is a good opportunity to remind the person that you will be available and ready to speak with them about their Safety Plan throughout your work together.

You may make an agreement that at the next appointment you review what worked and what didn't work to refine some of the strategies.

You can draw the person's attention to the useful phone numbers list, and highlight the ones together that you have identified throughout your conversation would be appropriate to their circumstances.

You can use this opportunity to discuss warm referrals to other services if the person has identified further needs that they are ready and motivated to address, or revisit this at the next appointment time.