

Mapping the hospital and health service
workforce for Family Violence Multi-Agency
Risk Assessment and Management
Framework (MARAM) alignment:
Adults who use family violence



Strengthening Hospital Responses to Family Violence (SHRFV)

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Document History

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Introduction

The Victorian Family Violence Multi Agency Risk Assessment and Management (MARAM) Framework, released in 2018¹, is an evidence based, best practice family violence risk assessment and management framework. The framework is reviewed every five years in view of emerging evidence and practice development. The aim of the framework is to ensure services are effectively identifying, assessing and managing family violence risk through aligning policy and practice with its four underpinning pillars of:



Figure 1 [MARAM Framework on a page](#)²

MARAM has been established in law under a new Part 11 of the *Family Violence Protection Act 2008* (Vic). This means that organisations, services and entities that are prescribed under MARAM must align their policies, procedures, practice guidance and tools to MARAM. In September 2018, the Phase One rollout of MARAM saw the first organisations become *prescribed framework organisations* under the legislation – this included state funded Sexual Assault Services, Alcohol and Other Drug Services and designated Mental Health Services. Victorian public hospitals and health services became *prescribed framework organisations* in April 2021 as part of the Phase Two rollout ([About the information sharing and MARAM reforms](#))³.

The MARAM reforms are a maturity model in operation, described in more detail on page 8. In short this means that as services build capacity and capability within their workforces, and as additional practice guidance is released, they will work incrementally towards MARAM alignment.

In 2014 The Victorian Government funded Our Watch, the Royal Women’s Hospital (the Women’s) and Bendigo Health to develop a model for change, with an accompanying Toolkit to assist hospitals and health services to implement a whole-of-hospital model for identifying and responding to family violence. These resources were designed to be used and applied by hospitals and health services across the state. This became known as the Strengthening Hospital Responses to Family Violence (SHRFV) model (see [SHRFV Resource Centre](#)).⁴

In 2015 Victoria’s Royal Commission into Family Violence commenced, providing its report in March 2016. In response to Recommendation 95 of the Royal Commission into Family Violence, the Victorian Government funded public hospitals to implement a whole-of-hospital approach for responding to family violence. The fifth edition of the SHRFV toolkit was MARAM aligned when released in May 2020, and all SHRFV resources produced since April 2021 have been aligned to the MARAM framework. Many Victorian Public Hospitals have implemented the SHRFV model over the last 10 years.

In May 2020, with support from Family Safety Victoria (FSV), the SHRFV initiative released a suite of SHRFV MARAM Alignment Resources (SHRFV Resource Centre).⁵ These resources were designed to enhance work already undertaken as part of the SHRFV program, and to support SHRFV hospitals and health services to align with MARAM. When these were produced the MARAM Practice Guides and resources for working with adults who use family violence were still being developed by FSV, so the focus of the SHRFV MARAM Alignment Resources was on the work with victim survivors. Many of the key organisational change principles remain the same for organisations implementing change around adults using family violence practice guidance.

In July 2021, FSV released MARAM Practice Guides for working with adults who use family violence – available on the [Victorian Government website](#).¹ These resources cover all aspects of effective response when working with adults who use family violence including:

- Safe engagement
- Identification of risk
- Levels of risk assessment and management
- Secondary consultation and referral
- Information sharing and collaborative practice

Importantly, the MARAM practice guides apply to all prescribed framework organisations in Victoria who contribute to the family violence service sector including hospitals and health services. The guides do not address the specifics of practice guidance within hospitals and health care settings.

Purpose

This document is a guide to assist hospitals and health services to undertake workforce mapping against the MARAM framework for adults who use family violence. It has been developed following the Victorian Government’s 2021 release of the MARAM Practice Guides concerning working with adults who use family violence and complements existing [SHRFV MARAM Alignment Resources](#).⁵

This guide is not prescriptive, and hospitals and health services have the discretion to lead and tailor the mapping process to their specific context and clinical practice environment; however, each organisation is responsible for ensuring they meet their legislative obligations concerning alignment with the pillars and principles of the MARAM Framework, which includes both victim survivors and adults using family violence practice guidance. In future this will also include guidance for working directly with children and young people.

There are many elements to the work of aligning a hospital or health service to the MARAM framework; this document is focused on one element of that work, namely, mapping the workforce against the 10 MARAM responsibilities for Risk Assessment and Management. These 10 Responsibilities sit under Pillar 3 – Responsibilities for Risk Assessment and Management. The 10

Responsibilities describe in more detail the broad MARAM practice levels of Identification, Intermediate and Comprehensive practice.

Not in scope for this document

- **Practice guidance for working with adults who use family violence:**

This document does not provide practice guidance for working with adults who use family violence. For practice guidance [see MARAM practice guides](#).¹ The MARAM Practice guides are intended to cover all workforces and are not specific to hospitals and health services. Actions related to staff training and resourcing, clinical practice guidelines, etc that concern enabling your workforce to implement practices for responding to adults using family violence are not in scope for this resource. Guidance on aligning with the MARAM framework is available in other resources, for example.

- MARAM [Adults using Family Violence Organisational Readiness](#) Checklist⁶
- MARAM Alignment for hospitals and health services ([SHRFV Resource Centre](#)), in particular the [MARAM Alignment resources](#).⁵

- **Young people using family violence in the home and in intimate relationships:**

Family violence used by adolescents or young people (Adolescent Violence In The Home or AVITH) is a distinct form of family violence and requires a different service response to that for family violence used by adults. MARAM practice guidance for young people who use violence in the home are currently under development – hospitals and health services are not expected to embark on work involving direct engagement with children and young people around their use of violence (workforce mapping, developing policies etc) until further guidance from the Victorian Government is provided.

- **Hospital and health service employees who use family violence:**

Hospital and health service employees who use family violence are not in scope for the work described in this document, which is focused on patients and their families. If your hospital or health services has not implemented policies regarding family violence in the workplace, supporting documents and training resources are available on the [SHRFV Family Violence Workplace Support Program Resources](#)⁷ web page.

Workforce mapping considerations

Prior to commencing your workforce mapping relating to adults using family violence you should consider the following:

- Hospitals and health services are prescribed universal services and whilst their primary role or function is not at the specialist family violence response level, they have an ongoing role in family violence risk identification, assessment and collaborative management. The provision of universal health care places hospitals and health services in a unique and important position as one of the first points of contact for Victim Survivors and Adults using Family Violence

(AuFV) with the service system and means that hospitals and health service staff are well placed to observe narratives and behaviours of concern, to record the risk relevant information and to share it as appropriate to increase safety.

Therefore, the **minimum level** of responsibility required for hospitals, health services, and their workforces to meet legislative requirements under the MARAM Framework is **Identification**. Refer to the [MARAM Responsibilities decision guide](#).⁸

- Some hospitals and health services may also hold workforces and funded services that may be mapped at a higher level of MARAM practice responsibility, because their specific roles involve engaging with adults using family violence around their behaviours that contribute to (Intermediate level), or their use of family violence (Comprehensive level). Some roles within health services may be mapped at Intermediate, this could include for example, senior roles within emergency departments or wards, some social work, some mental health services, alcohol and other drug (AOD) services, homelessness services, response services, and child and family services. Only those workforces that are funded to provide family violence specialist intervention and support services are mapped to Comprehensive level of responsibility. It is anticipated that few hospitals will hold this level of responsibility, and not all workforces within the hospital would be mapped to fulfil this level of responsibility.
- **Maturity model in operation:** Due to a varied range of external factors (COVID, fire, flood) hospitals and health services will be at different stages of implementing family violence policy and practice, and the work must build on current work within the hospital or health service. It is acknowledged that ‘alignment is progressive and will require change over time’ ([“What does alignment to MARAM mean?”](#)).⁹ There are significant cultural changes and changes in practice involved in implementing the work of identifying and recording indicators of adults using family violence. There are also significant system reforms required to support and implement this change. The maturity model acknowledges that these changes take place over time and that organisations should engage in progressive changes with the overarching goal of achieving MARAM Alignment.
- **SHRFV practice levels:** Previously, SHRFV has referred to three discrete practice levels (foundational, sensitive and screening) which subdivided the MARAM Identification level. These were developed and have historically been used in addition to the three MARAM practice levels in victim survivor mapping. This version (V2) does not refer to the SHRFV levels to further define responsibilities for staff in hospitals or health services. This document supports the mapping of staff to the MARAM levels of Identification, Intermediate and Comprehensive.
- **Safe practice:** In the course of their daily activities, hospital staff regularly provide healthcare related services to adults who coincidentally are using family violence; staff should understand that safe engagement is focused on the presenting health need and not on the person’s use of family violence. Staff members should not be expected to undertake work with adults using family violence to address their use of family violence unless they are appropriately trained to do so, it is within their scope of practice, and the necessary infrastructure and support is in place including policies, procedures, tools, partnerships, training, resources; this is essential

for victim survivor safety. Staff in hospitals will rarely be required to directly engage with an adult using family violence about their use of violence, and are more likely in a position to observe only, record and share information.

- **Victim survivor safety:** The safety of victim survivors, including children, is always the primary focus for MARAM alignment within your hospital or health service. If victim survivor work is not already well established, ensure that the victim survivor focus is implemented and maintained while establishing practices to identify adults using family violence. Maintaining a victim survivor lens, which prioritises, the safety and needs of victim survivors, is essential when engaging with a person who uses family violence. Engagement in the hospital context primarily means “indirect engagement” and involves listening for, and observing indicators of the use of violence while working with the person or their family member’s presenting health need. This observation-focused level of responsibility is different to directly engaging with the adult around their use of family violence, which remains at the Comprehensive level of responsibility. At an Intermediate level of responsibility AuFV, some programs within hospitals or health services may engage with adults using family violence around the behaviours and contexts that contribute to their use of violence (eg AOD, mental health, homelessness). Safe engagement is described in detail in the MARAM Responsibilities Practice Guides.¹

Overview to Workforce Mapping

- 1) While focusing on mapping the workforce for adults using family violence (AuFV), ensure that victim survivor work remains at the forefront of organisational policy, process and practice. It is essential that victim survivor safety is maintained.
- 2) Teams responsible for MARAM alignment should read and be familiar with the following documents and resources:
 - a) [MARAM alignment for hospitals and health services](#)¹⁰ overview of MARAM alignment requirements
 - b) Supporting Resource A – [Workforce Mapping for MARAM Alignment](#)¹¹ this describes a methodology for mapping hospitals and health services’ workforce against the ten MARAM Responsibilities for risk assessment and management (focus on victim survivors)
 - c) The relevant MARAM Practice Guides and resources for working with adults using family violence found on this Victorian Government Website (www.vic.gov.au/maram-practice-guides-and-resources).¹ When reviewing the MARAM practice guides, it is appropriate to focus on the guides relevant to the Identification level of responsibility for working with adults using family violence (1, 2, 5, 6, 9, 10)
- 3) Map the workforce to practice levels outlined in Figure 2.
- 4) Workforce mapping should be driven by executive directors, directors, managers and leaders from relevant departments in your hospital / health service, as mapping will require high level endorsement and to be followed up by the development of policies and procedures, appropriate communication strategies and training.

Hospitals and health services are complex organisations that employ a wide range of staff, both clinical and nonclinical. They vary in location (rural, regional, metropolitan), and service delivery. They differ in size, resourcing levels, experience and expertise in the area of working with adults using family violence, and the availability of referral pathways and avenues for secondary consultation. Health services may also encompass programs that are funded by the Department of Families, Fairness and Housing (DFFH) and FSV, and those workforces need to take guidance from their own professional bodies.

MARAM refers to three broad levels of response to family violence within the integrated service system (outlined in Figure 2 and in more detail in Figure 3). Each of these MARAM levels correspond to a specified combination of the ten MARAM Responsibilities for risk assessment and management (see Figure 3). MARAM responsibilities and resources are cumulative and practice skills and knowledge are designed to build upon each other.

- 1) Identification (Responsibilities 1, 2, 5, 6, 9 and 10)
- 2) Intermediate (Responsibilities 1-6, 9 and 10)
- 3) Comprehensive (Responsibilities 1-10)

Note the following:

- In general – the highest level at which some staff are mapped represents the level at which the organisation is mapped. If a hospital has some staff mapped at Intermediate, then it would be said to be operating at Intermediate level, even though not all staff hold that level. This highlights the importance of all staff who do not hold a MARAM practice level having access to staff who do hold a MARAM practice level, and staff at a lower level of MARAM practice (eg Identification) having access to staff at a higher level (eg Intermediate). Staff should also know where to refer and consult with external services.
- It is anticipated that very few hospitals and health services will have staff mapped at Comprehensive practice level, unless they have specialist family violence programs such as Centre Against Sexual Assault (CASA) or Men’s Behaviour Change Program (MBCP) located within the service.

Figure 2 provides an overview of the MARAM responsibility levels (Identification, Intermediate, Comprehensive) and which of the responsibilities (1-10) define each level. Pillar 1 – a Shared understanding of family violence is the necessary building block for all family violence work in a hospital or health care setting and highlights that all staff in prescribed organisations have a role in building victim survivor safety. This demonstrates how the ‘whole-of-hospital’ foundation that was established under SHRFV has aligned with the MARAM Framework. A Shared Understanding is the necessary building block for all family violence work in a hospital or health care setting and highlights that all staff in prescribed organisations have a role in building victim survivor safety. For staff not mapped at MARAM levels, this means that when they do hear or see family violence related behaviours, they know how to respond, and escalate accordingly.

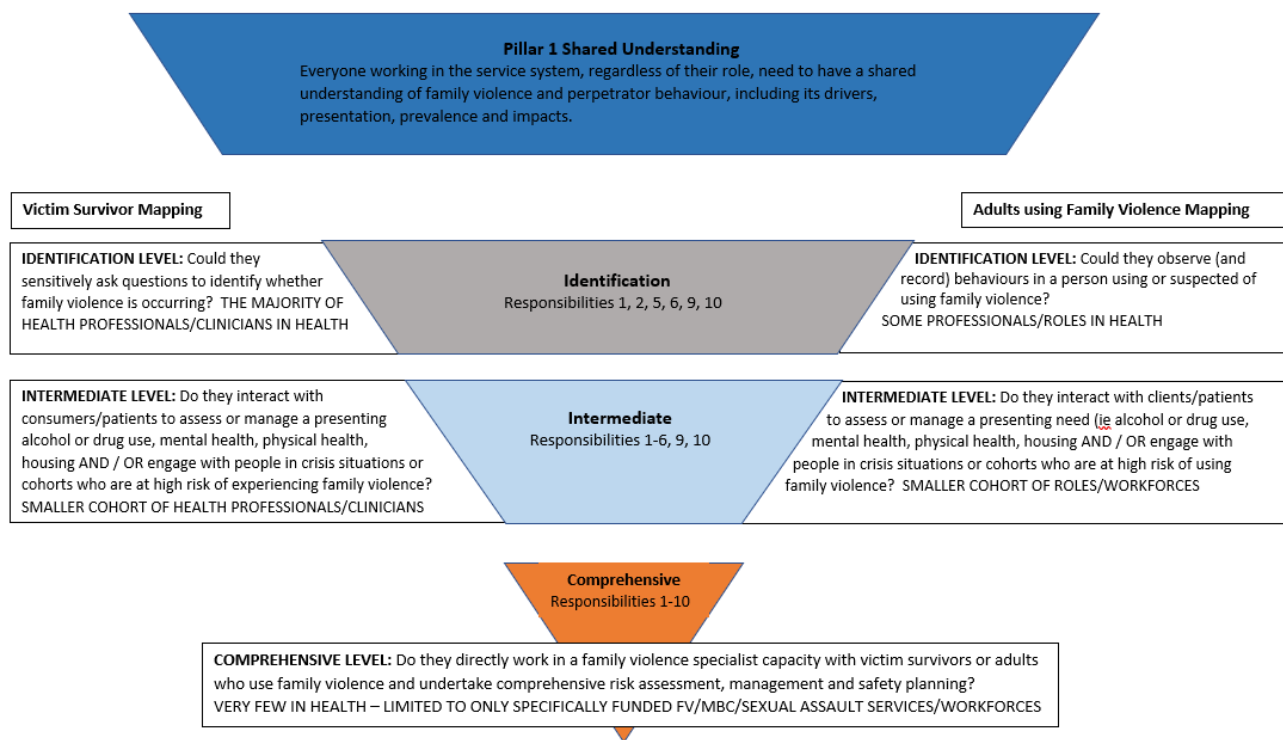


Figure 2 Overview of the MARAM responsibility levels (modified from the MARAM Responsibilities decision guide for: Leaders of services engaging potential victim survivor or/and perpetrators in service delivery⁸)

It is recognised that hospitals and health services are at different stages of MARAM alignment, and the maturity model allows for this staged development of workforce readiness, response and competence.

For hospitals and health services which have already mapped their workforce for victim survivor Identification and Response, and developed a [MARAM Alignment Action Plan](#)¹² focused on embedding practices to respond to victim survivors, the activities outlined in this document build on the existing, SHRFV MARAM Alignment Resources and the work you have already undertaken.

For hospitals and health services who have not yet mapped their workforce for victim survivor Identification and Response, nor developed a MARAM Alignment Action Plan focused on embedding practices to respond to victim survivors, it is recommended that the service build and maintain a strong focus on the victim survivor work while implementing changes around both victim survivor and adult using family violence work, this can reduce duplication and the overall time taken to bring practice into alignment.

Workforce mapping within hospitals and health services may differ across the sector depending on a variety of factors including:

- The clinical services delivered by the hospital / health service
- The workforce structure within the hospital / health service
- The unique settings of individual hospitals and health services
- The challenges faced by rural and regional health services

Hospitals and health services have the discretion to tailor the mapping process to their specific context and clinical practice environment. Each hospital / health service is responsible for ensuring their legislative requirements concerning alignment with the MARAM Framework are met. Figure 3 outlines the responsibilities and practice levels.

Practice Level	Identification	Intermediate	Comprehensive	
Responsibility				
1				Respectful, sensitive and safe engagement
2				Identification of family violence
3				Intermediate risk assessment
4				Intermediate risk management
5				Seek consultation for comprehensive risk assessment, risk management and referrals
6				Contribute to information sharing with other services (FVISS, CISS)
7				Comprehensive assessment
8				Comprehensive risk management
9				Contribute to coordinated risk management
10				Collaborate for ongoing risk assessment and management

Practice Level	Responsibilities
Identification	1, 2, 5, 6, 9, 10
Intermediate	1, 2, 3, 4, 5, 6, 9, 10
Comprehensive	All responsibilities

Figure 3 MARAM Practice level and responsibilities

Mapping in Practice

To comply with MARAM, hospitals and health services are expected to provide at a minimum, the Identification level of response in the context of AuFV. In line with the *Decision Guide for Organisational Leaders*⁸, summarised in figure 2, on page 10, where workforces or services meet the threshold for the Intermediate level of response, the organisation would be mapped at that level. Health services or hospitals that provide specialist family violence services, for example men's behaviour change, or sexual assault services funded by Family Safety Victoria would be mapped at the Comprehensive level of response. As outlined previously, not all staff within the organisation would be mapped at that higher level, just those workforces who are undertaking and fulfilling these specific roles.

Where the hospital holds a social work or other department with significant resourcing and experience in family violence, they too would meet the criteria to map at the Intermediate level of response. It is acknowledged that whilst some professionals will fulfil the MARAM responsibilities relating to this level, other staff within the health service still have an important role to support the whole of hospital response through observing behaviours of concern and communicating concerns to appropriately trained and qualified staff. MARAM responsibilities are mapped out in the [MARAM Responsibilities decision guide](#)⁸

- All hospital staff are required to have a shared understanding of family violence to align with the MARAM Framework Pillar 1 – Shared Understanding of family violence
- Staff who fulfil a MARAM responsibility must be able to fulfil that responsibility in their everyday practice; this means they must have the required knowledge to competently perform the key capabilities associated with the assigned MARAM responsibilities, and the organisation must put in place policies and procedures to support this work.
- Hospital and health service-based professionals/clinicians who interact with clients/service users/patients and may observe or identify behaviours or narratives related to family violence (in adults using family violence), AND be in a position to consult, refer and share information, may be mapped at the Identification level for AuFV MARAM practice, with appropriate training and education.
- At the Intermediate level of response, clinicians hold MARAM responsibilities 3 and 4, in addition to those held at the Identification level. Intermediate responsibilities are held by professionals who interact with clients / service users/ patients to assess or manage a presenting 'need' (ie alcohol or drug use, mental health, physical health, housing) AND / OR engage with people in crisis situation or cohorts who are at high risk of experiencing or using family violence. At the Intermediate level, responsibilities are to sensitively engage with clients and identify behaviour related to family violence (responsibilities 1 and 2), to conduct intermediate risk assessments and risk management (responsibilities 3 and 4) to consult, refer and share information (responsibilities 5 and 6) and for multi-agency coordination and collaboration (responsibilities 9 and 10) (see MARAM Responsibilities decision guide).
- It is important to note that underpinning the responsibility of some staff to fulfil responsibilities at the MARAM level of Identification (AuFV), is the essential whole of hospital shared understanding of family violence (Pillar 1 of the MARAM Framework), which has always been a cornerstone of the SHRFV model. In the context of adults using family violence, this means all hospital staff must understand the observable behaviours and narratives that may be indicators that an adult is using family violence, and understand how to escalate any concerns about observed narratives or behaviours. All staff and departments should have

access to a staff member who holds identification level responsibility in order to be able to escalate concerns.

Safe engagement with adults using family violence

Safe engagement with an adult using family violence helps to keep them in view of the system to monitor risk and address needs that may be contributing to their use of violence. It is important to recognise that engagement with adults using family violence around their use of violence can increase risk for victim survivors, which is why such engagement is limited to those at the comprehensive level. All engagement with adults using family violence aims to keep victim survivors safe.

Staff should only work at the responsibility level to which their role is mapped, and not higher. Direct disclosures of the use of family violence (the person is aware that they are using family violence) will influence the level of engagement required and may trigger referral to an appropriately responsible staff member, or providing the individual with external referral ([Men's Referral Service](#)).¹²

Overview of Identification Practice Level

Staff mapped at Identification practice level have a role in identifying whether indicators of family violence are present through observation. The [MARAM Responsibilities decision guide](#)⁸ can assist with understanding which practice level applies to a staff member and this document is included in Appendix 1. The Guide states that a staff member may work at Identification level if they could observe behaviours in a person using or suspected of using family violence, or refer to someone who can.

Staff holding Identification practice level for AuFV are not required to assess the level of risk, it's impacts, or to directly intervene with a person using family violence (unless required by the use of code grey / black). MARAM Responsibility 2 states "unless there is a direct disclosure, professionals undertaking Responsibility 2 should not ask questions directly about perpetration of family violence. Instead, you should focus on recording observations, and information sharing" (pg 38).¹³

Professionals at Identification level practice within most hospitals and health services should not ask questions of the person using violence about their use or suspected use of family violence. The AuFV work of hospital professionals mapped at identification is primarily of observation, documentation, appropriate escalation of concerns to senior staff or secondary consultation with specialist family violence services, and supporting victim survivors including children. The *Flow diagram for health services: Response options following identification of adult using family violence (AUFV) indicators of family violence risk* (Appendix 2) has been adapted from the MARAM Working with adults using family violence Responsibility 2¹⁴ to guide risk focused decision making for hospital and health service-based clinicians at the identification level of responsibility.

Documentation including observations of narratives or behaviours that could indicate the use of family violence must be completed in line with relevant policies within the health service. Hospitals and health services will need to develop and implement policies to address this work, and this will operate differently in different context depending on the nature of the service provided, the form of record keeping in the organisation, and the level of MARAM practice of the staffing cohort. Some general principles include:

- Victim survivor safety is paramount.
- Use of a standardised form (MARAM Responsibility 2, appendix 2, or similar) to be included in the medical record is preferable to only documenting in notes.
- Care must be taken to ensure that any sensitive information is clearly identified as such and is therefore more easily recognised in release of information processes, including Freedom of Information, AND is more easily found when responding to information sharing requests
- This work is new for hospitals and it is essential to engage with health service information services, communities of practice and/or other forums for learning and development

The only time that professionals at Identification level of practice should ask direct questions about observed narratives and / or behaviours is in response to a direct disclosure if:

- It is relevant to the primary purpose of the patient’s engagement with the health service (for example, it relates to a presenting need or circumstance that is relevant to your service)
- Each of you know that they (the patient / person) are using family violence, for example
 - They are attending your service due to a related referral or court order OR
 - They have directly disclosed that they are aware that they are using family violence (as opposed to disclosures of behaviours that they are not aware are family violence)
- You can do so in a non-confrontational or non-accusatorial manner, ensuring your communication is respectful and curious to minimise feelings of mistrust or shame, reducing the likelihood that they will become defensive or escalate their risk to the victim survivor ([MARAM Adults using Family Violence Practice Guides, Responsibility 2](#)). Remember, asking direct questions about the use of family violence can increase risk for victim survivors.

Follow this decision guide for each member of your team

STEP 1

DESCRIPTION

First determine which of the below best describes your team member and proceed to Steps 2 & 3

STEP 2

RESPONSIBILITIES

Assign MARAM Responsibilities to your team member

STEP 3

READING AND TOOLS

Provide core reading (Adult and Child Victim or/and Perpetrator focused) and MARAM tools to team members and signpost to training

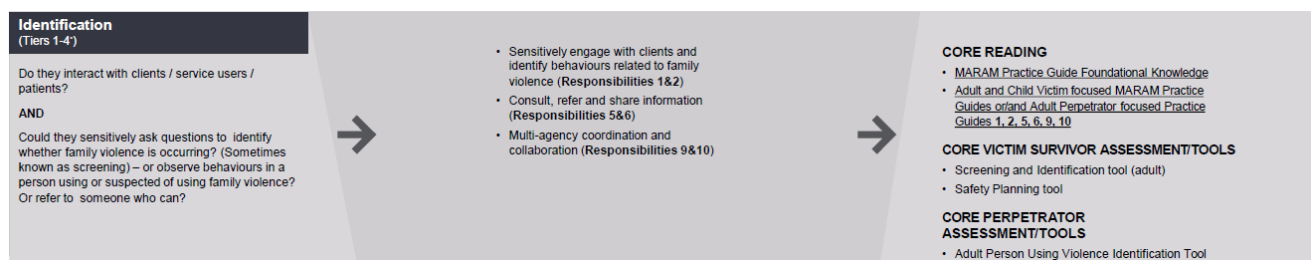


Figure 4: Excerpt from MARAM Responsibilities decision guide for: Leaders of services engaging potential victim survivor or/and perpetrators in service delivery.

Overview of Intermediate Practice Level

Staff mapped at Intermediate practice level have responsibilities to ask questions to support undertaking an Intermediate risk assessment (which may be undertaken by external specialist services) such as engaging in a conversation to:

- Uncover a person using family violence’s ‘understanding and narratives about themselves and their presenting needs’
- ‘Build an understanding of how the person using violence views themselves in their context’
- ‘Link presenting needs to the impact on relationships and identity, open a conversation about family violence behaviours and encourage disclosure of family violence perpetration (if present)
- ‘support a conversation to uncover information about their underlying beliefs, attitudes and accepted norms that contribute to their intention or choice to use family violence behaviours’
- ‘Support early conversations about readiness and motivation to address presenting needs and / or use of family violence, and connect to specialist perpetrator intervention services ([MARAM Adults using Family Violence Practice Guides, Responsibility 3](#)).

Overview of Comprehensive Practice Level

Staff mapped at comprehensive practice level have responsibilities to engage and undertake direct comprehensive assessment of risk and needs to support behaviour change for the adult using family violence and address the experience of family violence risk for the victim survivor. The practice guidance and training expectations for staff mapped at Comprehensive practice level is available to organisations that provide service at that level (specialist family violence services), from FSV.

For further details and reading around best practice in working with adults using family violence and the MARAM practice levels, please refer to the MARAM Practice Guides: Guidance for professionals working with adults using family violence.

Developing a Workforce Mapping Document

A Workforce Mapping Document represents how staff positions / disciplines within departments of a hospital or health service are mapped against the MARAM Practice Levels (Identification, Intermediate, Comprehensive) and the 10 MARAM Practice Responsibilities in relation to working with adults using family violence. This mapping document is likely to be different to the organisation’s mapping for the same practice levels and responsibilities applied to the victim survivor work.

Appendix 3 and 4 provide examples of two hospitals’ mapping documents.

Using a document such as this enables mapping to be reviewed and understood by organisational leaders who may be reviewing mapping in the future, and becomes an important reference point.

Hospitals should gain high level support within the organisation prior to commencing workforce mapping. Hospitals and health services should take a similar approach to when they undertook mapping of the workforce for responding to victim survivors, summarized below:

- 1) Consult with department leaders and staff – including discussion of how this work intersects with victim survivor mapping – to develop the recommendations which will be put forward in the Workforce Mapping Document
- 2) Ensure the Workforce Mapping Document is reviewed by the appropriate strategic advisory and operations groups.

- 3) Provide the reviewed Workforce Mapping Document to senior executives for their endorsement – senior leaders should also be given the opportunity to be briefed individually prior to the document being presented for final endorsement.
- 4) Present the final Workforce Mapping Document, along with an accompanying pre-prepared briefing paper, to the hospital’s / health services Chief Executive Officer and executive leaders for endorsement.

Further details about the approach taken when mapping the workforce for responding to victim survivors, which may be useful for mapping concerning working with adults using family violence, can be found in [Supporting Resource A – Workforce Mapping for MARAM Alignment](#) on the SHRFV website.

Practice Knowledge and Skills for Working with Adults using Family Violence

The MARAM Practice Guides explore in depth the key capabilities for each of the 10 MARAM Responsibilities for working with adults using family violence. The guides should be used by hospitals and health services to inform action planning related to building workforce capability to ensure staff have the required knowledge and skills to meet their responsibilities under MARAM. The [Victorian Government Family Violence Capability Frameworks](#) may also be useful. Note that this document is currently under review and expected to be released mid 2025.

The following table details key capabilities from each of the 10 MARAM Practice Guides for working with adults using family violence ([MARAM Practice guides: Guidance for professionals working with adults using family violence](#)).

Responsibility	Key Capabilities
Pillar 1 Shared understanding of family violence	<ul style="list-style-type: none"> • Awareness of the MARAM Framework and hospitals and health services role in an effective system wide response to family violence • Awareness of the Victorian legislative environment relevant to family violence • Awareness of the evidence-based family violence risk factors across age groups, communities and relationships • Understand the gendered nature and dynamics of family violence
Responsibility 1: Respectful, sensitive and safe engagement	<ul style="list-style-type: none"> • The gendered nature and dynamics of family violence (covered in the Foundation Knowledge Guide and the MARAM Framework) • Respectful, sensitive and safe engagement as part of Structured Professional Judgement • How to facilitate an accessible, culturally responsive environment for safe disclosure of information • How to prioritise the safety and needs of victim survivors when engaging with a person who uses violence

	<ul style="list-style-type: none"> • How to tailor safe engagement with Aboriginal people and people from diverse communities • The importance of using a person in their context approach • Recognising and addressing barriers that impact a person’s help seeking for their use of violence and the safety of their family members • Safe engagement to build rapport and avoid collusion with people you suspect or know are using family violence
Responsibility 2: Identification of Family Violence Risk	<ul style="list-style-type: none"> • Understanding how to identify indicators a person is likely to be using family violence by observation of common narratives and behaviours, including denial, minimisation, justification and externalisation of responsibility for violence • Understanding when it is safe to ask about presenting needs and circumstances, with awareness that they may be linked to likelihood, change or escalation of family violence risk behaviours. • Using information gathered through engagement with service users and other providers via information sharing, to identify observable narratives and behaviours indicative of family violence perpetration and potentially identify people using or suspected to be using, family violence. Responsibilities 5 and 6 discuss information sharing laws and practice in more detail.
Responsibility 3: Intermediate Risk Assessment	<ul style="list-style-type: none"> • Asking questions to obtain information related to risk factors • Using the model of Structured Professional Judgement in practice • Using intersectional analysis and inclusive practice • Using the Adult Person Using Violence Intermediate Assessment Tool • Understanding how observed narratives and behaviours and presenting needs or circumstances link to evidence based risk factors • Forming a professional judgement to determine the level or seriousness of risk, including ‘at risk’, ‘elevated risk’ or ‘serious risk’/‘serious risk and requires immediate protection/intervention’.
Responsibility 4: Intermediate Risk Assessment	<ul style="list-style-type: none"> • Understanding and aligning your actions with existing risk management strategies and, where safe and appropriate to do so, engaging the victim survivor themselves, or with services working with them (where consent is provided, as required). Services include specialist family violence services, therapeutic, advocacy and professional services. • Where safe and appropriate to do so, working with the person using violence to develop a Safety Plan based on their presenting needs and circumstances and disclosed family violence behaviours and risk. • Developing a Risk Management Plan targeted at addressing the person’s use of family violence risk behaviours, including coercive controlling behaviours, and related presenting needs. This is undertaken in collaboration and coordination with

	<p>specialist family violence services, targeted services or other professionals working with the person using violence and / or adult or child victim survivor/s.</p> <ul style="list-style-type: none"> • Responding to the assessed level of risk presented by the person using violence, including serious and immediate risk. • Documenting evidence of family violence and risk management responses • Monitoring behaviour, change in risk and collaborating and sharing information with other parts of the system. • Reporting any breaches of a family violence intervention order or other family violence crimes to police.
Responsibility 5: Seek consultation for comprehensive risk assessment and management and referrals	<ul style="list-style-type: none"> • Seek internal supervision through their service or organisation • Consult with family violence specialists to collaborate on risk assessment and risk management for adult and child victim survivors and perpetrators • Make active referrals for comprehensive specialist responses if appropriate
Responsibility 6: Contribute to information sharing with other services (as authorised by legislation)	<ul style="list-style-type: none"> • Proactively share information, and make requests seeking information, relevant to the assessment and management of family violence risk, including under the FVIS Scheme, privacy law or other authorisation at law • Proactively share information relevant to broader safety and wellbeing issues for children using the CIS Scheme • Respond to request to share information from other services.
Responsibility 7: Comprehensive risk assessment	Practice guide only available to specialist services
Responsibility 8: Comprehensive risk management	Practice guide only available to specialist services
Responsibility 9: Contribute to coordinated risk management	<ul style="list-style-type: none"> • Contribute to coordinated risk management as part of a multidisciplinary and multi-agency approach. This includes proactively requesting and sharing relevant information to facilitate coordinated risk management (refer also to Responsibility 6) • Have an ongoing role in collaboratively monitoring, assessing and managing risk over time including identifying any changes in the assessed level of risk. This includes ensuring the Risk Management and Safety Plan for the person using violence responds to escalation of risk and changed circumstances. • Participate in joint action planning, coordination of responses and collaborative action including enacting and monitoring the Risk Management and Safety Plan of the person using violence. This includes proactive engagement with the person using violence across organisations and practitioners in order to work towards sustained risk reduction over time.
Responsibility 10: Collaborate for ongoing risk	<ul style="list-style-type: none"> • Work collaboratively with other professionals and services to ensure ongoing monitoring, assessment and management of risk over time to identify changes in patterns of coercive controlling

assessment and management	behaviour and assessed level of risk and ensure risk management and safety plans are responsive to changed circumstances, including escalation.
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Table 1 Key capabilities from each of the 10 MARAM Practice Guides for working with adults using family violence

Appendix 1. MARAM Responsibilities decision guide

OFFICIAL

MARAM Responsibilities decision guide for:

Leaders of services engaging potential victim survivor or/and perpetrators in service delivery

Follow this decision guide for each member of your team

STEP 1

DESCRIPTION

First determine which of the below best describes your team member and proceed to Steps 2 & 3

STEP 2

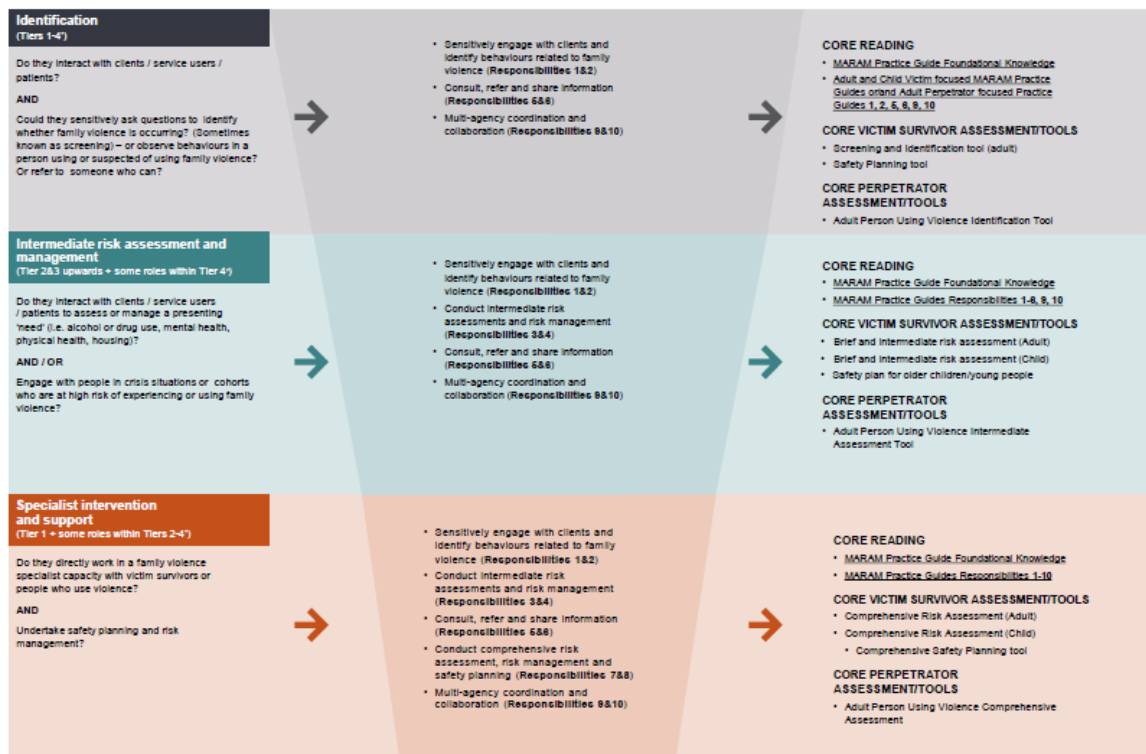
RESPONSIBILITIES

Assign MARAM Responsibilities to your team member

STEP 3

READING AND TOOLS

Provide core reading (Adult and Child Victim or/and Perpetrator focused) and MARAM tools to team members and signpost to training

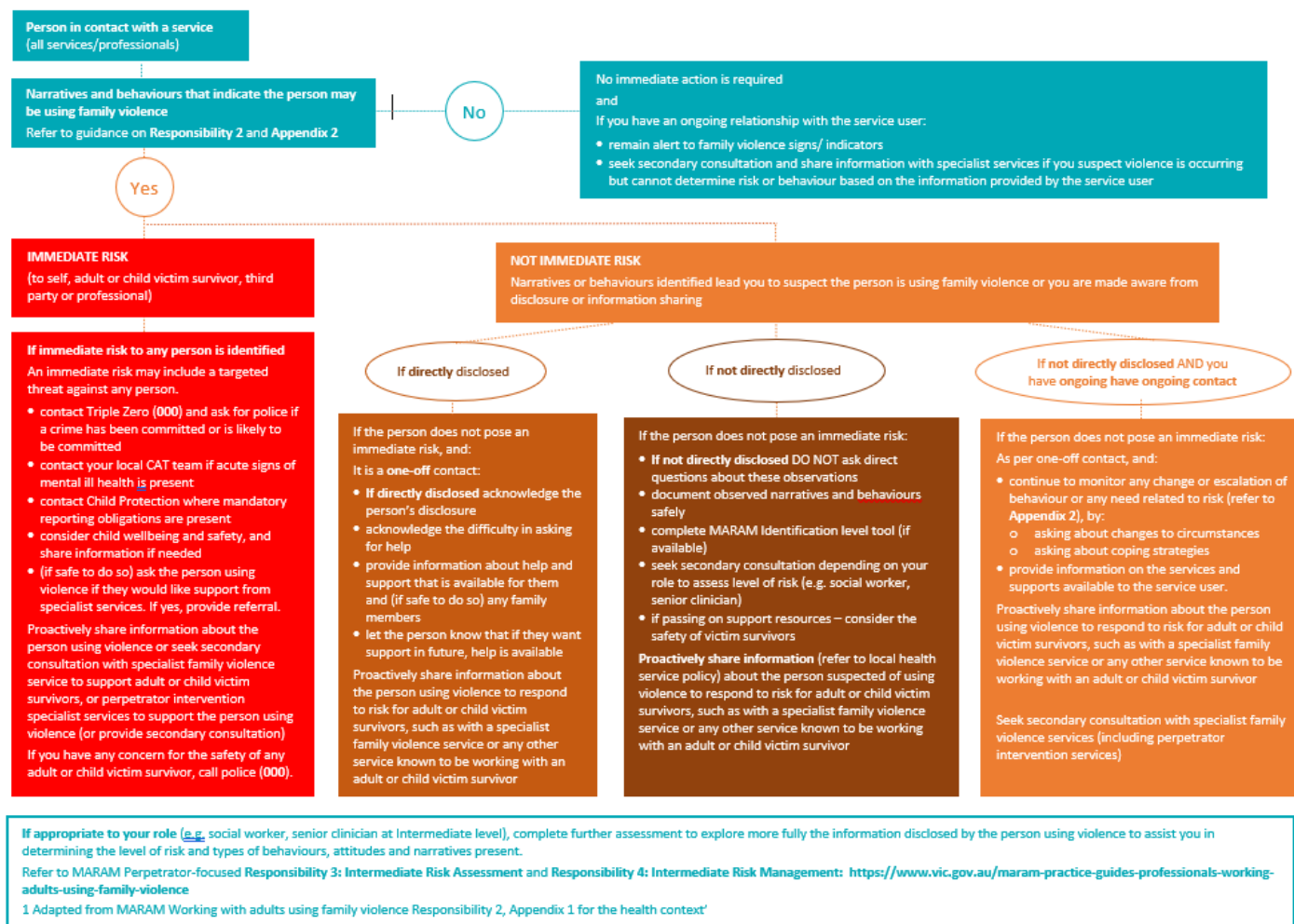


* Training: To register for training or for more information on what training to undertake please visit <https://www.vjv.gov.au/training-for-information-sharing-and-maram>

* A note on tiers: The Responding to Family Violence Capability Framework covers four workforce tiers spanning specialist family violence services (Tier 1), core support services and professionals (Tier 2), mainstream social support services (Tier 3) and universal services (Tier 4). Please note this does not encapsulate or address the complexity and diversity of individual roles and programs within specific services and sectors. Rather, it provides a broad overview within which different workforces can understand the scope and limits of their role and expertise. References to tiers are included here for the sake of completeness.

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Appendix 2 Flow diagram for health services: Response options following identification of adult using family violence (AUFV) indicators of family violence risk



Appendix 3 Example one: Organisation mapped at Identification level

MARAM Workforce Mapping document: Working with Adults who use Family Violence

This document outlines the workforce of a medium sized hospital and puts forward recommendations for mapping each department and staff group according to the ten responsibilities for risk assessment and management under MARAM.

Key:

Levels of Response	
Identification	
Intermediate	
Comprehensive	

Staff groups	
Full responsibility	
Contributes to responsibility	

Department	Roles	Responsibility under MARAM										Comments
		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	
Acute inpatient	Operations Directors											
	Clinical Directors											
	Consultants											
	Medical Officers											
	PSM											
	NUMs											
	ANUMs/ NP											
	RN											
		Social Work Leads/ Seniors										
	Social Work G2 and G1											

Department	Roles	Responsibility under MARAM										Comments
		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	
	Physiotherapy											
	Occupational Therapy											
	Nutrition											
	Speech Therapy											
	Psychology											
	Podiatry											
	Spiritual Care											
	AHA											
	Pharmacists											
	Pharmacy technicians											
	AHLO											
	Administration											
	Patient Support Services											
	Volunteers											
Emergency Department	Clinical Directors											
	Operations Directors											
	Consultants											
	Medical Officers											
	NUMs											
	ANUMs/ NP											
	RN											
	RAD											
	ED Social Work											
	ED Physio											
	Pharmacy											
	Admin											
	Patient Support Services											
	ACE Volunteers											

Department	Roles	Responsibility under MARAM										Comments
		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	
Women's and Children's Health	Clinical Directors											
	Operations Directors											
	Consultants											
	Medical Officers											
	NUMs											
	ANUMs											
	RM											
	Social Work Senior											
	Social Work G1 and G2											
	Physiotherapy											
Pharmacy												
Admin												
Support Services												
Sub-Acute inpatient	Clinical Directors											
	Operations Directors											
	Consultants											
	Medical Officers											
	PSM											
	NUMs											
	ANUMs/ NP											
	RN											
	Social Work Senior											
	Social Work G1 and G2											
Physiotherapy												
Occupational Therapy												
Nutrition												
Speech Therapy												
Psychology												

Department	Roles	Responsibility under MARAM										Comments
		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	
	Podiatry											
	Spiritual Care											
	AHA											
	Pharmacists											
	Volunteers											
	Administration											
	Patient Support Services											
Mental Health	Clinical Directors											
	Operations Directors											
	Consultants											
	Medical Officers											
	NUM/ Seniors											
	Managers/ Team Leaders											
	Registered Nurses											
	Specialist FV Advisor											
	Social Work Senior											
	Social Work G1 and G2											
After Hours Coordinator												
Inpatient Allied Health												
Case managers												
Peer/Family Workers												
Discharge Coordinators												
Outpatient Clinics/ subacute programs	Clinical Directors											
	Operations Directors											
	Managers/ Team Leaders											
	Consultants											
	Medical Officers											
	NUMs/ Seniors											

Department	Roles	Responsibility under MARAM										Comments
		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	
	RN/RM											
	Allied Health											
	Social Work Senior											
	Social Work G1 and G2											
	AHAs											
	Admin											
CH: Family Violence Service												
CH: Children's Services	Manager/ Team Leaders											
	School Readiness T/L											
	Social Workers											
	Psychologists											
	Other Clinicians											
CH: AOD	Manager/ Seniors											
	Senior Social Workers											
	Clinicians											
	Peers											
CH: Dental	Manger/ Team Leaders											
	Clinicians											
CH: EiCD	Manager/ Team Leaders											
	Clinicians											
CH: Health Promotion	Manager/ Team Leaders											
	Practitioners											
CH: Forensic MH in CH	Manager/ Seniors											
	Clinicians											
CH: Drink Drive	Manager											
	Clinicians											
CH: ACP	Manager/ Team Leaders											
	Clinicians											
CH: Outreach Services	Manager/ Team Leaders											

Department	Roles	Responsibility under MARAM										Comments
		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	
	Clinicians											
CH: Counselling	Manager/ Team Leaders											
	Clinicians											
CH: Healthy Mothers, Healthy Babies	Clinicians											
CH: Healthy Start to Life	Clinicians/ midwives											
CH: Community Care	Manager/ Team Leaders											
	Senior Social Workers											
	Other Clinicians											
CH: ACCESS	Team Leaders											
	Clinicians											
CH: Podiatry	Manager											
	Clinicians											
NDIS programs	Manager/ Team Leaders											
	Support Coordinators											
	Clinicians											
CH: Sexual health												
CH: Customer Services												
CH: Admin												
CH: Project workers												
Primary Care Partnership												
Radiology												
Pathology												
Finance												
Engineering												
People and Culture												
People and Culture	FV Contact Officers											
CSSD												

Department	Roles	Responsibility under MARAM										Comments
		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	
Legal												
HIS												
Exec												
IT												
Patient Services												
Environmental Services												
Quality and Safety												
Education												
Research												
Volunteers												

Appendix 4. Example two: Organisation mapped at Intermediate level

Please note the example mapping below is a sample only and included as an example for mapping for a generic hospital, in recognition that this is emerging practice in hospitals and health services. This mapping differs from Appendix 3 in that it utilises SHFRV Practice levels.

Key:

Levels of Practice	
Foundational	
Sensitive	
Identification	
Intermediate	
Comprehensive	

Staff groups	
Contribute to responsibility	
Fulfil responsibility	

Staff groups assigned to contribute to a MARAM responsibility are required to have an understanding of this practice and contribute to others in the organisation to effectively fulfilling this responsibility.

Staff groups assigned to fulfil a MARAM responsibility are required to competently fulfil the associated key responsibilities in their everyday practice.

Department and level of practice	Roles	Responsibilities under MARAM										Comments
		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	
Allied Health and Clinical Support Services												
Social Work	Social Work Manager											
	Social Workers											
Language Services	Interpreters – internal											
	Interpreters - agency											

Department and level of practice	Roles	Responsibilities under MARAM										Comments
		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	
Disability Liaison Service	Operations Manager	Orange	Orange			Orange	Orange			Orange	Orange	
	Disability Liaison Officer	Orange	Yellow			Yellow	Yellow			Yellow	Yellow	
Radiology/ Ultrasound	Radiologists	Orange	Yellow			Yellow	Yellow			Yellow	Yellow	
	Radiographers	Orange	Yellow			Yellow	Yellow			Yellow	Yellow	
	Sonographers	Orange	Yellow			Yellow	Yellow			Yellow	Yellow	
	Midwives	Orange	Yellow			Yellow	Yellow			Yellow	Yellow	
	Nurses	Orange	Yellow			Yellow	Yellow			Yellow	Yellow	
Aged Care Assessment Service	Manager	Orange	Yellow			Yellow	Yellow			Yellow	Yellow	
	ACAS assessors	Orange	Yellow			Yellow	Yellow			Yellow	Yellow	
	Senior clinicians	Orange	Yellow			Yellow	Yellow			Yellow	Yellow	
	Administration staff	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
Pharmacy	Pharmacists	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Pharmacy technicians	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Food Services Assistants	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
Pathology	Pathologists	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
Clinical Operations												
Emergency Department	Doctor/medical	Orange	Yellow			Yellow	Yellow			Yellow	Yellow	
	Psych liaison	Orange	Orange			Orange	Orange			Orange	Orange	
	Registrar	Orange	Yellow			Yellow	Yellow			Yellow	Yellow	

Department and level of practice	Roles	Responsibilities under MARAM										Comments
		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	
	Associate Nurse Manager	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Care Coordinator	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Nurse Practitioner	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Clinical Nurse Consultant	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Clinical Nurse Specialist	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Medical Imaging Technologist	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Ward clerk	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Personal service assistant	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Security	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Cleaners	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
General Ward	Associate Nurse Manager	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Clinical Coordinator	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Clinical Nurse Specialist	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Enrolled Nurse Med Endorsed	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Registered Nurse	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Health Assistant	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Ward Clerk	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Cleaners	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
Manager	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow		

Department and level of practice	Roles	Responsibilities under MARAM										Comments
		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	
Adult Community Mental Health	Coordinator	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Forensic Clinical Specialist	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Clinical Psychologist	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Senior Mental Health Clinician	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Lead Clinician Social Worker	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow			Yellow	Yellow	
	Social Worker	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow			Yellow	Yellow	
	Lead Clinician Nurse	Yellow	Light Yellow			Light Yellow	Light Yellow			Light Yellow	Light Yellow	
	Registered Nurse	Yellow	Light Yellow			Light Yellow	Light Yellow			Light Yellow	Light Yellow	
	Clinician Occupational Therapist	Yellow	Light Yellow			Light Yellow	Light Yellow			Light Yellow	Light Yellow	
	Community Engagement Worker	Yellow	Light Yellow			Light Yellow	Light Yellow			Light Yellow	Light Yellow	
	Administration Support	Light Yellow	Light Yellow			Light Yellow	Light Yellow			Light Yellow	Light Yellow	
Psychiatry Adult	Clinical Manager	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Senior Clinical Psychologist	Yellow	Yellow			Yellow	Yellow			Yellow	Yellow	
	Clinical Specialist	Yellow	Light Yellow			Light Yellow	Light Yellow			Light Yellow	Light Yellow	
	ECT Coordinator	Yellow	Light Yellow			Light Yellow	Light Yellow			Light Yellow	Light Yellow	
	Nurse Unit Manager	Yellow	Light Yellow			Light Yellow	Light Yellow			Light Yellow	Light Yellow	
	Social Worker	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow			Yellow	Yellow	
	Enrolled Nurse	Yellow	Light Yellow			Light Yellow	Light Yellow			Light Yellow	Light Yellow	
	Registered Nurse	Yellow	Light Yellow			Light Yellow	Light Yellow			Light Yellow	Light Yellow	

Department and level of practice	Roles	Responsibilities under MARAM										Comments
		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	
	Occupational Therapist											
	Administration Support											
Maternity Services	Medical Staff											
	Midwives											
	Nurse Practitioner											
	Child birth education											
	Lactation Consultants											
	Diabetes Educators											
	Dual diagnosis clinician (medical)											
Drug Health Services	Psychologists											
	Counsellors											
	Social Worker											
	Case worker											
	Administration staff											
	Ward clerk											
	Auxiliary support											

Glossary

GLOSSARY OF TERMS	
Child:	A person who is under 18 years of age
CISS:	Child Information Sharing Scheme enables information sharing between authorised organisations to promote a child's wellbeing or safety
Coercive control	Coercive control can be exerted through any combination of the evidence-based family violence risk factors. It is often demonstrated through patterned behaviours of emotional, financial abuse and isolation, stalking (including monitoring of technology), controlling behaviours, choking/strangulation, sexual and physical violence. The behaviour is intended to harm, punish, frighten, dominate, isolate, degrade, monitor or stalk, regulate and subordinate the victim survivor. One occurrence of family violence behaviour can create the dynamic of ongoing control, due to the threat of possible future family violence and the resultant ongoing fear, even if 'high-risk' behaviours do not re- occur. People using violence exert coercive control using a range of behaviours over time, and their effect is cumulative
FOI:	Freedom of Information
FSV:	Family Safety Victoria , lead government organisation implementing many of the governments family violence reforms
FVISS:	Family Violence Information Sharing Scheme enables the sharing of information between authorised organisations to assess and manage family violence risk.
Hospitals and health services:	Refers to public hospitals and health services that are prescribed as an Information Sharing Entity under the Information Sharing Schemes
ISE:	Information Sharing Entity as prescribed under CISS and or FVISS (prescribed framework organisations)
Intersectional analysis	Recognises that oppressive structures such as gender, colonialism and racism interact with each other to set the social context for disadvantage and inequality
MARAM:	The Family Violence Multi-Agency Risk Assessment and Management Framework , is a policy framework in Victoria designed to guide organisations in assessing & managing family violence risk
RAE:	Risk Assessment Entity – a subset of ISEs and may request information for a family violence assessment purpose under FVISS
Schemes:	Term used to reference both the Family Violence Information Sharing Scheme (FVISS) and the Child Information Sharing Scheme (CISS)
SHRFV	Strengthening Hospital Responses to Family Violence
Workforce mapping	The mapping process is a framework requirement for alignment to Pillar 3 in the MARAM Framework. To meet the alignment requirements for Pillar 3, hospitals and health services need to understand their responsibilities in risk assessment and management, assign responsibilities to their workforce and enable their workforce to implement the responsibilities in practice

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