Learning Centre
Queensland Centre for Mental Health Learning

QC30 Violence Risk Assessment and Management

VRAM Tool training example – Child and Youth (Chloe)

This example VRAM tool is for educational purposes only.
It depicts a fictional person and demonstrates how the VRAM tool may be completed. It is intended for clinicians working in mental health settings.

Content advice: this resource contains descriptions of violence.
Please look after yourself. If you find yourself experiencing distress, please reach out for help.

Organisation	Number	Support available
Lifeline Australia	13 11 14	A free 24-hour telephone crisis support service providing suicide prevention services, mental health support and emotional assistance.
Employee Assistance Program (EAP)	1800 604 640	A confidential wellbeing resource, available 24/7 to help employees find answers to questions about work, life, health, family or money.
1800RESPECT	1800 737 732	A 24-hour free information and counselling service for people impacted by domestic, family or sexual violence.
DVConnect	1800 811 811	A free 24-hour crisis support line for anyone impacted by domestic and family violence
13YARN	13 92 76	A support line for Aboriginal and Torres Strait Islander people who are feeling overwhelmed or having difficulty coping.
Kids Helpline	1800 55 1800	A 24-hour free counselling service for young people aged between 5 and 25.
Rainbow Sexual, Domestic and Family Violence Helpline	1800 497 212	An external, free and confidential support service for LGBTIQA+ individuals experiencing sexual, domestic, or family violence. It offers immediate crisis assistance, counselling, and referrals.

Queensland Government

Mental Health Services
Violence Risk Assessment and Management

Facility: COMMUNITY CYMHS

TRAINING EXAMPLE

Given name(s): **Chloe**

Sex: ☐ M ☒ F ☐ I

Mental Health Act status

☒ None	☐ Forensic order (mental health)	☐ Treatment support order	☐ Transfer recommendation
☐ Examination authority	☐ Forensic order (disability)	☐ Person AWA (interstate)	☐ Classified (involuntary)
☐ Examination/judicial order	☐ Forensic order (criminal code)	☐ Recommendation for assessment	☐ Classified (voluntary)
☐ Treatment authority			

Conditions of order:

☐ An interpreter was used

Purpose of assessment (note clinical rationale, referral reference, factors requiring action, and the goal of the assessment)

Chloe has engaged in violence directed towards both her parents (her Mother Samantha and her stepfather Dimitri) including:

- Recent physical violence towards her mother
- Recent threats of violence towards both her mother and stepfather

These recent incidents have occurred following a history of violent behaviour. The purpose of this assessment is to formulate Chole's risk of violence and determine an appropriate risk management plan.

Background summary

Provide relevant context (see Longitudinal Summary and update as needed). Consider:

- Age
- Diagnosis, symptoms and medication
- Psychiatric history
- Substance use
- Forensic history and current legal issues
- Risk history

- 16-year-old female.
- History of trauma, neglect and intrafamilial violence.
- Numerous investigations by the Department of Child Safety when residing in Geelong, Victoria due to exposure to domestic and family violence, exposure to drug use and allegations of sexual abuse by adult males in the home.
- Relocated to Queensland from Victoria three months ago:
  - Currently living with her Mother, stepfather and 10-year-old half-brother (Oliver)
  - Was previously living with her Father (Travis), her father's girlfriend (Kirsty) and two adult men she described as 'flatmates'. Kirsty and Travis have been together for approximately 3 years.
  - Reported 'moving around a lot' to different rental properties in Melbourne and Geelong over the years and living with her father, father's partner at the time and a range of different 'flatmates' (both male and female adults).
- Known psychiatric history:
  - Prior to relocating to Queensland, she was admitted to the adolescent psychiatric inpatient unit following an attempt to end her life by hanging. This was in the context of conflict with her father and father's girlfriend. She spent 8 days in the unit and upon discharge, directly relocated to reside with her mother and stepfather in Queensland. This was Chloe's first and only reported inpatient psychiatric admission.
    - Diagnosis on discharge: intellectual impairment and acute reaction to stress.
    - Nil medications on discharge.
  - Input from the Mental Health Practitioner at school. Chole reports 'being sent to talk to some lady at school, she was nice.'
- Chloe was referred to CYMHS by the adolescent psychiatric inpatient unit in Victoria and has been case managed by the CYMHS community team since relocating to Queensland.
  - Does not present at this time with a major mental illness.
- Cognitive functioning and speech and language are currently being investigated further.

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Consumer's previous violence/other problem behaviours and the context in which they occurred (note first known violence including domestic/family violence; problem behaviours e.g. stalking, fire setting and threats; any pattern; increasing frequency or severity of harm; evidence of weapon use; and details regarding previous victims)

The majority of Chloe's known history of violence occurred prior to her relocation to Queensland and as such, detailed information regarding these incidents has been difficult to obtain.

Known history of violence/other problem behaviours is as follows:

In the last 3 months (since relocating to Queensland):

In the two weeks leading up to assessment, Chloe **directly threatened her mother and stepfather, telling them she would 'stab them'**. This has occurred on 2 separate occasions. Each verbal threat appeared to occur in the context of feeling overwhelmed and frustrated in the home environment and her attempting to 'run away'. Chloe did not subsequently engage in the stated violent behaviour but did remain emotionally dysregulated for a significant period of time following these threats.

Approximately 1 month ago Chloe **pushed her mother into a wall and proceeded to kick and punch her**. This was in the context of being given instructions and some limit setting around social media use/access.

Within the last year (prior to relocating to Queensland):

Approximately 5 months ago Chloe reportedly **'put her hands around Kirsty's (Father's girlfriend) throat'** during an argument over phone access. Around this time, she also threatened violence in an attempt to gain access to social media and was given this access.

Approximately 1 year ago **Chloe killed her pet bird whom she was reportedly close with**. When describing this event, Chloe stated she felt that 'something made me do it'. She reportedly tried to resuscitate the bird and expressed remorse for her actions.

Longer term history of violence:

Known **reciprocal violence with her father and more often Kirsty** was reported to have occurred over an extended period of time. The **nature of this violence was reported to be mostly verbal, but also physical on occasion (pushing, slapping)**. This has occurred from at least the age of 12.

One reported incident was of **Chloe impulsively grabbing a large knife from the kitchen drawer and waving it at her father and his girlfriend during an argument**. Precipitants and further circumstances regarding this incident are unknown at this time and require further investigation.

Static/predisposing factors associated with previous violence

Consider:

- Violence
- Pro-violence attitudes
- Antisocial behaviour
- Relationships
- Employment
- Problematic substance use
- Personality disorder/s
- Other mental disorders (including cognitive impairment, brain injuries, learning disabilities)
- Traumatic experiences
- Treatment adherence and response to treatment

Child and youth also consider:

- Peer group/influences
- School achievement/engagement

Queensland Government **Mental Health Services Violence Risk Assessment and Management** Facility: COMMUNITY CYMHS	**TRAINING EXAMPLE** Given name(s): **Chloe** Sex: ☐ M ☒ F ☐ I

Historical factors:

- Chloe's history of engaging in antisocial behaviour (e.g. animal cruelty, sexualised behaviour, petty theft).
- Exposure to violence in the home environment.
- Modelling of violence as a way to solve problems, deal with conflict and have needs met.
- Inconsistent and unpredictable boundaries regarding past behaviour.
- Past attempts to run away from home.
- History of trauma – alleged sexual abuse.
- Diagnosis of intellectual impairment.

Interpersonal factors:

- Reduced capacity to express her emotional experience and needs (? due to speech and language challenges and/or reduced cognitive abilities).
- Previously been able to meet need through violence or threats of violence.
- Unable to access appropriate coping strategies to support in regulating her emotional experience.
- Poor problem solving skills.

Dynamic factors that precipitated previous violence

Consider:

- Insight
- Violent ideation
- Symptoms of major mental disorder (including cognitive impairment, brain injuries, learning disabilities, and dementia)
- Problematic substance use
- Treatment adherence and response to treatment
- Living situation
- Social situation
- Stress/coping
- Anger
- Impulsivity

Child and youth also consider:

- Peer influence

The dynamic factors that have precipitated previous known incidents of violence outlined in the 'Consumer's previous violence/other problem behaviours' section of this assessment primarily appear to have occurred in the context of the home/living environment and associated with conflict and challenging interpersonal interactions (actual and/or perceived) with the adults she was living with at the time. A further precipitant appears to be when these interpersonal interactions relate to something Chloe perceives is difficult or unfair – especially when she is asked to do something or when limits are set such as around her access to social media or her phone.

Chloe's sensitive 'fight or flight' activation response appears to have been a precipitant to past violence. She becomes easily overwhelmed by her emotional experiences and her inability to express, explain and understand her emotions, as well as access effective coping strategies to manage and regulate these emotions further compounds the situation.

Dynamic factors that contribute to current and future risk of violence, including foreseeable changes that could quickly increase risk state

Dynamic factors:

- Sensitive 'fight/flight' response.
- Limited problem solving and coping strategies.
- Ongoing difficulty expressing herself and her emotional state.
- Interpersonal conflict/inability to deal with interpersonal conflict.
- Perceived threat of instability in her current living situation.
- Exposure to situations she finds threatening or emotionally overwhelming.
- Rupture in her main attachment relationships.

Foreseeable changes:

- Increasing frustration with her mother and stepfather.
- When her parents attempt to limit set.
- Should Chloe run away from home.

Specific inpatient dynamic risk factors

Consider:

- Confused/over-excited behaviour
- Irritable/sensitive to provocation
- Physically/verbally threatening/property damage
- Impulsivity
- Unwilling to follow directions/angered when requests are denied

Not a current inpatient.

Protective factors and strengths

Consider:

- Treatment adherence and response to treatment
- Coping/social skills
- Stable living situation
- Stable mental/emotional state
- Relationships/supports
- Available resources (readily accessible)
- Insight/awareness of triggers
- Meaningful time use

Child and youth also consider:

- Peer relationships, supports and activities

- Likeable personality and sense of humour.
- Likes school and displays an ability to regulate her behaviour in the school environment.
- Currently engaged with CYMHS.
- Eagerness to please.
- Lack of major mental illness.
- Able to make and keep friends.

Violence risk summary

Consider risk status (relative to others in a stated population) and risk state (relative to self at baseline or during previous significant periods) informed by static and dynamic factors:

- Specific population needs (e.g. general population, community settings, inpatient settings)
- Probable nature and imminence of future violence
- Most likely targets of violence (victims)
- Factors that mitigate risk
- Factors that could increase risk
- Potential high risk scenarios

Chloe's risk of violence is increased in comparison to other young people seen at Community CYMHS. This risk of violence is most prominent in the context of close interpersonal relationships with adults, generally those with whom she is residing, in which Chloe has both experienced and engaged in violent behaviour in the past (e.g. parents, stepparents/partners of parents). It is also noted that in the context of these relationships, Chloe is more vulnerable and emotionally invested, and as such, will likely experience greater distress/anger following perceived ruptures or rejections within these relationships. Given Chloe's difficulty utilising appropriate coping strategies or problem-solving skills, her increased emotional experience at these times increases her likelihood of engaging in violent behaviour. This hypothesis is further supported by Chloe's history of being able to appropriately regulate her behaviour in the school environment.

Chloe has a history of attempting to run away from home, and it is likely that this is the result of an activation of her 'fight or flight' response. Chloe's risk of violence is likely to increase in situations in which she has attempted to or wants to 'escape' and is inhibited from doing so.

Chloe's risk of future violence is mitigated by her willing engagement with CYMHS and the ability of this service to address the factors contributing to Chloe's violent behaviour. Additionally, the stability currently being provided by Chloe's Mother and stepfather as well as the implementation of fair and consistent boundaries will further reduce Chloe's risk of violent behaviour in the medium to long term.

Prevention oriented risk management plan Identify what actions are required for **each** dynamic risk and protective factor, including safety planning with the consumer/carer/family/support networks/potential victims. Risk management strategies must be incorporated into the consumer Care Plan.		
Risk increasing factor	**Clinical goal**	**Preventative strategies, interventions and involvement of other service providers**
Difficulty managing emotional experience.	Increase coping strategies.	CYMHS to adopt a strengths-based approach when working with Chloe to: • provide developmentally appropriate psychoeducation to Chloe regarding the window of tolerance and her 'fight or flight' response • support her in developing coping strategies appropriate for Chloe's abilities (e.g. grounding, mindfulness, breathing, zones of regulation work) Continue with weekly risk screening, MSE and collateral gathering. Review frequency of risk screening and MSEs at next care review meeting in 3 months on xx/xx/xxxx.
Possible intellectual impairment and/or speech and language issues.	Clarify Chloe's strengths and difficulties.	Over the next 3 months, CYMHS to administer appropriate psychometric testing to determine Chloe's strengths and difficulties with a view to results guiding further management/communication strategies.
Desire to 'escape' when Dysregulated.	Support Chloe in meeting her needs in a safe and adaptive way.	CYMHS to work with Chloe and her family to develop a 'safe' place at home where Chloe can 'escape' to when dysregulated.
Limited ability of caregivers to meet needs.	Increase caregiver ability to respond to Chloe.	CYMHS to: • Provide psychoeducation to caregivers in relation to formulation and strategies to manage Chloe's behaviour • Provide Circle of Security training to caregivers • Support caregivers in working to scaffold responses to Chloe's behaviour • Support caregivers in identifying early warning signs of both dysregulated and violent behaviour.
Protective factors	**Clinical goal**	**Preventive strategies, interventions and involvement of other service providers**
Enjoys school and is engaged with school.	Foster skills used to regulate emotions in school and maintain school attendance.	CYMHS to: Work with Chloe to identify the strengths she uses in school to regulate herself and if possible, support her in transferring these to the home environment. Collaborate with the school to support Chloe's ongoing engagement and attendance and provide any advice and assistance around how to best support her in the school environment once further clarification regarding any speech and language and cognitive difficulties.
Willing to engage with CYMHS.	To strengthen and maintain relationship between Chloe and CYMHS treating team.	Continue building rapport and strengthen therapeutic relationship using trauma informed and developmentally appropriate approaches. Long-term case management through CYMHS. Provision of a consistent Primary Service Provider and Treating Psychiatrist.

This assessment is informed by (note engagement with consumer, and sources of collateral)

- Assessment interview with Chloe, her mother and stepfather.
- Collateral from the Adolescent Psychiatric Inpatient Unit in Melbourne.
- Collateral from the Mental Health Practitioner at school (in Melbourne).

Information provided to consumer/carer/family/support persons (detail the information provided to the consumer/carer/family/support networks regarding this risk assessment and management plan. Where applicable include obligations under the *Mental Health Act 2016*. Note the consumer/carer/family/support networks understanding of the assessment, risk management plan and clinical goals)

- VRAM to be discussed at the next MDT meeting.
- Liaise with Forensic CYMHS if this is determined appropriate following next MDT.
- Formulation to be shared with Chloe and her family.
- Goals generated in this management plan have been generated in collaboration with Chloe and her family.