Learning Centre
Queensland Centre for Mental Health Learning

QC30 Violence Risk Assessment and Management

VRAM Tool training example – Child and Youth (Malakai)

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): Malakai

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)

Malakai is a 14-year-old male who recently physically assaulted two same aged peers (on separate occasions) at school, and his 14-year-old twin sister. These incidents occurred over three separate incidents all within the past 6 weeks.

These incidents have occurred on a background of violent and intimidating behaviour – both in the school and home environment – from around the age of ten.

The goal of the current assessment is to determine the extent of current violence risk and identify potential mitigation strategies to prevent future risk.

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

Malakai currently resides with his Mother and 14-year-old twin sister. His mother reports she experienced domestic and family violence (by Malakai's father) which was witnessed by the children. This prompted her to leave the relationship when Malakai was approximately nine years old. They have not had contact with his father since.

Malakai has previous diagnoses including autism spectrum disorder (ASD), oppositional defiance disorder (ODD), unsocialised conduct disorder and both receptive and expressive language disorders. His current treating team do not believe that he meets the criteria for ASD and believed that this previous diagnosis occurred in the context of communication deficits that impacted his socialisation.

At the time of the current assessment, Malakai had been engaged with CYMHS for six months in the context of emotional dysregulation and substance use. He had one historical period of contact with CYMHS when he was ten years old in the context of aggression towards peers. This aggression was conceptualised as a means to control his environment. No ongoing follow up with CYMHS was required on this occasion. Malakai has never been prescribed medication for a mental health condition.

Malakai does not have a history of contact with the Queensland Police Service or the criminal justice system. No risks of self-harm or suicide have previously been identified.

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)

Malakai had a history of aggressive behaviour which reportedly commenced at the age of ten and started to escalate in frequency the two years prior to the current assessment, which his mother attributed to puberty.

The school guidance officer reported that **Malakai had been observed bullying and intimidating others when in primary school, particularly females and vulnerable students**. They reported that this behaviour has continued since commencing high school with behaviours occurring more frequently as time progressed. These incidents did not involve police intervention, and he has never been charged with a criminal offence.

In addition to the aforementioned behaviours, over the past 6 weeks Malakai has been involved in one violent incident against his sister and two violent incidents perpetrated against same aged peers that appeared to represent an increase in the severity of his violent behaviour. These include:

At school:

- **assaulted a peer by punching him in the head**. He reported that this peer had been 'staring at me funny' two days prior to the assault. When asked about this incident, Malakai minimised his actions stating that he 'didn't hit him that hard' and that the peer 'shouldn't have been staring at me anyway'.
- **grabbed a peer in a headlock from behind and punched him in the head**. Malakai stated that he intentionally waited for the peer to be unaware of his presence so he couldn't defend himself, though did not provide a motive for this assault.

At home:

- **grabbed his sister from behind by her hair and dragged her to the ground where he proceeded to kick and stomp on her**. This appears to have occurred in the context of an argument between the two over a gaming console – Malakai indicated he felt it was 'unfair' that his sister had a longer turn than him. The violence occurred several hours later and only after Malakai's mother had left the home briefly to run an errand.

It was noted that all of these incidents had a degree of pre-planning, none involved a weapon, and Malakai ceased the assaults without intervention.

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

Factors associated with Malakai's previous violence include:

- beliefs that injustice justifies aggression
- exposure to domestic violence in childhood
- disengagement from school and rejection from pro-social peer group
- previous diagnoses (see above notes)
- history of substance use.

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

Dynamic factors associated with Malakai's previous violence include:

- perceived mistreatment/injustice (e.g. 'he was staring at me funny', 'mum is nicer to her (sister) than me')
- lack of insight into impact of violence on others and difficulty recognising distress in others
- having requests denied or feeling bullied
- difficulty appropriately relating to peers
- lack of coping strategies and problem-solving skills to manage conflict and feelings of anger
- antisocial peer group, whilst not involved in violent behaviour, appear to condone violence
- quick to anger
- isolated from pro-social peer group.

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

Dynamic risk factors that contribute to current and future risk:

- factors that contributed to previous violence as above (none of these risk factors have been mitigated thus far)
- conflict in the family home
- perceived bullying or mistreatment from peers
- potential secondary gain from previous violent behaviour (e.g. peers leave him alone, time off school due to suspension)
- limited insight into problematic nature of behaviour
- limited motivation to address behaviour
- perceived loss or rejection
- substance use.

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 currently an 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

- Mother is supportive of treatment and Malakai consents to same. Family remains engaged with CYMHS.
- Malakai is enthusiastic about BMX (attended the local BMX club in the past) and playing video games with friends.
- Malakai, mother and guidance officer report he is capable of doing well in school and enjoys attending when not experiencing interpersonal conflicts.
- Malakai (and family) have attended all scheduled appointments with CYMHS.

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

Malakai's risk of violence appears to be increased in comparison to other young people attending community CYMHS given his history of violent behaviours, his emerging beliefs that violence is an appropriate response to conflict or interpersonal distress, his lack of appropriate coping strategies and problem-solving skills and his lack of insight into the impact of his violence on others.

His risk of violence appears to be most prominent in the context of interpersonal relationships rather than towards strangers. Those who are vulnerable (sister, peers) appear to be most at risk and this risk is likely to increase in situations that Malakai feels wronged, bullied or when he perceives that an injustice has occurred. Malakai's bullying and intimidation of other young people suggest that it is possible that he is learning that he can use violent behaviour, or threats of violent behaviour to achieve desired outcomes and as a result, his risk of engaging in increased violent behaviours to meet his needs may further increase.

Similarly, the recent increase in frequency, severity and pre-planning of the violent behaviour suggests that his violence risk profile may be increasing. Factors that may act to mitigate this risk include Malakai's willingness to engage with CYMHS, support from his mother and the school, and the willingness of all parties to engage in safety planning.

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
Emerging beliefs supportive of violence/lack of insight into violent behaviours.	Work on reducing belief that violence is acceptable and increase pro-social attitudes.	Develop and maintain therapeutic relationship. Motivational interviewing. Insight building. Discuss personal consequences of violent behaviour. Continued fortnightly risk screening, MSE and gather further collateral from school/mother.
Limited coping strategies/problem solving skills.	Develop coping strategies and problem solving skills.	Develop strategies to cope with difficult emotional experiences. Roleplay likely difficult scenarios to build skills and understanding of alternatives to violence/non-violent responses.
Lack of pro-social influences.	Increase opportunities to have contact with supportive and socially responsible peers and adults.	Identify activities and/or interests that Malakai could pursue in order to increase his contact with pro-social peers (also see protective factors section of this risk management plan). Additionally explore and consider organised activities that would expose Malakai to pro-social adult influences who could provide positive mentoring and interpersonal guidance. This includes working with school to identify key school staff that Malakai likes, trusts and has an established rapport with.

Protective factors	Clinical goal	Preventive strategies, interventions and involvement of other service providers
Support from mother.	Utilise support to reduce risk.	Develop and maintain therapeutic relationship with Mother. Provide Mother with support and education regarding strategies to appropriately respond to Malakai's behaviour.
School supportive.	Maintain support from school.	Encourage consistent strategies to be used across the home and school environments in response to problematic behaviour. Work with school to put into place support plans – including early warning sign plans and behaviour response plans to aim to avoid suspension if possible and increase safety of vulnerable peers.
Enjoys BMX.	Support enhancing and maintaining attendance and engagement in BMX club and BMX related activities.	Work with Malakai to and family explore a return to BMX club by: • Identifying any possible barriers to return. • Working to explore strategies to address barriers.

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

- Interview with Malakai and his mother
- CIMHA review
- Consultation with consultant psychiatrist
- Consultation with school guidance officer.

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)

- The above formulation was shared with Malakai and his mother who were agreeable to same.
- Goals were collaboratively generated with Malakai and his family.
- VRAM tool, including formulation and prevention oriented risk management plan, was discussed with treatment team at MDT on xx/xx/xxxx.
- Liaise with school with consent.