Collateral gathering for violence

The purpose of this document is to support clinicians when gathering collateral from family, carers, Kin and significant personal supports (who may have been victims of violence) to gather information safely when assessing and responding to violence. Example questions are provided that will need to be tailored to the individual situation.

Please note, this is not an exhaustive list or intended to be used word-for-word or as a checklist.

Maximise engagement and minimise harms

- **Use a trauma informed approach:** Check in, offer choice, ensure people know the process is voluntary and they can withdraw at any point.
- Where relevant, utilise interpreters who speak the person's first language. Where possible involve a cultural consultant (Multicultural Mental Health Coordinators | Queensland Health) or (with consent) an indigenous worker.
- Explain that gathering detailed information assists the team with understanding the types of violence, frequency and patterns of behaviour as well as guide response planning.
- Explain the information is documented in the electronic clinical record and may be requested by the person being discussed. Check if the person providing collateral has any safety concerns due to this and if so, ensure you add a *Release of Information* alert and caveats in the relevant clinical notes to flag not to disclose the third-party information as it may increase risk to the person providing the collateral.
- Discuss with multidisciplinary team (MDT) if you are unsure about any of this.
- Be prepared to give the person information on support services that are relevant and available to them if they require support, have been victims or are at risk of future victimisation.
- Not all people who provide collateral will have been victims; where they have been it will be important to work in trauma informed ways and to offer support as indicated.

What to cover

When gathering collateral, you will potentially need to cover the following:

- if indicated, provide basic **victim support,** linkage and referral to the person providing collateral
- gather, clarify and/or confirm information about the person having the VRAM tool, including their:
  - **background/broader history** where there are gaps or inconsistencies e.g. childhood, family, pre-morbid functioning, psychiatric, alcohol and other drugs (AOD), general offending and/or antisocial behaviours in the past.
  - **violence history:** types of violence, victims, warning signs, triggers, context, perpetuating/maintaining factors and protective factors, as well as what helps to prevent/manage violence.

There are question banks below to assist with gathering collateral around violence.

Victim support

Many people we gather collateral from are victims or are at ongoing risk of victimisation. They may have support needs, require some basic safety planning advice, referral and/or linkage to specialist support.

Consider if it would be helpful/relevant to the person providing collateral to explore any of the following:

- What does or would make them feel safe?
- How do they protect themselves at times of increased risk?
- What safety plans do they have?
- Do they know who to call if there are imminent safety concerns regarding the person? Do they have a plan for calling 000 if they have imminent risk concerns?
- Who do they contact if there are less urgent safety concerns regarding the person?
- Ensure that they have all relevant contact details for the mental health service including 1300 MH CALL/Treating Team.
- Encourage proactive information sharing with the treating team about early warning signs (EWS), symptoms, concerns and risks.
- Do they have social supports to talk to about the impact of the person's mental illness and/or violence?
- If not consider the need for linking with services such as Arafmi (support for mental health carers), Children of Parents with a Mental Illness (COPMI), Carers Queensland mental health counselling, AfterCare, IPRA (Independent Patient Rights Advisers), Carer Peer/Senior Carer Coordinator, General Practitioner (GP) for mental health care plan (MHCP).
- Would it be helpful to make a referral to a Queensland Health domestic and family violence (DFV) clinician or High Risk Team (HRT) for further safety planning and support? Contacts and referrals | Queensland Health Intranet.
- Or to liaise/link with other victim support services with consent (e.g. Domestic Violence Action Centre, Domestic and family violence help in Queensland, Home | 1800RESPECT, Queensland Health Victim Support Service | Queensland Health).
- Discuss with the MDT if you are unsure of how to respond.

Physical violence

Is there a history of **physical violence**? *If yes*:

- Age of onset? (be sure to check for violence that occurred as a child (12 years and younger), as an adolescent (13 to 17 years) and as an adult)
- What occurred, when, against who and the consequences (i.e. school exclusion, court, sentence, police charges)?
- What was the most serious violence?
- Is there ongoing contact with victims? Is there ongoing victimisation or risks? If yes:
  - consider ethical issues, information sharing and relevant legislation (Information sharing | Queensland Health)
  - consider the need to refer to relevant services (outlined above).
- What does the person providing the collateral think influenced or caused the violence (i.e. symptoms, intoxication, mood)?
- Are there any patterns? Does it get worse when the person has been using alcohol or drugs?
- Has the person used weapons in the past?
- Have there ever been times when you thought your life was in danger?

Verbal threats of harm

Is there a history of **verbal threats**? *If yes*:

- How long has the person being making threats?
- What type of threats (i.e. suicidal, homicidal, physical violence, mass violence, sexual violence, property damage or veiled threats)?
- What occurs during these threats (e.g. they threaten to kill their neighbour while holding a knife and posturing)?
- Who are the targets?
- Is there ongoing contact with victims? Are there ongoing victimisation or risks?

  If yes:
  - consider ethical issues, duty to warn/protect and relevant legislation (Information sharing | Queensland Health)
  - consider the need to refer to relevant services (outlined above).
- Have threats been followed by actual violence/harm/damage to property?
- What influences/drives threats or demanding behaviours (i.e. specific symptoms, intoxication)?
- Do they identify any patterns?

Weapons

May include everyday items (i.e. chair, kitchen knife) and/or legal/illegal weapons (i.e. crossbows, firearms, 3D printed guns, paintball guns, flick knives, martial arts equipment, bombs, explosives).

- Is there a history of using items in the environment as weapons?
- Is there any history accessing illegal weapons?
- Is there a history of carrying weapons with them?

If yes to any/all questions, probe further:

- What type of weapons?
- How did the person access them?
- When did they access them?
- What was the purpose?
- Does the person have access now?
- Where does the person store them?
- Can they access weapons (e.g. firearms) illegally if they wish to?

If there is access to a firearm, refer to health practitioner notification requirements for Queensland Police Service (QPS): https://www.police.qld.gov.au/weapon-licensing/mental-and-physical-health.

Sexual violence

Is there are history of **sexual violence**? *If yes*:

- What occurred (gently prompt if required, e.g. rape, attempted rape, touching, exposure, observing others without their awareness, rubbing up against others, sexually inappropriate remarks, threats of sexual harm to others and so on)?
- When did this start? What has occurred and when has this occurred? How often? Against who (i.e. age, gender)? Where has it occurred? What were the consequences?
- Does the person ever make sexualised, derogatory or degrading comments of a sexual nature?
- Is there ongoing contact with victims? Are there ongoing victimisation or risks? If yes:
  - consider ethical issues, duty to warn/protect and relevant legislation*
  - consider the need to refer to relevant services (i.e. VSS or DVConnect)
- What do they think influenced or caused the behaviour?
- Do they identify any patterns?
- Are there any sexual behaviours that others do not know about and they have not gotten into trouble for?

If the person you're gathering collateral from is a partner/spouse:

- What happens when you say no to sex? How do they respond? (e.g. what do they say, how do they behave?)

Is there ongoing contact with victims? Is there ongoing victimisation or risks?

If yes:

- consider ethical issues, duty to warn/protect and relevant legislation (Information sharing | Queensland Health)
- consider the need to refer to relevant services (outlined above).

Ensure mandatory notification of harm to a child/children occurs as per your local HHS procedure.

Stalking (repeated unwanted contacts)

Is there any history of **stalking type behaviour**? *If yes*:

- What sort of behaviours (prompt if necessary: making phone calls, visits to the victim, approaching the victim, sending letters/texts/emails, recording the victim)?
- When did this start/finish?
- Against who? Details of the victims (i.e. gender and age)?
- What is the relationship between the victim(s) and the person?
- How many victims?
- Have the victim(s) or anyone else asked the person to cease contacting them?
- Does the person know the victim's address, workplace or other ways to contact the victim(s) at present?
- Has the person threatened the victim(s) – what have they said or done?
- Have the police become involved as a result of this behaviour?
- Is there ongoing contact with victim(s)? Is there ongoing victimisation or risks? *If yes*:
  - consider ethical issues, duty to warn/protect and relevant legislation
  - consider the need to refer to relevant services (i.e., DFV Coordinators or DVConnect).

- What do they see as driving the behaviour (i.e. preoccupation with a potential love interest or believe the person is in love with them, fixated on a cause or a grievance, a grudge, seeking revenge, seeking justice and so on)? It will be useful to formulate specific questions on the hypothesis you have of what is driving the behaviour prior to seeking collateral.
- How much of the person's time is spent on talking about their victim and/or engaging in the particular behaviours?
- Is there ongoing contact with victims? Is there ongoing victimisation or risks?
  If yes:
  - consider ethical issues, duty to warn/protect and relevant legislation (Information sharing | Queensland Health)
  - consider the need to refer to relevant services (outlined above).

Forensic history and antisocial behaviour not captured above

- Has the person ever been in trouble with the police, gone to court or to prison?
- Has the person ever expressed or held beliefs or strong opinions about authority figures such as the police or the government? *If yes*:
  - Do they tend to show/express a distrust for authority figures? (i.e. who specifically?)
  - What do they say/do?
  - Have you seen them interact with authority figures? What happened?
- During childhood or adolescence has the person ever engaged in antisocial behaviours?
- As an adult has the person ever engaged in antisocial behaviours?
- Have there been any property damage, disputes, fraud, gang involvement, drug manufacturing/trafficking or other concerning behaviours or worries you have that we haven't discussed?
- Do you know of any other behaviours or problems with the law in other states or countries?
- Is there anything else that we haven't talked about that you would like me to know/think is important for us to know?

Current/Future catch all questions

- What **current concerns** do you (the person providing collateral) have about risk?
- What about in the **future**, what could happen do you think?

*****Revisit victim support at the end of gathering collateral.**

Please see the guide around this in the earlier section***