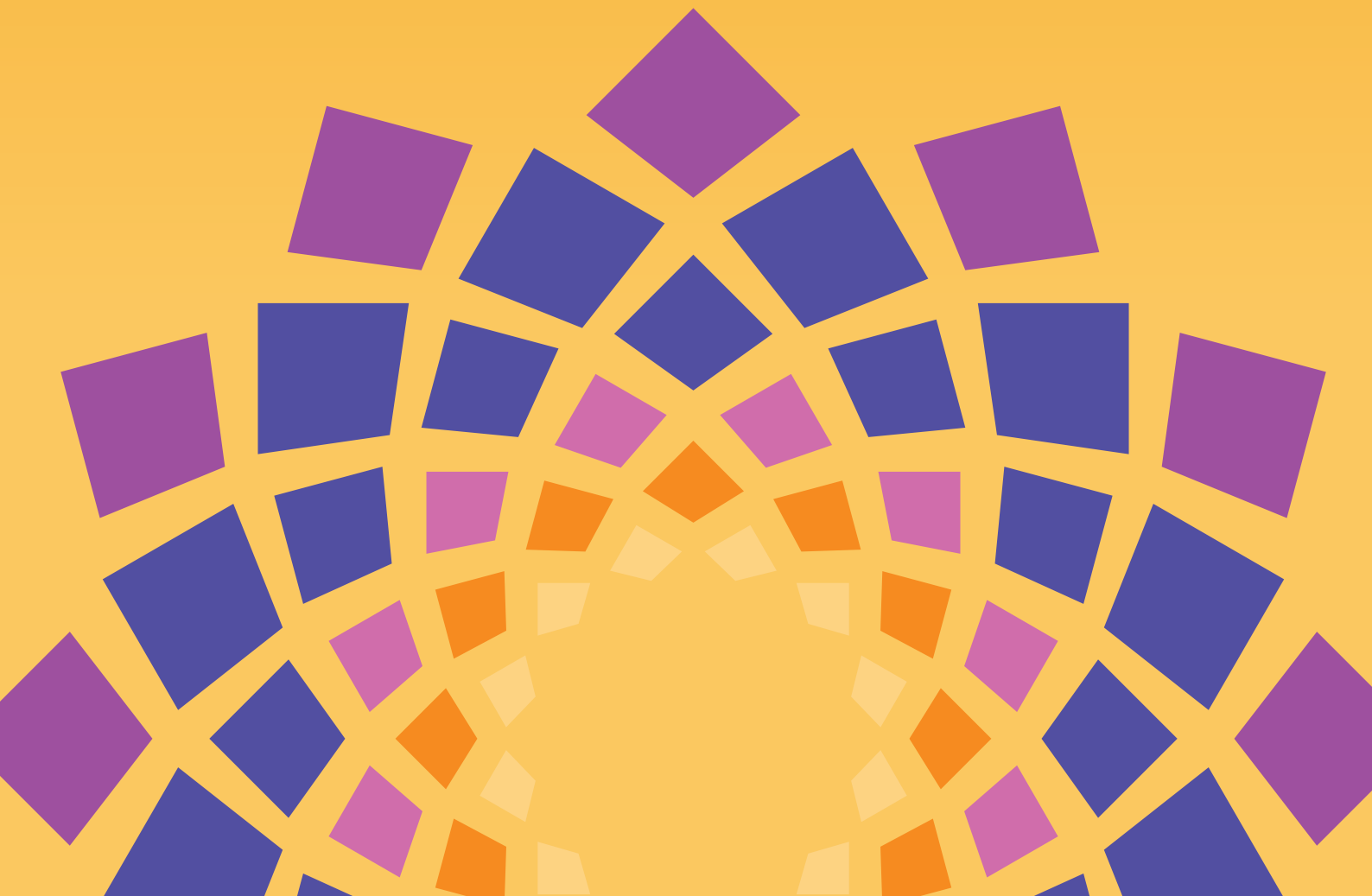


Domestic and Family Violence

Common Risk and Safety Framework





Acknowledgements

Queensland Government

The Queensland Government developed the Common Risk and Safety Framework (the Framework) as a key element of the *Not Now, Not Ever: Putting and End to Domestic and Family Violence in Queensland* response. The Framework guides the delivery of integrated service responses to domestic and family violence.

The Framework was developed with the intention that it would be reviewed and amended over time to incorporate new learnings and reflect contemporary best practice.

The Queensland Government would like to thank Australia's National Research Organisation for Women's Safety (ANROWS) for their work in developing the first version of the Framework, and Ernst and Young (EY) for their work in reviewing the Framework and developing the second version.

The Queensland Government also acknowledges the commitment and time of the many members of the Virtual Practice Reference Group, High Risk Teams, and domestic and family violence workers and stakeholders who contributed to the development and review of the Framework.

Finally, the Queensland Government respectfully acknowledges all victim-survivors who have experienced or are currently experiencing domestic and family violence and victims who have passed away as a result. It is our hope that this Framework will assist the ongoing improvement of responses to those impacted by violence.

Ernst and Young acknowledgment

The revised Common Risk and Safety Framework was produced on behalf of the Queensland Government Department of Justice and Attorney General, with the support of EY. EY acknowledges the significant commitment, passion, and generosity of the many key stakeholders working across Queensland to respond to domestic and family violence, who contributed to the development of the refined Common Risk and Safety Framework tools and Fact sheets.

In particular, EY would like to thank the victim-survivors and Virtual Practice Reference Group of practitioners for contributing their time and specialist knowledge to the refinement of the tools.

EY acknowledges the impact of domestic and family violence on individuals, families and communities, and the strength and resilience of the children and adults who have, and are still, experiencing family violence.

Acknowledgement of Country

The Queensland Government acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future; and we value Aboriginal and Torres Strait Islander people's history, culture, and knowledge.

Content warning

The contents of this document may bring up strong feelings in some readers. Be assured you are not alone, and that there are many services and support groups available to assist in dealing with these.

Advice and support

DVConnect (www.dvconnect.org/) on **1800 811 811** (24/7 telephone support).

1800 Respect (www.1800respect.org.au) on **1800 737 732** (24/7 telephone and online crisis support).

Lifeline (www.lifeline.org.au) on **13 11 14** (24/7 crisis support and suicide prevention).

Copyright

This Framework is licensed by the State of Queensland: Department of Justice and Attorney-General under a Creative Commons Attribution (CC BY) 4.0 International licence. CC BY Licence Summary Statement.

In essence, you are free to copy, communicate and adapt this Framework, as long as you attribute the work to the State of Queensland Department of Justice and Attorney-General.

To view a copy of this licence, visit www.creativecommons.org/licenses/by/4.0/.

Attribution Content from this Framework should be attributed as: The State of Queensland Department of Justice and Attorney-General Domestic and Family Violence Common Risk and Safety Framework Version 2.



Contents

Purpose of the Common Risk and Safety Framework.....	4
Guiding principles.....	5
Domestic and family violence – shared understandings.....	6
Integrated Service Systems.....	11
Supporting guidance and legislation.....	12
Risk assessment and safety planning tools.....	13
Level 1 Adult domestic and family violence routine screening tool.....	14
Level 1 Child domestic and family violence routine screening tool.....	17
Level 2 Domestic and family violence risk assessment tool	20
Level 2 Safety action plan tool and referral	30
Level 2 Referral form for victim-survivors at imminent risk	36
Level 3 Multi-agency dynamic risk assessment and safety management tool	37
Level 3A Initial multi-agency risk assessment and management tool.....	38
Level 3B Ongoing multi-agency risk assessment and management tool	41
Level 3C Case Summary and Closure Tool	44



A note on language used in the Framework

There are a number of different terms used in the Framework, that may not be familiar to all readers, or may be different to the terms used by some practitioners and community members.

Victim-survivor: the term “victim” can be a stigmatised and disempowering term that can limit a person’s self-agency and identity. The Common Risk and Safety Framework acknowledges that a person is not defined by their experiences of violence and uses the term “victim-survivor” in recognition of a person’s choice to identify as either victim or survivor, or both.

Person using violence: the term “person using violence” is used throughout the Common Risk and Safety Framework in recognition of a person’s ability to undergo personal development, be accountable for their actions, and transform their behaviours. It also acknowledges that many people using violence (particularly children and young people using violence) have been victims of violence themselves. Persons using violence are less likely to engage with support services and attempt to change if they feel that once labelled as a perpetrator they will always be known as a perpetrator.

Purpose of the Common Risk and Safety Framework

The Common Risk and Safety Framework (the Framework) is part of the Queensland Government’s commitment to a Queensland free from domestic and family violence where people feel safe in their own homes and where children can grow and develop in safe, secure environments. It is a whole-of-system framework that guides the delivery of integrated service responses to enhance the safety of victim-survivors and their children, and to hold perpetrators to account.

The Framework has been developed for use by government and non-government community service agencies, as well as community members, businesses, and others who may come into contact with people experiencing domestic and family violence. It articulates a shared understanding, language, and common approach to recognising, assessing, and responding to domestic and family violence, and offers Fact sheets on best practice approaches. The Framework is evidence-based and has been developed through a co-design process with key stakeholders across Queensland.

A series of tools designed to support people to identify domestic and family violence and assess and manage risk are embedded in the Framework.

- » **The Level 1 tool** is a screening tool designed for use by professionals, first responders, and community members who encounter people who may have experienced domestic and family violence.
- » **The Level 2 tool** is a risk assessment tool designed for specialist domestic and family violence practitioners, selected government workers, and other professionals with a role in responding to domestic and family violence.
- » **The Level 3 tool** is a dynamic risk assessment and safety management tool designed specifically for coordinated, high-risk multi-agency response teams.

A series of factsheets are provided to support use of the Framework and tools and provide additional information.



Guiding principles

1

We are committed to a shared understanding of risk

A common understanding of, and response to, domestic and family violence risk promotes consistency in service providers' responses; enables effective communication between service providers; supports practitioners when risk changes quickly and unpredictably; and helps identify risk at its earliest occurrence, enabling swift action to be taken to prevent harm from occurring.

2

We support the self-determination of victim-survivors

The lived experience, dignity, and safety of victim-survivors is central to the Framework. Victim-survivors are the experts in their own unique experience of domestic violence. Any engagement with the victim-survivor should be focused on supporting and increasing their self-determination and control over their lives. Coercive controlling behaviours can be used by a person using violence to erode a victim-survivor's self-confidence. The Framework supports practitioners to engage with the victim-survivor in a way that emphasises and validates their strengths, and that places the responsibility for the abuse entirely with the person using violence.

3

We recognise children and young people as victim-survivors in their own right and commit to meeting their unique needs

Historically, a child's risk of domestic and family violence was considered only through the risk to their non-offending parent or carer. However, the level of risk faced by an adult victim-survivor and a child are different and may vary from child to child. Parents or carers may choose not to disclose the full extent of domestic and family violence for a range of reasons, including parental shame and fear of statutory intervention. This can mean that the risks facing children can be missed if a specific risk assessment is not undertaken.

4

We adopt a culturally appropriate and intersectional approach

Domestic and family violence impacts different people in different ways, with certain communities experiencing multiple and intersecting forms of discrimination and disadvantage, which can make them more vulnerable to unique types of violence and create barriers to reporting. Tailored approaches to risk screening, assessment and management which consider these intersecting forms of oppression are needed when engaging with victim-survivors from these communities.

5

We recognise domestic and family violence as a pattern of abuse

Domestic and family violence rarely involves isolated incidents of physical violence, particularly in high-risk cases. Rather, it follows a pattern of controlling and abusive behaviours aimed at establishing and maintaining power and control over another person. The Framework moves away from an incident-based model of risk assessment to identify patterns of controlling behaviour.

6

We account for broader types of family violence

Domestic and family violence can be used by and towards people in a broad range of relationships and contexts. In recognition of the need to capture these broader forms of domestic and family violence, the Framework uses gender-neutral language, refers to those using violence as "persons using violence", and allows for the documentation of multiple persons using violence.

7

We adopt an integrated approach to risk assessment and management

Through an integrated approach to risk assessment and risk management, service systems are brought together in a collaborative way to better support people impacted by domestic and family violence, and to hold persons using violence to account. Collaborative information sharing breaks down the barriers that can prevent people from accessing the supports they need.



Domestic and family violence – shared understandings

Domestic and family violence includes behaviour that is physically, sexually, emotionally, psychologically, economically, spiritually or culturally abusive, threatening, coercive or aimed at controlling or dominating another person through fear. The violence or abuse can take many forms ranging from physical, emotional and sexual assault through to financial control, isolation from family and friends, threats of self-harm or harm to pets or loved ones, or constant monitoring of whereabouts or stalking.

What is domestic and family violence?

The Framework uses a definition of domestic and family violence adapted from Section 8(1) of Queensland’s *Domestic and Family Violence Protection Act 2012*:

Our understanding of domestic and family violence has significantly developed over the past two decades. Historically, domestic and family violence was considered a private matter, generally involving physical forms of violence and was primarily incident based. Since this time our knowledge of the dynamics and nuances of domestic and family violence has grown. We now understand domestic and family violence as a pattern of behaviours used to instil fear and to control the victim-survivor.

Hear Her Voice- Report One: Addressing coercive control and domestic and family violence in Queensland, defines coercive control as:

“a pattern of behaviours or ‘course of conduct’ perpetrated against a person to create a climate of fear, isolation, intimidation, and humiliation. Perpetrators use physical and non-physical forms of violence and abuse against the victim. Their use of violence and abuse vary in frequency and range and can occur across space and time. Perpetrators rely on these dominating and oppressive behaviours to ultimately restrict their victim’s freedom and deprive them of their autonomy”

Coercive control is a pattern of controlling and abusive behaviour designed to exercise domination and control over the victim-survivor.¹ It can include an extensive range of abusive behaviours that, over time, isolates the victim-survivor from their friends and family and erodes their autonomy.²

Importantly, physical violence is not a necessary component of coercive control, as the person using violence predominantly seeks to control their partner. Physical violence can become a mechanism to reinforce that control.

Coercive control is present in the vast majority of high risk cases of domestic and family violence. The level of control exerted over a victim-survivor is considered a greater predictor of severe and fatal violence than the presence of prior assaults.³ Coercive controlling behaviours are largely used by cisgender men towards women.

The Framework moves away from an incident-based model of risk assessment and supports people to identify patterns of controlling behaviour.



Behaviour which causes one partner in a relationship to be afraid of the other.

Tactics = power and control.

Is a pattern of behaviour.

The presence of fear is key.



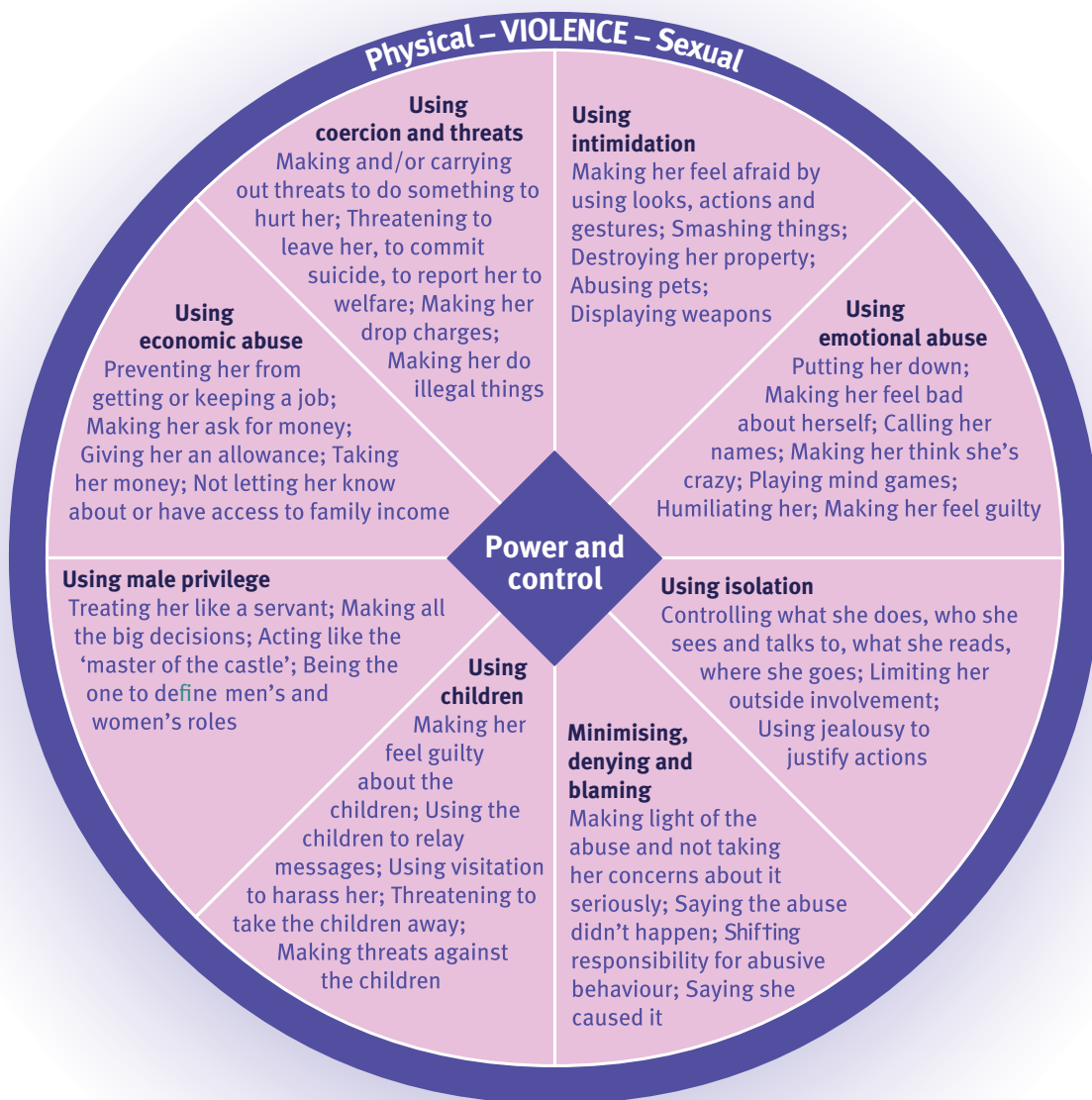
Identifying coercive control

The Duluth Model⁴ of Power and Control is the most widely adopted model of domestic and family violence. It highlights the range of behaviours used to gain power and control over victim-survivors, and behaviours that support equality and respect in relationships.

The Power and Control Wheel (see Figure 1 below) provides a model for understanding domestic and family violence as part of a pattern of interchangeable and reinforcing controlling behaviours.

People who use violence may use a combination of tactics and abusive behaviours to exert fear and control over the victim-survivor.

Coercive control often occurs slowly over time and consequently can be difficult for the victim-survivor to identify. It can also make it difficult for family and friends to recognise the domestic and family violence as well.





Patterns of coercive control

A person using violence will use a combination of behaviours to exert control over the victim-survivor.

Manipulation and abuse

Psychological and emotional forms of abuse are frequently used by people using violence and can take many forms including:

- » Preventing the victim-survivor from accessing family and friends
- » Controlling when and how the victim-survivor is able to leave their home
- » Making excessive and persistent demands that are constantly changing
- » Preventing the victim-survivor from working or forcing them to work
- » Making it difficult for the victim-survivor to socialise
- » Blaming the victim-survivor for the abuse
- » Threatening to harm the victim-survivor, themselves, or their children
- » Gaslighting- abuse that is designed to make the victim-survivor feel “crazy” or appear that way to others.

Jealous and obsessive behaviours

Jealous and obsessive behaviour is commonly experienced by victim-survivors. People who use violence may prevent the victim-survivor from speaking with other people, be jealous of attention given to children and/or restrict access to social media. Sexual jealousy may be present and can involve continual accusations of infidelity.

Stalking, monitoring, and surveillance

Stalking, monitoring and surveillance is a well-recognised form of abuse and is a high risk factor for intimate partner homicide. It may involve:

- » Following the victim-survivor’s movements
- » Turning up at the victim-survivor’s workplace
- » Monitoring emails, text messages, and phone calls
- » Monitoring or regulating the use of social media
- » Keeping track of how the victim-survivor spends their time
- » Monitoring or regulating the victim-survivor’s money
- » Interrogating the victim-survivor about anything that might involve contacts external to the relationship.

Micromanagement

People who use violence may manage all aspects of a victim-survivors life, and set all rules that must be obeyed. This may include controlling what the victim-survivor wears, what they eat, when they go to bed, where they work and who can come to the house.

Verbal abuse

Verbal abuse includes name-calling, yelling abuse, and using words to humiliate, intimidate and bully the victim-survivor.

Financial and economic abuse

Financial abuse involves a range of behaviours that are focused on controlling the victim-survivor’s access to money and resources. This can include:

- » Demanding to know how money was spent (requiring receipts for every cent spent)
- » Deciding how money was to be spent without giving the victim-survivor a choice
- » Stopping the victim-survivor from earning her own source of income
- » Keeping financial information from the victim-survivor, demanding the victim-survivor quit her job , preventing her from attending work or otherwise putting her job at risk.

Physical violence

Physical violence is often associated with domestic and family violence. Aside from physical abuse such as hitting, punching, kicking and biting, physical violence also includes non-lethal strangulation and sexual violence.

Non-lethal strangulation is a serious high risk factor associated with an increased risk of being killed. It can have serious ongoing health impacts and is terrifying for victim-survivors.

Sexual violence incorporates a broad range of behaviours including sexual assault, rape and reproductive control.

Systems abuse

Systems abuse occurs when the person using violence manipulates systems such as police, courts and/or child protection agencies to assert power and control over the victim-survivor. Examples include:

- » False accusations of abuse or neglect to Child Safety
- » Providing false information to police, the tax office, Centrelink or a victim-survivor’s employer
- » Misuse of the court system (including family law courts)
- » Challenging child support assessments and refusing to disclose financial

information - continued delays to court proceedings

- » Making applications for cross orders (against the victim-survivor)

Technology-facilitated abuse

Persons using violence are increasingly using technology to facilitate their abuse and increase their control over victim-survivors. Technology can be used to erode spatial boundaries, allowing persons using violence to create a sense of omnipresence in the victim-survivor’s life in a way that was not previously possible. It can also be used to punish and humiliate victim-survivors, and to isolate victim-survivors from their support systems. Examples of technology-facilitated abuse include:

- » Sending repeated abusive text messages or emails
- » Making continuous threatening phone calls
- » Spying on and monitoring victim-survivors through the use of tracking systems, hidden cameras, webcams, recording devices in children’s toys
- » Abusing victim-survivors on social media sites
- » Sharing intimate photos of the victim-survivor without their consent (“revenge porn”)
- » Demanding passwords
- » Identity theft

For more information on technology-facilitated abuse, visit [Technology Safety Australia](#).

Dynamics of coercive control and children

Children also experience impacts directly from the coercive control being perpetrated by the person using violence against their non-offending parent. The Safe and Together model explains the impacts to children through a multiple pathways to harm framework.⁵

This framework states that the pattern of coercive control toward the victim-survivor can impact on the children in multiple and intersecting ways. It can impact on their safety, they can experience trauma and physical injury, it can impact on the family ecology (housing, loss of income, school), and the victim-survivor’s parenting (loss of authority, interfering with the relationship and attachment to the child).

Children may live in a state of fear and intimidation and also be used by the person using violence to control the victim-survivor.

More information on patterns of coercive control and domestic and family violence can be found in [Hear Her Voice - Report One: Addressing coercive control and domestic and family violence in Queensland](#).



The gendered drivers of domestic and family violence

Domestic and family violence, and particularly coercive control, is most commonly used by cisgender men against women in the context of intimate partner relationships. Compared to men, the domestic and family violence and sexual assault women experience is more severe, more frequent, and more often results in death, serious injury, and more extensive negative health and social consequences.⁶

Domestic and family violence is recognised in the *National Plan to Reduce Violence Against Women and their Children 2010–2022* as one of the two main forms of violence against women in Australia, the other being sexual assault.

Gender inequality creates the social conditions for violence against women to occur. Men’s attitudes towards women and gender equality are the strongest indicator of aggressive and violent behaviour towards women.

Our Watch’s Change the Story: A shared framework for the primary prevention of violence against women in Australia (2nd ed.) outlines the key drivers of violence against women. These are:

- » Condoning of violence against women
- » Men’s decision making and limits to women’s independence in public and private life
- » Rigid gender stereotyping and dominant forms of masculinity
- » Male peer relations and cultures of masculinity that emphasis aggression, dominance and control.

Hear her Story highlights that there are often competing arguments about whether males and females commit family and domestic violence at the same rate. The report notes that often these arguments fail to:

“recognise the context in which this violence occurs or consider the differences between situational violence as a response to single incidents and ongoing patterns of coercive control”.

Although there can be single incidents of violence that can occur in relationships, this is different to ongoing patterns of behaviour that serve to control another person.

Intersectionality

The concept of intersectionality assists in highlighting the unique experiences of victim-survivors from diverse backgrounds that may be overlooked through the singular lens of gender. Multiple and intersecting factors can contribute to the prevalence and impact of domestic and family violence, including racism, ableism, classism, heteronormativity and the ongoing impact of colonisation.

Domestic and family violence impacts different people in different ways. Certain communities experience multiple and intersecting forms of discrimination and disadvantage, and consequently are vulnerable to unique types of violence and barriers to reporting violence. In many cases, they may have previously experienced discrimination by the services sector and government. Conversely, people from certain communities may have different protective factors that can be activated as part of safety planning, leveraging the strengths of their identity and community.

The Framework supports an intersectional approach to domestic and family violence practice by prompting consideration of unique risk factors and safety planning concerns, as well as protective factors, relevant to victim-survivors from different communities.

Aboriginal and/or Torres Strait Islander victim-survivors

Research indicates that Indigenous women are 35 times more likely to be hospitalised due to domestic and family violence; and five times more likely to be the victim of domestic homicide, compared to non-Indigenous women.¹⁹ This is rooted in the oppression and abuses of power inflicted on Aboriginal and Torres Strait Islander people through colonisation.

Relationships and dynamics across communities, boundaries and families are complex and often poorly understood by non-Aboriginal and Torres Strait Islander people. Systems must be adapted, and responses must be culturally-led and considered, with a focus on avoiding practices of the past that continue to undermine Aboriginal and Torres Strait Islander people’s trust in the broader domestic and family violence sector.



Intersectionality assists in highlighting the unique experiences of victim-survivors from diverse backgrounds that may be overlooked through the singular lens of gender.”



Culturally and Linguistically Diverse victim-survivors

The intersection of gender, ethnicity and culture may serve to heighten vulnerability to domestic and family violence risk for victim-survivors from culturally and linguistically diverse backgrounds.

Victim-survivors with disability or mental health concerns

Women with disability are almost twice as likely to experience domestic and family violence as women without disability. People with disability are subjected to domestic and family violence for significantly longer periods of time, experience multiple forms of violence, and have fewer pathways to safety and justice.

LGBTIQ+ victim-survivors

The prevalence of domestic and family violence within same-sex relationships is as high as the rates experienced by cisgender women in intimate heterosexual relationships, and may be higher for bisexual, trans and gender-diverse people.

Victim-survivors in regional or remote areas

Victim-survivors in regional, rural and remote areas often face risks compounded by specific issues relating to their geographical location and the cultural and social norms of small communities.

Older victim-survivors

Older people also experience violence within intimate partner relationships and are particularly vulnerable to abuse from other adult family members as well as from their carers.³⁹

The World Health Organisation defines elder abuse as behaviour that causes harm or distress to an older person within a relationship where there is an expectation of trust.⁴⁰ Mirroring domestic and family violence definitions, this can involve physical violence, psychological abuse, financial abuse, social isolation, sexual abuse or neglect.

NOTE: Further information about taking an intersectional lens to engaging with victim-survivors can be found in **Fact sheet 6**.

Taking a victim-survivor led approach

When undertaking any intervention or engagement with a victim-survivor, ensuring the approach is victim-survivor led and informed is essential.

Victim-survivors are the experts in their own unique experience of domestic and family violence. They know the patterns of behaviour, the impacts on themselves, their children and their family. Victim-survivors are making decisions about their safety every day and managing risk to themselves and their children.

To understand the choices victim-survivors are making, we need to understand the person using violence's pattern of behaviour and the victim-survivor is best placed to provide that information. They will also know what strategies they have used previously, and which ones have worked and which have not.

Taking a victim-survivor led approach is not simply a good thing to do, it is crucial in increasing safety and reducing risk.

Identifying the predominant aggressor: what about 'mutual violence'?

In some cases, it can be difficult to identify who the predominant aggressor in a relationship is. Understanding the dynamics of domestic and family violence is important to avoid misidentifying the person using violence and victim-survivor. Although both parties may be using violence, the predominant aggressor will often be using a pattern of coercive and controlling behaviours over the victim-survivor. The presence of fear is key.

Victim-survivors may utilise violence to avert an attack from the aggressor or in self-defence. A person using violence may try to convince the police, courts and others that they are the "real" victim, as a way to avoid responsibility for their own behaviour and to further coerce and control a victim-survivor. This is known as "systems abuse."⁷

When identifying the predominant aggressor, consideration should be given to who poses the most significant risk, prior history of abuse and control, statements of other people, self-defence issues and the ongoing risk if the "wrong" person is arrested or treated like a person using violence. It is not about who started the argument, who is "mouthy" or argumentative or who is more drunk.

Risk assessment and safety management

Domestic and family violence risk assessments identify and mitigate risks to a victim-survivor posed by a person using violence. Risk assessments are used both to prevent future violence, and to prioritise cases for intervention.

Risk assessment is a complex, continuing, and evaluative process rather than a static event. The risk assessment process must remain dynamic. Events and circumstances may undergo rapid and frequent change that alter the severity of risk.

Once the domestic and family violence risk has been assessed, risk management strategies are used to promote the safety and security of the victim-survivor. This includes enacting service responses to support the victim-survivor and hold the person using violence to account. All family members and dependents should be included in risk management.

Risk management is an ongoing process that may occur at any stage of an interaction with a victim-survivor once the violence has been identified. Risks are regularly reassessed as circumstances change.

Risk management should:

- » Identify goals, objectives and strategies to manage risk.
- » Consider and incorporate the victim-survivor's views on risk and protective factors.
- » Design, implement and monitor separate, but related, safety plans for both the victim-survivor and children in collaboration with the victim-survivor.
- » Provide a range of support services for victim-survivors, preferably as part of a coordinated, multi-agency response that address multiple needs including protection, child safety, counselling, legal services, housing and financial support.
- » Ensure that the person using violence is the subject of risk management strategies and targeted interventions that hold them accountable in a consistent way across agencies and that consider the victim-survivor's views on appropriate perpetrator accountability.



Integrated Service Systems

Domestic and family violence is complex. It can have wide ranging impacts on a victim-survivor's life that often requires responses from multiple services and agencies. It is common for victim-survivors, their children and people who use violence to access multiple services.

It is now commonly understood that working in an integrated way is best practice. There are many benefits of integrated responses including an increased focus on victim safety; reduction in secondary (system-created) victimisation by limiting the need for victims to repeatedly recount their story; increased perpetrator accountability; facilitation of a common language between agencies towards cohesive, consensus-based responses; and formalised information sharing.⁸

What is an integrated service system?

Integrated approaches require the following:

- » All services across the service system taking a domestic and family violence informed approach
- » A common understanding of domestic and family violence
- » Collaboration between services and sectors
- » Formal and informal communication and partnerships
- » Strong leadership and a strong "authorising environment"
- » Practices, partnerships, and decision-making processes that are shared by all partners.

Working in an integrated way means all services who come into contact with the victim-survivor, their children or a person using violence, have a common understanding and approach to domestic and family violence. An integrated domestic and family violence service system aims to provide consistent quality responses across all services who may be engaged with people impacted by domestic and family violence.

Integration is more than "working together" or networking. It involves services building partnerships, referral pathways and establishing formal communication processes. It is where the system coordinates responses to the specific needs of the victim-survivor.

Strong leadership is required to provide an environment that supports and encourages cross agency and sector collaboration.

Integrated approaches require collaborative work between services. All agencies need to understand how all the parts of the service system function and need to build trust with other services and sectors over time. Common practices, processes and joint decision making ensure that responses are appropriate and seamless.

Integrated responses and risk assessment and safety management

Integrated responses to domestic and family violence are essential in informing best practice risk assessment and risk management approaches.

Working in an integrated way promotes the sharing of information about dynamic risk factors across sectors and services. This strengthens the accuracy of risk assessments, increases safety responses for victim-survivors and provides greater opportunities to hold people who use violence accountable.



Integration is more than "working together" or networking. It involves services building partnerships, referral pathways and establishing formal communication processes. It is where the system coordinates responses to the specific needs of the victim-survivor.



Supporting guidance and legislation

Domestic and Family Violence Prevention Strategy 2016-2026

The Queensland Government released the *Domestic and Family Violence Prevention Strategy 2016-2026* as a partnership between the government, community and business. The Strategy outlines a shared vision and a set of principles to guide action across government and the community, including a staged 10-year implementation plan. The Strategy includes clear actions for services to work together to stop the violent and abusive behaviour and attitudes that trivialise, excuse or perpetuate domestic and family violence.

One of the foundational elements underpinning the Strategy is that Queensland should have an integrated response system that delivers the services and support that victim-survivors and persons using violence need.

Women’s Safety and Justice Taskforce

The work of the Women’s Safety and Justice Taskforce follows on from the Honourable Dame Quentin Bryce AD CVO’s, landmark ‘Not Now, Not Ever’ report, which led to widespread improvements in Queensland’s response to domestic and family violence.

The first report of the Women’s Safety and Justice Taskforce *Hear her Voice- Report One: Addressing coercive control and domestic and family violence in Queensland*, presents the Queensland Government with a four-phase plan to prepare for and implement legislation to address coercive control in Queensland.

Domestic and Family Violence Services- Practice Principles, Standards and Guidance

The *Domestic and Family Violence Services -Practice Principles, Standards and Guidance* sets out the principles and standards that funded domestic and family violence services are contractually required to comply with from 1 January 2021. These standards apply to people working in a broad range of domestic and family violence services, including services for both victim-survivors and perpetrators as well as services targeting vulnerable population groups who are at a higher or a unique risk of domestic and family violence.

While the standards have been developed to guide practice for Queensland’s domestic and family violence service sector, they can also be applied more broadly by other agencies whose core business is impacted by domestic and family violence. This includes agencies such as those delivering police and justice services, health (including mental health and drug and alcohol services), education, and child safety services.

The key objectives of the practice standards and guidance are:

- » to provide guidance for people working in domestic and family violence services in Queensland to deliver quality responses to their clients including victims of domestic and family violence, their families and perpetrators
- » to support workers in the domestic and family violence sector to be culturally appropriate, collaborative, and to have the skills and capabilities to work effectively with a broad range of clients to promote greater consistency, transparency and integration of services around client needs.

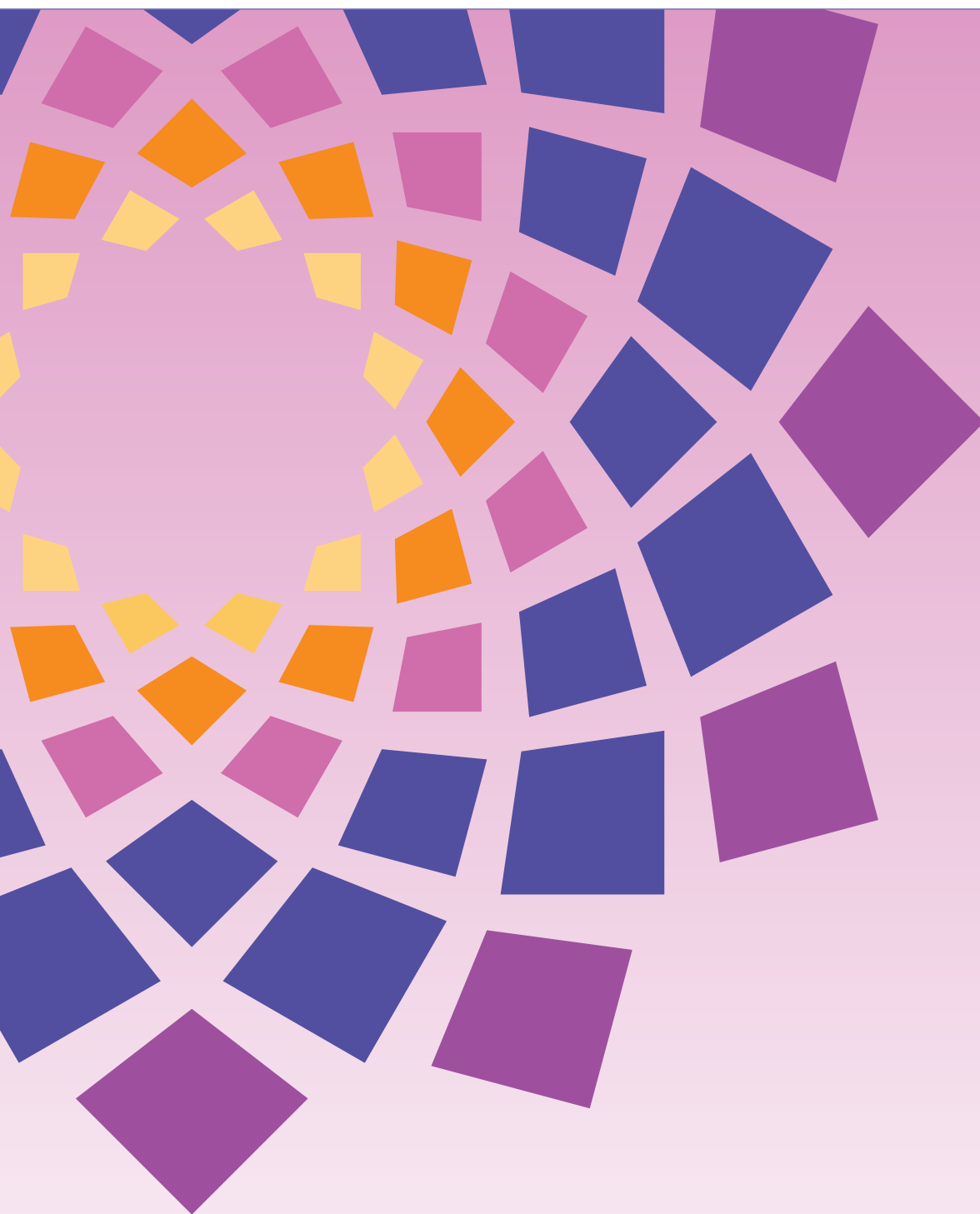
Relevant legislation: Domestic and Family Violence Protection Act 2012

Queensland’s *Domestic and Family Violence Protection Act 2012* states that the protection and safety of individuals who are experiencing or who fear domestic or family violence, including children, is paramount. The *Domestic and Family Violence Prevention Act 2012* recognises that:

- » living free from violence is a human right and fundamental social value
- » domestic violence is a violation of human rights that is not acceptable in any community or culture and traditional or cultural practices cannot be relied upon to minimise or excuse domestic violence
- » domestic violence is often an overt or subtle expression of a power imbalance, resulting in one person living in fear of another, and usually involves an ongoing pattern of abuse over a period of time
- » perpetrators of domestic violence are solely responsible for their use of violence and its impacts on other people
- » domestic violence is most often perpetrated by men against women with whom they are in an intimate partner relationship and their children; however, anyone can be a victim or perpetrator of domestic violence
- » domestic violence is a leading cause of homelessness for women and children
- » children who are exposed to domestic violence can experience serious physical, psychological and emotional harm
- » behaviour that constitutes domestic violence can also constitute a criminal offence.

Recent amendments to the *Domestic and Family Violence Prevention Act 2012* aim to improve responses included introducing a framework which enables key government and non-government entities to share information in order to better assess risk and respond to serious domestic and family violence threat.

The *Domestic and Family Violence Information Sharing Guidelines 2017* support practitioners to share information appropriately with one another in order to assess and manage domestic and family violence risk.



Risk assessment and safety planning tools



Level 1

Adult domestic and family violence routine screening tool

CONFIDENTIAL: Domestic and family violence information

This tool is designed to be used by any person who may come into contact with someone who may have experienced or be experiencing domestic and family violence (DFV). This tool is used to screen for DFV in adults and can be used for young people aged 13 and older (in the context of screening for risk in an intimate partner relationship).

The tool consists of three steps:

- Step.1 Scan for signs:** This tool provides a list of some common signs of DFV for which you should scan. Note that this is not designed to be an exhaustive list and not all victim-survivors will display signs of victimisation.
- Step.2 Ask:** If there is a sign DFV is present or you suspect it may be, and if it is safe to do so, this tool provides questions for you to firstly help *build rapport* with the person, and then to ask questions to *identify whether DFV is occurring*. These questions are a guide and you should ask questions in a way that is appropriate for the person you are engaging with.
- Step.3 Act** If your questioning identifies that DFV is occurring, this tool provides some actions *for you to take to support referrals and immediate safety*.

Personal information	
Name of person and age:	Client ID (if relevant):
Names and ages of others presenting with client (if known):	
Name of professional completing screening:	Date:

Step 1: Consider whether there are any signs of DFV: Below are a list of some signs that may indicate that DFV is occurring. This is not an exhaustive list. If you have any concerns that DFV could be occurring, you should ask.

Signs to look for		
Demeanor	The demeanor of the person indicates that DFV could be occurring	<ul style="list-style-type: none"> » Appears anxious, scared or afraid in the presence of a family member or partner or when they are mentioned » Is reluctant to follow advice without reason » Has varied or inconsistent explanations for injuries sustained
Physical signs	There are physical signs that the person could be experiencing DFV	<ul style="list-style-type: none"> » Signs of physical injury such as bruising, fractures, fresh scars or minor cuts or signs of strangulation » The presence of chronic pain (i.e neck, back) » The presence of complications during pregnancy (where relevant)
Relationship dynamics	The person indicates that they are in or have an unhealthy or unhappy relationship	<ul style="list-style-type: none"> » Characterises their partner/family member as controlling or prone to anger » Characterises the relationship as turbulent / of extreme highs and lows » Indicates that they are threatened/harassed by partner/family member » Partner/family member has unilateral financial control and other decision-making control » Dependent on partner/family member for basic needs » Partner/family member has denied access to family or social connection (incl. religious/cultural practices)
Non-physical signs	The person displays any signs that they are isolated or emotionally distressed	<ul style="list-style-type: none"> » Experiencing isolation or does not have access to family or friends » Signs of mental health concerns, anxiety and depression, suicidality, and self-harm » Recent homelessness or experiencing recent tenancy issues » Signs that other members of the household may be at risk, for example, children or elderly parents » School refusal/ avoidance » Eating disorders » Substance abuse



Personal information

Step 2: Ask the questions: If any of the above signs exist or you otherwise suspect that DFV may be occurring, the following questions can be asked. You should not ask these questions if the person suspected of using violence is present. **Although not all of these questions need to be asked, multiple options have been included to assist in prompting a response from a person who may be reluctant to engage.**

These are purposely direct, because research indicates that victim-survivors are more likely to accurately answer direct questions. Any disclosure should be taken seriously, taking care to avoid labels, judgment, and jargon, and re-enforcing that you believe them and that you are here to support them. See Fact Sheets for further details on how to approach asking questions.

Broad prompting questions: open-ended questions to start the conversation and build rapport with the person. The below examples may be useful:

“I’m pleased to see you today – how are things going?”

“What has brought you here today?”

“Tell me a bit about your family/home life/relationship with [X]”

Presence of domestic and/or family violence

Are you fearful of [X] and/or do you feel unsafe or controlled by [X] and/or your family? Yes No Not disclosed
If yes, details:

Have you been threatened with harm in any way by [X] and/or anyone in your family? Yes No Not disclosed
If yes, details:

Is there anyone else in the family who is experiencing or overhearing these things? Yes No Not disclosed
If yes, details:

Immediate safety concerns (if DFV has been disclosed)

Are you worried about your immediate safety, or that of anyone else close to you? Yes No Not disclosed
If yes, details:

Do you have somewhere safe to go today? Yes No Not disclosed
Further details:

Support services currently in place (if DFV has been disclosed)

Are you already connected to support services? Yes No Not disclosed
If yes, further details:



Personal information

Step 3: Act on the information: If your questioning identifies that DFV is occurring, consider whether referrals should be made to a specialist DFV agency or police if the individual is at risk of imminent harm

Outcome	Suggested action
<input type="checkbox"/> Domestic and/or family violence is disclosed or appears to be occurring	<p>Offer to refer the person to a specialist DFV agency to undertake a risk assessment. It may also be that there are immediate needs you can support them with through other referrals, such as accessing accommodation or financial support.</p> <p>If there are urgent concerns (e.g., serious illness or injury, or immediate threat of harm to any individual presenting, including self-harm, call 000)</p> <p>If non-urgent safety concerns are identified:</p> <ul style="list-style-type: none"> » Offer to contact the police on their behalf. » Seek support of a specialist DFV service. » Consider the safety and wellbeing of any children and share relevant risk information if needed. You may have additional responsibilities under mandatory reporting legislation for children. See Fact Sheets. » If the person does not have anywhere safe to go to today, assure them that they can remain at the current location while you put a safety plan in place <p>If they do not want any immediate action, it is important to respect that. Reassure them that supports are available should they need them in the future and reassure them that their safety is the most important concern.</p>

<input type="checkbox"/> Domestic and/or family violence is not disclosed	<p>Respect the person if they do not disclose DFV or indicate that they may feel unsafe, even if you suspect it may be occurring. Be supportive and, if appropriate, provide information about support services available should they need them in the future.</p>
--	--

Referrals made and actions taken: Based on the outcome and suggested actions, detail what has been done to respond to any disclosures of DFV or other concerns. Document action taken below, see Fact Sheets for suggested actions.

Referral to other services (e.g., specialist DFV, housing, or other support services)	Yes <input type="checkbox"/> No <input type="checkbox"/> Further details (as required):
Contact Police	Yes <input type="checkbox"/> No <input type="checkbox"/> Further details (as required):
Contact Child Safety	Yes <input type="checkbox"/> No <input type="checkbox"/> Further details (as required):

Note: If you are making a referral or plan to contact the individual/family again, **always ensure you have checked with them on the preferred/safest way to contact them.** This is critical to ensuring their safety. Ask about safety before giving your client brochures or other written information to take away, as it may not be safe for them.

Level 1

Child domestic and family violence routine screening tool

CONFIDENTIAL: Domestic and family violence information

This tool is designed to be used by any person who may come into contact with someone who may have experienced or be experiencing domestic and family violence (DFV). This tool is used to screen for DFV in children aged under 13.

The tool consists of three steps:

- Step.1 Scan for signs:** This tool provides a list of some common signs of DFV in children for which you should scan. Note that this is not designed to be an exhaustive list and not all children experiencing DFV will display signs of victimisation.
- Step.2 Ask:** If there is a sign DFV is present or you suspect it may be, and if it is safe to do so, this tool provides questions for you to ask to identify whether DFV is occurring. Risk screening questions can be asked either directly of a child, (where appropriate and where a person is suitably qualified to work with children), or of an adult parent or caregiver with reference to the child. These questions are a guide and you should ask questions in a way that is appropriate for the child you are engaging with.
- Step.3 Act:** If your questioning identifies that DFV is occurring you should consult with a colleague or specialist child practitioner. This may include referring to the [Child Protection Guide](#) and completing the appropriate decision support tool, which may advise whether a referral to Child Safety, or another referral to a specialist children's service (e.g. Family and Child Connect or Aboriginal and Torres Strait Islander Family Wellbeing Services), may be more appropriate.

Personal information

Name and age of child:

Client ID (if relevant):

Name of parents/guardians (if known):

Date:

Name of adult presenting with child (if different):

Name of professional completing screening:

Step 1: Consider whether there are any signs of domestic and family violence: Below are a list of age-related signs of trauma for a child which may indicate that DFV is occurring. In isolation, some of these signs are not indicators of DFV (e.g. defiant behaviour or bedwetting). This is not an exhaustive list, and there are further physical and mental health indicators of violence and abuse in children in the [Child Protection Guide](#). If you have any concerns that DFV could be occurring, you should proceed to Step 2.

Note any of the following signs may apply regardless of age.

This child is a...	Signs to look for	
A baby or toddler	<ul style="list-style-type: none"> » Excessive crying or irritability » Excessive passivity or compliance » Underweight for age » Significant sleep or feeding difficulties 	<ul style="list-style-type: none"> » Reactions to loud voices or noises » Frequent illness » Anxiety, overly clingy to caregiver » Poor language or mobility development
A preschooler	<ul style="list-style-type: none"> » Extreme clinginess » Significant sleep and/or eating difficulties » Bedwetting » Frequent illness » Poor language development and/or significant use of 'baby talk' 	<ul style="list-style-type: none"> » Displaying maladaptive behaviour such as frequent rocking, sucking and biting » Aggression towards others » Adjustment problems (for example, significant difficulties moving from kindergarten to school) » Anti-social play or lack of interest in engaging with others
A primary school-aged child	<ul style="list-style-type: none"> » Rebelliousness, defiant behaviour » Physical abuse or cruelty of others, including pets » Showing low self-esteem » Extremely compliant behaviour, being passive, tearful or withdrawn » Delayed or poor language skills 	<ul style="list-style-type: none"> » Poor social competence » Sleep issues and bed wetting » Frequent illness » Depression, anxiety and self-harm » Displaying problematic sexualised behaviour or knowledge unusual for the child's age » School refusal/ avoidance



Level 1

Personal information

Step.1 Ask the questions: If any of the above signs exist or you otherwise suspect that DFV may be occurring, you should screen for DFV. You can screen for DFV to children by speaking either directly to the child, or about the child to their parent or guardian. This will depend on the age of the child, and the circumstances of their presentation, and your training. You should not ask any questions about DFV if the person suspected of using violence is present.

Children should be encouraged to give narrative accounts, based on open ended questions, using age-appropriate language. Any disclosure should be taken seriously, taking care to avoid labels, judgment, and jargon, and re-enforcing that you believe them and that you are here to support them.

See the Fact sheets for more information on considerations to take into account when determining whether it is appropriate and safe to screen directly through a child. **Select either Option A or Option B to complete Step 2. Where possible, start with risk screening questions that relate to observations that you have made about the child’s manner or situation.**

Option A: Screening for risk by talking directly to the child: the following questions can be asked directly of children to screen for DFV risk, however you may need to use questions from Option B if young children are unable or reluctant to answer. Start with broad prompting questions: open-ended questions to start the conversation and build rapport with the child. The below examples may be useful:

- “Tell me a bit about yourself...”
- “Tell me something you like to do”
- “What’s something fun you’ve done recently?”
- “Tell me a bit about your home, who lives there with you?”

Presence of domestic and/or family violence

When you’re at home, do you ever feel unsafe or scared?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/>
» Can you tell me about a time when you felt unsafe or scared? Who was there? What were they doing?	If yes, details:
» Are there other places where you feel unsafe or scared?	Note: Encourage the child to present their own narrative account, picking up on key details with follow on questions like “ <i>What happened then?</i> ”, “ <i>Tell me more about [x]</i> ”
Has there been a time where someone has hurt you?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/>
	If yes, details:
Do you worry about your mum/dad/brothers/sisters/other family members for any reason?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/>
	If yes, details:
Who is an adult you feel safe with all the time?	If a child responds to this question, a useful follow-up may be: What makes you feel safe with them? Details:

Option B: Screening for risk to a child via speaking to an adult parent or carer: the following questions can be asked of a parent/ carer to screen for DFV risk to a child.

I’ve noticed that [child’s name] is [describe observed sign of DFV]. Are they usually like this? Is there anything which might be causing this?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/>
	Details:
Has anyone done anything to make [child’s name] feel afraid?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/>
	Details:



Personal information

Step.3 Act on the information

Outcome

Domestic or family violence is disclosed or appears to be occurring

Suggested action: Actions should be considered in line with roles and responsibilities under mandatory reporting legislation.

Speak with a colleague, and/or a specialist child protection professional (e.g., Queensland Police Service Child Protection Unit, Queensland Health Child Protection Advisor, School Principal, Guidance Officer, Department of Education Principal Advisor, Student Protection) and consider whether to refer the child to Child Safety to undertake a risk assessment. See Fact sheets on mandatory reporting obligations.

If there are urgent concerns (e.g., serious illness or injury, or immediate threat of harm to child, including self-harm, call 000)

If there are non-urgent safety concerns identified:

- » Provide the family/child with a safe space to be while you seek advice on actions to be taken and ensure the child is not left alone with the adult they have identified as using violence (if present).
- » Seek support of a child safety worker, specialist children’s service or family violence service.
- » Offer to contact the police on their behalf (in consultation with a trusted parent/guardian).
- » Consider the safety and wellbeing of any other children in the family and share risk information as needed and appropriate.
- » If the family/child does not have anywhere safe to go today, assure them that they can remain at the current location while you put a safety plan in place.

Domestic or family violence is not disclosed

Respect the parent/child if they do not disclose DFV or indicate that they may feel unsafe, even if you suspect DFV may be occurring. Be supportive and encourage them to talk to a trusted person about anything that is worrying them when they feel ready. If appropriate, provide specific information to the parent/guardian about support services available should they need them in the future.

Note: Where children or young people fail to disclose but where identified individuals form a reasonable suspicion of risk of significant harm to a child or young person, mandatory legislative reporting obligations may still apply. See Fact Sheet 5 for more information on mandatory reporting requirements.

Referrals made and actions taken: Based on the outcome and suggested actions, detail what has been done to respond to any disclosures of DFV or other concerns.

Action taken

Referral to other services (e.g., specialist DFV practitioner, family and child services, GP, or other support services)

Yes No

Further details (as required):

Contact school or education provider

Yes No

Further details (as required):

Contact Police

Yes No

Further details (as required):

Contact Child Safety

Yes No

Further details (as required):

Note: If you are making a referral or plan to contact the child, **always ensure you have asked them or their parent/caregiver about their preferred method of contact.** This is critical to ensuring their safety. Ask about safety before giving the parent/guardian or young person brochures or other written information to take away as it may not be safe for them.



Level 2

Domestic and family violence risk assessment tool

CONFIDENTIAL: Domestic and family violence information

This tool is designed to be used by professionals required to assess domestic and family violence (DFV) risk where some form of violence has already been identified (including through routine screening and the use of the Level 1 tool).

The tool enables professionals to assess and understand the risk posed to a victim-survivor of DFV. From this assessment, safety planning should be undertaken to manage the identified risk, including making appropriate referrals.

Once the Level 2 risk assessment has been undertaken, the Level 2 Safety Action Plan must be completed in partnership with the victim-survivor.

Depending on the outcome of the risk assessment, a case will either be referred to a multi-agency team (Level 3), such as a High-Risk Team, or there will be ongoing monitoring and regular check ins of the safety plan with the Level 2 professional.

The tool is split into three parts.

Part 1: Victim-survivor information	Part 1 considers information relating to the victim-survivor. This includes demographic information to determine whether there are any population-specific risk factors that may be at play and should be explored in the risk assessment.
Part 2: Assessment of risk	<p>Part 2 seeks to support you to assess the risk to the victim-survivor. There are four core components to this:</p> <ul style="list-style-type: none"> A. Victim-survivor’s assessment: The victim-survivor’s assessment of risk is a highly relevant consideration in determining risk. It is one of several considerations to accurately determine severity of violence, and overall risk. This section seeks to understand their perception of risk and their experience of violence. B. Context: Understanding the current context in which the violence is occurring. This includes the relationship between the victim-survivor and the person using violence (PuV), and any relevant PuV factors that may impact on the risk to the victim-survivor. C. General risk factors, including high risk factors: Evidence-based factors relating to the PuV’s past behaviours to assess and understand future risk to the victim-survivor. D. Population-specific risk factors (as relevant): Specific risk factors that can apply to certain population groups. These can be asked as deemed relevant based on the person’s demographic information in Part 1.
Part 3: Assessment outcome	Part 3 enables you to make an overall assessment of risk. In arriving at the assessment outcome, you should consider all aspects of Part 2 and your own professional judgment. There are three risk levels: imminent risk, high risk and at risk. A guide for each level is set out in Part 3. The outcome of this assessment informs both safety planning, and further referrals which may be required.



Part 1: Victim-survivor information

A. Victim-survivor contact details	
Name (including any aliases):	Phone:
Address: Does the victim-survivor live with the PuV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose	Email:
Preferred approach for contact (e.g., call, SMS, email):	Interpreter required: Yes <input type="checkbox"/> No <input type="checkbox"/> Language:
B. Demographic details: This section captures key demographic details about the victim-survivor. This is important to both accurately assess risk (Part 2) and to ensure supports are appropriate (Part 3).	
Date of birth: Country of birth:	Gender identity <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Did not disclose <input type="checkbox"/> Prefers not to say <input type="checkbox"/> Prefers to self-describe: _____
Aboriginal, Torres Strait Islander or South Sea Islander status Does the victim-survivor identify as Aboriginal, Torres Strait Islander and/or Australian South Sea Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose If yes, note language and kinship group(s): <i>[Refer to the Fact sheets material when engaging with First Nations victim-survivors]</i>	Sexual orientation <input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Prefers not to say <input type="checkbox"/> Did not disclose <input type="checkbox"/> Prefers to self-describe: _____
Cultural and linguistically diverse background Does the victim-survivor come from a diverse cultural or religious background? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose If yes, further details e.g. faith group, language spoken, visa status if relevant	Disability Does the victim-survivor have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose If yes, further details e.g. diagnosis, NDIS participant, supports in place (face-to-face or other support), frequency of support Is the PuV the victim-survivor's carer? <input type="checkbox"/> Yes – formal carer <input type="checkbox"/> Yes – informal carer <input type="checkbox"/> No <input type="checkbox"/> Did not disclose
Mental health Does the victim-survivor have a mental health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose If yes, include further details e.g. diagnosis, whether receiving supports	Housing status <input type="checkbox"/> Private rental <input type="checkbox"/> Transient <input type="checkbox"/> Community or public housing <input type="checkbox"/> Other <input type="checkbox"/> Privately owned <input type="checkbox"/> Did not disclose <input type="checkbox"/> Homeless or at risk of homelessness Is the PuV also on the lease or mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A



Health:

Does the victim-survivor show signs of physical injuries or health conditions?

Yes No Did not disclose

If yes, include further details e.g. implications for safety planning and support needs

Regionality:

Does the victim-survivor live in a regional or remote community?

Yes No Did not disclose

If yes, include further details e.g. *name of community, implications for safety planning and access to supports*

Other factors:

Are there any other factors that may be impacting on the victim-survivor's ability to access supports? (e.g. religious, family or community factors, age, any other sources of trauma)

Children:

Does the victim-survivor have any children, including any children in care?

Yes No Did not disclose

If yes, further details (e.g. name, age/cognitive age, relationship to PuV, gender, school, disability or special care needs):

What is their relationship to the PuV?:

Who do the children live with?:

Is there a parenting plan, Family Law Court order, or any other care arrangement in place regarding the child? (including informal arrangements between the PuV and victim-survivor)

Yes No Did not disclose

Provide any further details (relating to living arrangements and orders):

The Queensland Child Protection Guide (CPG) tool should be completed for any children:
<https://secure.communities.qld.gov.au/cpguide/engine.aspx>



Part 2: Assessment of risk

A. Summary of victim-survivor's assessment of risk: This section summarises key details of the victim-survivor's self-assessment of their level of risk.

Victim-survivor's account of the relationship(s) (*Dot point names of PuV(s), relationship to victim-survivor, behaviours, key events where relevant, and timeframes*)

As a prompt, ask the victim-survivor Why are they scared? What has made them feel unsafe? To help identify patterns of coercive behaviour, it may be helpful to ask the victim-survivor to describe what their life was like prior to meeting the PuV and compare that to what it is like now.

Where possible, the victim-survivor's account should be used to inform your response to the risk factors below.

Victim-survivor's perception of level of risk:

Do they believe it possible that the PuV could kill or seriously harm them (or their children or other family members)?

Yes No Did not disclose

If yes, further details:

Victim-survivor's perception of escalation of risk:

Has the violence gotten worse, or is the victim-survivor more afraid of the PuV than before?

Yes No Did not disclose

If yes, further details:

Victim-survivor's perception of immediacy of harm:

Has a triggering event occurred to indicate an escalation of risk? (e.g. parole end date, court date, birthday, substance use, relapse or increase, loss of housing, loss/change of employment, child safety intervention etc?)

Yes No Did not disclose

Details:

Will the victim-survivor feel safe when they leave here today?

Yes No Did not disclose

Details:

Do they have any immediate concerns about the safety of their children, someone else in their family or someone else?

Yes No Did not disclose

Details:

B. Context to the violence: This section captures key PuV details, as well as contextual details relating to the violence.

Multiple PuVs:

Is the victim-survivor currently experiencing violence perpetrated by more than one person?

Yes No Did not disclose

If yes, detail names and relationship to PuV:

[Where there are multiple PuVs, please indicate in Part C below which PuV each risk factor relates to].

PuV details (if known):

Name:

Date and country of birth:

Address (if different to victim-survivor):

Workplace:

Do any of the following demographic factors apply to the PuV?

- | | |
|---|--|
| <input type="checkbox"/> Has a disability | <input type="checkbox"/> LGBTIQ+ |
| <input type="checkbox"/> Culturally or linguistically diverse | <input type="checkbox"/> Has a mental health condition |
| <input type="checkbox"/> Identifies as Aboriginal, Torres Strait Islander and/or South Sea Islander | <input type="checkbox"/> Other: |

Details:



Other factors relating to the PuV:

Do any of the following factors apply to the PuV? (tick as relevant/if known and provide further details)

- History of mis-use of alcohol, drugs and other substances
- Financial strain (e.g. currently unemployed) Member of outlaw motorcycle gang
- Been reported to police for DFV On bail, parole or probation
- Childhood history of DFV Subject to court orders (including cross-orders)

If yes to any, further comments (including bail/parole conditions, upcoming court dates):

Relationship status:

Is the victim-survivor planning to separate, or have they tried to separate from the PuV?

- Yes No Did not disclose

Details:

Note: Planned, attempted or recent separation should be considered a high-risk factor in the assessment of risk.

If separated, has this put the victim-survivor in danger?

- Yes No Unknown

Details:

- » If separated, relationship end date (if known):
- » How many times has the victim-survivor separated from the PuV (if known)?

Pregnancy or young child:

Is the victim-survivor pregnant or do they have a child under the age of 1?

- Yes No Unknown

Details (e.g. pregnancy due date):

Note: If yes, this should be considered a high-risk factor in the assessment of risk.

C. General risk factors: This section looks at the PuV's past behaviours to understand the current risk posed. The questions are aimed at understanding the violence in the context of the relationship with the victim-survivor, however it should be noted if the victim-survivor discloses that the behaviours have occurred with a different victim-survivor/s. Comments should be used to capture any further relevant information, which may include escalation of frequency/ severity, recency, and details of any hospitalisation or prolonged injury.

High-risk factors

	Yes				No	Unknown or not relevant	Other details*
	All of the time	Often	Occasionally	Once			
<i>Has the PuV ever...</i>							
threatened to kill or seriously harm the victim-survivor? (can include threats to incinerate or commit arson)							
tried to choke or strangle the victim-survivor? (includes attempts to smother or drown) (If so, note whether consciousness was lost, difficulty in breathing, etc.)							

*Including date of most recent incident and name of PuV (if relevant)



	Yes				No	Unknown or not relevant	Other details*
	All of the time	Often	Occasionally	Once			
threatened to or used a weapon against the victim-survivor? (Describe weapon, noting a weapon could be anything used to harm)							
used violence against the victim-survivor during pregnancy?							
harmed or threatened to harm a pet or animal?							
forced the victim-survivor to participate in sexual acts when they did not consent? Note presence of intimidation, threats, force, being asleep and/or persistent and relentless demands for sex.							
<i>Where there are children, has the PuV ever...</i>							
tried or threatened to harm the children? (including physical, emotional and other harms)							
attempted to take the children when visiting under parenting arrangements?							
Coercive control							
<i>The victim-survivor may not always recognise coercive behaviour, and therefore it is important to support them with examples of what coercive behaviour looks like. Has the PuV ever</i>							
Used isolation or deprivation tactics against the victim survivor?							
Limited the victim-survivor's contact with friends or family? Both in-person and online.							
Limited the victim-survivor's access to money, or made them financially dependent on the PuV?							
Prevented them from attending work, appointments (e.g., doctor) or education?							
Limited access to basic necessities like sleep, hygiene, medication, and food?							
Limited access to their own property including houses and cars?							
Deprived the victim-survivor of bodily autonomy? (e.g., controlled personal appearance, refused to have safe sex)							

*Including date of most recent incident and name of PuV (if relevant)



Coersive control	Yes				No	Unknown or not relevant	Other details*
	All of the time	Often	Occasionally	Once			
Degraded, harassed, or threatened the victim-survivor?							
Put the victim-survivor down or made them feel bad about themselves, or that they were worthless?							
Repeatedly texted, called or otherwise tried to contact the victim-survivor when they did not want them to?							
Shared or threatened to share pictures or other content of the victim-survivor against their will (revenge porn)?							
Monitored or surveilled the victim-survivor?							
Monitored or controlled their use of their online accounts, including breaking into accounts or demanding passwords?							
Reading personal correspondence (e.g., texts, messages, and mail) without permission							
Repeatedly checked up on or stalked the victim-survivor by showing up to where the victim-survivor is, or online through social media.							
Installed cameras, spyware or tracking devices to surveil the victim-survivor							
Manipulated the victim-survivor?							
Showered the victim-survivor with love or affection after being violent or cruel?							
Threatened to hurt or kill themselves?							
Highly possessive of the victim-survivor, and jealous of others the victim-survivor interacts with (including children)?							
Made themselves seem like the “real” victim or portrayed the victim-survivor as the problem (including to police)?							
Made the victim-survivor feel that they’re crazy, lied to them or played mind games to exhaust them?							

*Including date of most recent incident and name of PuV (if relevant)



Coersive control	Yes				No	Unknown or not relevant	Other details*
	All of the time	Often	Occasionally	Once			
Where there are children, has the PuV ever...							
Undermined the victim-survivor's parenting skills?							
Reported or threatened to report children to Child Safety, or tried to use the police or other authorities against the victim-survivor?							
Otherwise manipulated the children or used them to manipulate the victim-survivor (e.g. asking the children about the victim-survivor to seek information about them)							
Other risk factors							
<i>Has the PuV ever...</i>							
Physically hurt the victim-survivor in any way? (hit, slapped, kicked or otherwise physically hurt them) If so, did the victim-survivor need to seek medical help?							
Tried or threatened to harm other people the victim-survivor knows?							
Breached or broken the conditions of an intervention order or a court order?							
Been violent to previous partners, other family members or non-family members? (Note any court proceedings and/or behaviours to previous partners)							
D: Population-specific risk factors: This section considers the PuV's past behaviours where the victim-survivor may face population-specific risk factors. These should be asked only where relevant.							
<i>Has the PuV ever...</i>							
For persons who identified as Aboriginal and Torres Strait Islander in Part 1							
Deprived the victim-survivor of access to their culture? (including language, community events, sorry business)							
Denigrated or insulted the victim-survivor for being Aboriginal or Torres Strait Islander or for their beliefs?							

*Including date of most recent incident and name of PuV (if relevant)



	Yes				No	Unknown or not relevant	Other details*
	All of the time	Often	Occasionally	Once			
For persons who identified as from a CALD background in Part 1							
Threatened the victim-survivor's immigration status, made threats to send them or their children overseas, or threatened to or taken away their passport?							
Refused to engage an interpreter for the victim-survivor and speaks for them?							
For persons who identified as LGBTIQ+ in Part 1							
Undermined or refused to accept their identity, including in public and with other family members? (sexual orientation and gender identity, including deliberate misgendering)							
Outed the victim-survivor or threatened to do so, against their will? (sexual orientation, gender identity, intersex status, to family members, friends, colleagues or publicly)							
For persons who identified as having a disability or mental health issue in Part 1							
Used the victim-survivor's disability/mental health status against them?							
Restricted or stopped the victim survivor from accessing appropriate care?							
For persons who identified as being elderly in Part 1							
threatened to relocate the victim-survivor or make them stay somewhere they do not want to go? (e.g. leave home to go into aged care?)							
Characterised the victim-survivor as cognitively impaired and limiting their ability to speak on their own behalf or manage their own affairs.							
Forced the victim-survivor to sign legal documents (e.g. power of attorney and wills)							



Part 3: Risk Assessment Summary

Overall risk level assessment and rationale: This section outlines the overall assessment of risk based on the practitioner’s professional judgment and the assessment they have undertaken. All aspects of Part 2 should be considered in determining the risk level. The below is a guide for interpreting the risk identified in Part 2.

Imminent risk	One or more high-risk factors are present, and these factors are deemed imminent or occurred recently (in the past 6 months) The victim-survivor believes they or another person are at imminent risk of serious harm
High risk	One or more high risk factors are present but not recent, nor escalating in severity or frequency A number of general risk factors are present and risk is escalating in severity or frequency The victim-survivor believes they or another person are at risk of serious harm but the risk is not imminent.
At risk	No high-risk factors are present and risk is not escalating in severity or frequency, but some risk factors are present and persistent.
Low risk/ no risk	No high-risk factors present. Risk factors are present, and not escalating in frequency or severity and managed to a very low level through protective factors. Risk unlikely.

Victim survivor’s assessment of risk

- Imminent Risk:** At imminent risk of lethality or serious harm
- High Risk:** At high risk of lethality or serious harm
- Risk:** At risk of harm
- No/Low Risk**
- Unknown**

Professional’s assessment of risk

- Imminent risk** of lethality or serious harm
- High risk** of lethality or serious harm
- Risk of harm**
- No/Low Risk**

Professional’s rationale for risk level

Considering recency of behaviour and any escalation in the frequency or severity of violence.

Do you have any other concerns that have not been noted which impact upon the victim-survivor’s risk?

Safety Planning Tool has been completed? (see Safety Planning Tool) Yes No

Child Protection Guide (CPG) Tool Completed? Yes No Not relevant

Outcome of CPG tool: Report to Child Safety Do not report to Child Safety

Details:

Child protection concerns: (please outline in detail)

Prior/current child safety interventions:

Name of specialist worker:

Name of agency:

Date of assessment:

Sources relied upon (including referrals/other agency discussions) to inform this risk assessment:



Level 2

Safety action plan tool and referral

CONFIDENTIAL: Domestic and family violence information

This tool is designed to be used by professionals working in Level 2 services where risk has been assessed through the Level 2 Risk Assessment Tool. Safety Planning is aimed at trying to bring back control to the victim-survivor in their day-to-day life, whilst recognising that they are responding to the actions and behaviours of the PuV.

The tool should be used to **support you to manage the risk** posed to a victim-survivor of domestic or family violence (DFV), and **to support the victim-survivor with information, tools, and practices to assist them in managing their own safety (and the safety of any children).**

Where the case has been referred to a multi-agency response, a safety plan will also be completed from a multi-agency perspective, which includes responses to reduce the threat posed by the PuV where possible.

If the victim-survivor identifies as belonging to a particular priority population group in the Level 2 Risk Assessment Tool, consideration should be given to particular barriers they may face in accessing supports and the need for tailored referrals.

Part 1: Key considerations for safety planning	Part 1 details key considerations for safety planning. This includes: <ul style="list-style-type: none">A. Identified risk from risk assessment: Summarises the risk level identified in the Level 2 Risk Assessment Tool.B. Victim-survivor's views of safety plan: Enables the victim-survivor to articulate what they need in order to feel safe, drawing on their protective efforts to date and experience of what has worked in the past.C. General considerations for safety planning: This supports you to consider a range of factors which may be relevant in developing an appropriate and effective safety plan. This includes the victim-survivor's desired level of contact with the PuV and support networks, as well as common barriers to executing safety action plans.
Part 2: Existing supports and information sharing	Part 2 prompts you to consider any existing supports in place and any concerns the victim-survivor may have in relation to information sharing, in order to inform future safety planning actions.
Part 3: Safety Action Plan	Part 3 supports you to detail the steps which will be taken to support the victim-survivor to increase their own safety. In creating the Safety Action Plan, you should consider all of the considerations from Part 1, as well as any existing supports in place and information sharing considerations. These steps may include referrals to and information sharing with other agencies, which can be recorded in the plan.



Part 1: Key considerations for safety planning

Victim-survivor name					
A. Identified risk from risk assessment: Risk level identified in the Level 2 Risk Assessment.					
<input type="checkbox"/> Imminent risk of lethality or serious harm		<input type="checkbox"/> High risk of lethality or serious harm		<input type="checkbox"/> Risk of harm	
<p>Note: If 'imminent risk' has been determined, a referral can be made to the High-Risk Team or another multi-agency response to undertake multi-agency safety planning using the Level 3 risk management tool. If the victim-survivor is in imminent risk, consider contacting 000 and other referrals to ensure immediate safety.</p>					
B. Victim-survivor's views of safety plan: This section enables the victim-survivor to articulate what they want and need in order to feel safe. It enables them to draw on their experience of what has worked in keeping them and their children safe and articulate any priorities that should be factored into the safety plan.					
				Response and implications for safety planning	
What do you need to make you feel safe?					
Are there any important priorities you are attempting to balance with safety? (e.g., work, social connections, education, caring responsibilities, religious values)?					
What have you tried in the past to keep yourself and your children safe? What has worked? What did not work?					
C. General considerations for safety planning: This section asks a broad range of questions to support the victim-survivor to consider how they can implement different strategies to keep themselves safe.					
	Yes	No	Unknown	N/A	Implications for safety planning
Contact with PuV					
Do you...					
Want to stay in the relationship or living with the PuV?					
Want to remain in contact with the PuV?					
Support networks					
Do you...					
Feel comfortable calling 000 if you feel at risk of harm?					<i>Prompt to understand how to address barriers to police contact, including identifying safe location to call, getting a friend or family member to call, or contacting another support service.</i>
Have family, friends, neighbours and other people who you can reach out to if feeling unsafe?					<i>Provide contact details and prompt to develop code words/similar if necessary</i>
Have a safe place to stay if you leave the home?					<i>Provide details around address, who lives there, whether the PuV knows of this safe place, etc.</i>



	Yes	No	Unknown	N/A	Implications for safety planning
Contact with PuV					
<i>[For Aboriginal and Torres Strait Islander and CALD victim-survivors]</i> Have connections to your community and culture?					Consider any additional supports to keep the victim-survivor and their children connected to their culture and community
Children					
Do you believe that school and/or childcare are a safe place for your child/ren?					Are they aware of the current situation? Is it safe to make them aware?
Are you worried that the PuV will use services against you or the children if referrals to support services are made?					
Is ongoing contact with the PuV specific to the children? (e.g. is the PuV allowed into the home to visit children?)					Consider whether this is a barrier to reporting, obtaining a DVO.
Where the victim-survivor has dependents (e.g., child or caring for person with a disability)					
Are they verbal? How clearly can they communicate?					Discuss implications for safety planning
Do they have mobility issues or require physical assistance to move around?					Describe assistance needed, whether they can move quickly and implications for an escape plan
Are there any specific triggers that affect their behaviour?					Discuss how stress/anxiety in the dependent can be managed during safety planning.
Do they require specific medication, treatment or medical equipment?					
The home environment					
Do you...					
feel safe in your home?					Discuss flagging their address with QPS, keeping their new address confidential
know if the PuV has access to your home? (e.g. keys, garage remote control...)					Consider safety/security upgrades, a friend staying with them
Health and wellbeing					
How has the violence impacted upon your health or wellbeing?					Provide education on risks associated with non-lethal strangulation, referral to GP or hospital where appropriate



	Yes	No	Unknown	N/A	Implications for safety planning
Contact with PuV					
Are you currently taking any prescription medication?					<i>Consider whether the PuV could be taking this medication without the victim-survivor's knowledge</i>
Transport					
Do you have...					
Access to transport to get to a safe place?					<i>Prompt to consider reverse parking car, fuel voucher, leaving it in the driveway, keeping keys on you. Consider whether this transport could have a tracking device</i>
The ability to leave home easily?					
Access to transport and related needs for dependents? (e.g prams, disability supports)					
Financial access					
Do you have...					
Access to money if you need to leave?					
Secure access to finances (e.g. passwords that the PuV does not know)?					
Access to stable employment / source of income?					<i>Name and location of workplace</i>
Planning for pets					
Do you have...					
Pets that you need to care for?					
Technology and communication					
Do you ...					
Have access to a phone or internet connection?					<i>Consider implications for contacting victim-survivor</i>
Have secure passwords and online accounts? (e.g., Facebook, email, other social media)					<i>Include prompt to turn off location and Bluetooth settings, including on social media apps such as Snapchat. Consider need for new smart phone if necessary. Include prompts to activate security features on devices</i>
Know whether any of your devices could have been fitted with tracking devices?					<i>Include prompts to provide information on TFA and consider children's devices, iPads etc.</i>
Community and culture					
Do you have any cultural or community obligations where you may see the PuV or their family? (e.g. funerals, sorry business)					<i>Prompts on how the victim-survivor can safety plan for these events</i>



Part 2: Referrals and information sharing

A. Current supports in place from services: The following section seeks to understand if there are already any supports in place for the victim-survivor, PuV and any children.

Are there any services that are currently providing support to you [or your children]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, detail agencies providing support, an agency contact if known, and the nature of the support being provided:</i>
Are you aware of any services that the PuV is accessing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>If yes, detail agencies providing support, an agency contact if known, and the nature of the support being provided:</i>
Are there any services to which you [or your children] have previously been referred, or the PuV has been referred?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, detail whether these have been effective/useful.</i> <i>Practitioner to note any historic disengagement with services:</i>

Note: Referrals to be made are recorded in the summary of the Safety Action Plan below.

B. Information sharing: Whenever safe, possible and practical, a victim-survivor's consent should be obtained before disclosing their personal information to another entity. Information about the victim-survivor can be shared without informed consent in certain circumstances. The sharing of information relating to the PuV does not require their consent, and in almost all cases, consent should not be sought from the PuV. You should consider your mandatory reporting obligations under relevant legislation when completing this section.

Are you comfortable with information being shared with other agencies to support in keeping you safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, agencies to be listed in Part 3C.</i> <i>If no, detail concerns:</i>
Is there any information that you would be concerned about sharing with specific organisations or professionals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, detail information the victim-survivor does not want shared or the agency:</i>

Note: Information sharing to occur to be recorded in the summary of the Safety Action Plan below.



Part 3: Safety Action Plan

A. Safety plan: This section enables you to detail any additional key safety considerations, and the steps that will be undertaken to support safety. All implications for safety planning identified in Part 2 can be considered in coming up with the most appropriate safety plan, including any existing supports in place.

Any additional safety concerns not identified in Part 2:

Detail key steps to be taken (as agreed with the victim-survivor) to address identified issues:

B. Referrals to be made: This section notes any referrals that will be made, or contact with other services, to support safety. In detailing the action to be taken, detail who is accountable for undertaking the relevant action.

Referral	Action taken
Referral to High Risk Team or other multi-agency response	<input type="checkbox"/> Yes <input type="checkbox"/> No Further details (as required):
Referral to specialist domestic violence and/or sexual assault service for further action	<input type="checkbox"/> Yes <input type="checkbox"/> No Further details (as required): Note any case consultations with specialist services.
Referral to other support service (e.g. Centrelink, mental health, GP, healing programs)	<input type="checkbox"/> Yes <input type="checkbox"/> No Further details (as required):
Contact Police	<input type="checkbox"/> Yes <input type="checkbox"/> No Further details (as required):
Contact Child Safety [See Fact sheets for key considerations when contacting Child Safety.]	<input type="checkbox"/> Yes <input type="checkbox"/> No Further details (as required):
Other referrals or actions to be taken by professional or specialist team	Detail other referrals or follow-up actions to be undertaken by professional or specialist team:

C. Information sharing: This section notes any information sharing that will occur in order to support safety. Before sharing information about the victim-survivor with another entity, you should consider whether disclosing the information is likely to adversely affect the safety of the victim-survivor or another person.

Agency/ies to share information with: <i>Detail agencies and, if relevant, what information is to be shared.</i>	Consent provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Further details (as required):
---	---



Level 2

Referral form for victim-survivors at imminent risk

CONFIDENTIAL: Domestic and family violence information

To be used when referring to specialist services or high-risk team. Please attach all pages of the completed Level 2 domestic violence risk assessments for the adult victim-survivor and any children.

Referral to:	Date of referral:
Referral from: (Agency name, contact person, contact details)	
Victim-survivor name:	
Repeat referral <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last referral if known:	Information shared with consent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Level 2 risk assessment and safety plan forms attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last victim-survivor contact:
Date of police contact, if relevant:	Where is the victim-survivor now?
Preferred approach for victim-survivor contact (e.g. contact type, certain times of day):	Where is the PuV now?
Are there any children? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	Do the children reside with the PuV? <input type="checkbox"/> Yes <input type="checkbox"/> No Care arrangements:
Other critical information	



Level 3

Multi-agency dynamic risk assessment and safety management tool

CONFIDENTIAL: Domestic and family violence information

These tools should only be used when a Level 2 risk assessment or other initial risk assessment has been undertaken, and a case has been referred to a multi-agency team for risk and safety management.

The tools support participating agencies in the multi-agency response to **bring information together** to build a more detailed view of the risk presented to a victim-survivor by being able to *identify any additional risks not known when the Level 2 assessment was undertaken, or where factors have and continue to change.*

The outcome of the updated risk assessment will then inform the risk management strategies that are developed and actioned. Each agency will have a specific risk management role and actions to take.

There are three Level 3 tools to support a multi-agency response to a case.

Tool	Description
<p>Level 3A: Initial multi-agency risk assessment and management tool</p> <p>Purpose: Intake into the multi-agency response, including review of Level 2 risk assessment and safety plan, and update to these based on multi-agency requests for information (RFIs).</p>	<p>Under this framework, an initial multi-agency risk assessment and management meeting should take place using the Level 3A tool. There are three parts to this tool:</p> <ul style="list-style-type: none"> » Part 1: Referral and victim-survivor information: sets out relevant information about the referral and the victim-survivor involved in the case, including the PuV and child/ren. » Part 2: Requests for information: Each agency should complete RFIs to supplement the information gathered during the Level 2 risk assessment. These RFIs should be captured in this section. <p>(Note: Parts 1 and 2 to be completed ahead of first meeting where possible.)</p> <ul style="list-style-type: none"> » Part 3: Initial multi-agency risk management assessment and safety planning strategy: Identifies the risk and safety management responses that should be implemented to protect the victim-survivor from further harm. This section also seeks to keep agencies accountable for the actions they are responsible for as part of the overall risk management strategy.
<p>Level 3B: Ongoing multi-agency risk assessment and management tool</p> <p>Purpose: Ongoing review of risk and multiagency strategy</p>	<p>The Level 3B tool seeks to support the Multi-Agency Team to respond to a case’s risk on an ongoing basis, by supporting the team to consider whether the frequency or severity of risk factors have changed. This tool should be completed for every subsequent multi-agency meeting and replaces meeting notes. There are five parts to this tool (which mirror a standing agenda for the meetings):</p> <ul style="list-style-type: none"> » Part 1: Meeting details and summary from previous meeting » Part 2: Updates from agencies » Part 3: Changes in victim-survivor and PuV circumstances » Part 4: Changes in risk and protective factors » Part 5: Review of ongoing multi-agency risk management strategy
<p>Level 3C: Case summary and closure tool</p> <p>Purpose: Documenting rationale for case closure, and closure summary.</p>	<p>The Level 3C tool supports agencies to record all relevant information demonstrating how risk was managed and documenting the rationale for case closure. It also documents ongoing risk management strategies to support the victim-survivor. It includes a section for a comprehensive case closure note.</p>



Level 3A

Initial multi-agency risk assessment and management tool

When should I use this tool? At intake into the multi-agency response, and at the first multi-agency meeting after referral. Parts 1 and 2 of the Level 3A tool should be completed ahead of the meeting.

Part 1: Referral summary and victim-survivor information

A. Referral details: Capture the key details relating to the referral if the case has been referred. If a Level 2 assessment has not been undertaken, this should be done before completing the Level 3 tool.

Victim-survivor name:		PuV name(s):	
Victim-survivor address:		PuV address(es):	
Child/ren names/ages:			
Referring agency name:		Date of Referral:	
Referral agency contact details:		Referral consent status:	
Victim-survivor assessment of risk at referral	<input type="checkbox"/> Imminent Risk: At imminent risk of lethality or serious harm <input type="checkbox"/> High Risk: At high risk of lethality or serious harm <input type="checkbox"/> Risk: At risk of harm		<input type="checkbox"/> No/Low Risk <input type="checkbox"/> Unknown
Practitioner determined Risk Level of victim-survivor at referral	<input type="checkbox"/> Imminent Risk: At imminent risk of lethality or serious harm <input type="checkbox"/> High Risk: At high risk of lethality or serious harm <input type="checkbox"/> Risk: At risk of harm		
Practitioner rationale for risk level and referral: Include summary of risk and protective factors from the Level 2 risk assessment tool	Key Risk Factors		

	Key Protective Factors		

	Rationale		

B. Prior and existing responses

Details of any risk management action already undertaken

Please provide details of any action which has already been taken to help keep the victim-survivor and/or other persons safe. This seeks to capture past responses at the point of referral.

Agencies previously and currently involved with victim-survivor, child and/or PuV

Agency Name:	Contact Details:	Details of Involvement:



Part 2: Initial multi-agency risk assessment

A. A: Requests for information: Each agency’s RFIs should be captured in the following section to supplement the information gathered during the Level 2 risk assessment

Agency RFIs

Organisation	RFI input (including date of inputs)
Child Safety	
QPS	
Queensland Health	
QCS	
Youth Justice	
Housing	
Courts	
[Insert as relevant]	

Part 3: Initial multi-agency risk management assessment and strategy

Multi-Agency Risk Management Assessment and Strategy: This section should be used to re-assess risk and to identify an integrated, multi-agency risk management response with a focus on four key areas:

- A.** Reviewing the practitioner’s assessment of risk through a multi-agency lens
- B.** Facilitating access and engagement with support services;
- C.** Ensuring the PuV remains in focus; and
- D.** Ongoing safety planning.

This section should be used to record the outcomes of the initial multi agency meeting, and all the risk management and safety responses put in place to respond to the level of risk present.

A. Initial multi-agency risk assessment

Date of meeting	
Agencies and representatives present	
Observers	
Apologies	
Conflicts of interest	

Review the key risk factors and key protective factors in Part 1 to determine the following:

Multi-agency determined Risk Level of Victim Survivor

Note: This is in consideration of the best available information including RFI.

- Imminent Risk:** At imminent risk of lethality or serious harm
- High Risk:** At high risk of lethality or serious harm
- Risk:** At risk of harm

Are there any immediate safety concerns?

Any other important information and key dates (e.g. court dates, release from custody)?



B. Multi-agency safety planning strategy Note that specific agency actions are captured in the separate safety plan; this section is used to summarise the response as a whole, and document strategies for reducing risk to the victim-survivor and their child/ren, and increasing PuV accountability.

1. Facilitate engagement of supports for victim-survivor (and their children as relevant): This includes linking the victim-survivor with health and social services to empower and support stabilisation and recovery of victim-survivors. This might include providing legal, employment, accommodation or educational opportunities and support, as well as responding to broader personal wellbeing needs including physical & mental health (support for management of illness, disability or disease), caring responsibilities and connection to culture.

Summary of discussion and key actions

2. PuV visibility and action interventions: Victim-survivors' safety is promoted by focusing attention on the behaviours of the PuV. This section seeks to ensure the PuV remains visible.

Summary of discussion and key actions

3. Other risk management: Detail any other actions considered appropriate to manage the risk to the victim-survivor and/or any children posed by the PuV.

Summary of discussion and key actions not already captured above

Can the case be closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Level 3C tool If no, complete Level 3B tool at next meeting
Next multi-agency meeting date	



Level 3B

Ongoing multi-agency risk assessment and management tool

When should I use this tool? At each subsequent multi-agency meeting until case closure. This tool can be used as a Meeting Note, with a new Level 3B tool completed per meeting to form a complete record.

Suggested standing agenda for meetings:

1. Meeting details and summary from previous meeting (Part 1)
2. Updates from agencies (Part 2)
3. Changes in victim-survivor and PuV circumstances (Part 3)
4. Changes in risk and protective factors (Part 4)
5. Review of ongoing multi-agency risk management strategy (Part 5)

Part 1: Meeting Details

Victim-survivor name	
PuV name	
Date of meeting	
Agencies and representatives present	
Observers	
Apologies	
Conflicts of Interest	

Summary of previous meeting

Previous meeting date	
Victim-survivor assessment of risk at previous meeting	<input type="checkbox"/> Imminent Risk: At imminent risk of lethality or serious harm <input type="checkbox"/> High Risk: At high risk of lethality or serious harm <input type="checkbox"/> Risk: At risk of harm <input type="checkbox"/> No/Low Risk <input type="checkbox"/> Unknown
Multi-agency determined risk level of victim-survivor at previous meeting	<input type="checkbox"/> Imminent Risk: At imminent risk of lethality or serious harm <input type="checkbox"/> High Risk: At high risk of lethality or serious harm <input type="checkbox"/> Risk: At risk of harm
Summary of risk factors, protective factors, and rationale for ongoing response (note these should continue to be updated from meeting to meeting)	Key Risk Factors
	Key Protective Factors
	Rationale



Part 2: Updates from agencies

Agencies to provide updates on actions relating to the multi-agency response since last meeting	
Organisation	Updates
Child Safety	
QPS	
Queensland Health	
QCS	
Youth Justice	
Housing	
Courts	
<i>[Insert as relevant]</i>	

Part 3: Changes to victim-survivor and PuV circumstances

A. Victim-survivor information: Consider whether has been any change in or new information available relating to the victim-survivor, PuV or children since the initial meeting. **All agencies should input into the below sections.**

Victim-survivor details

Has there been any change in the victim-survivors' circumstances? (e.g. living arrangements, employment, health (incl. pregnancy, AOD), engagement with services, caring responsibilities, and relationships)

- Yes
- No
- Unknown

If yes, details:

PuV details

Has there been any change in the PuV circumstances? (e.g., living arrangements (incl. custodial/remand status), involvement with police (incl. breaches of orders), relationship status, health, employment, and engagement with services)

- Yes
- No
- Unknown

If yes, details:

Child/ren details

Has there been any change in the children's circumstances? (e.g., living arrangements, involvement of child safety, changes in relationships with adults including victim-survivor and PuV, changes in behaviour)

- Yes
- No
- Unknown

If yes, details:



Part 4: Changes to risk and protective factors

Note any changes in the risk and protective factors, to include in the ongoing summary of risk and protective factors

High risk factors

Have there been changes to the occurrence, frequency or severity of the high-risk factors to the victim-survivor or children identified in the initial multi-agency team meeting?

Are there any new risk factors (both high risk or general risk factors) to the victim-survivor or children present? Please detail frequency and severity of risk factors.

Protective factors

Has there been any change to the protective factors identified in the initial multi-agency team meeting (or subsequent meetings as relevant)? Please detail

Are there any new protective factors now in place? Please detail

Part 5: Review of ongoing multi-agency risk management strategy

Complete an updated risk assessment and detail any key safety concerns. This should be done at each meeting of the multi-agency response with reference to any new information or changes in risk over the course of the case.

Updated victim-survivors assessment of risk

- Imminent Risk:** At imminent risk of lethality or serious harm
- High Risk:** At high risk of lethality or serious harm
- Risk:** At risk of harm
- No/Low Risk**
- Unknown**

Updated multi-agency risk assessment:

- Imminent Risk:** At imminent risk of lethality or serious harm
- High Risk:** At risk of lethality or serious harm
- Risk:** At risk of harm
- No/Low Risk**

Rationale for assessment:

Can the case be closed?

- Yes No
- If yes, please complete Level 3C tool
- If no, complete a new Level 3B tool at next meeting

Next multi-agency meeting date:



Level 3C

Case Summary and Closure Tool

When should I use this tool? Once the case is no longer being actively managed by the multi-agency response

A. Case summary

Victim-survivor name		
PuV name		
Date of case closure		
Multi-agency determined risk level at closure [Note the case cannot be closed if there is imminent risk]	<input type="checkbox"/> High Risk Case: is high risk <input type="checkbox"/> At Risk: Risk level has reduced to 'At Risk' <input type="checkbox"/> No/Low Risk: Risk level has reduced substantially	
Victim-survivor's assessment of risk at closure	<input type="checkbox"/> High Risk <input type="checkbox"/> At Risk <input type="checkbox"/> No/Low Risk <input type="checkbox"/> Unknown	
Does the victim-survivor agree to the case closure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If no or unknown, detail:	
Protective factors present at the time of summary and/or closure (tick as relevant)	<input type="checkbox"/> Domestic Violence Order in place <input type="checkbox"/> Bail conditions in place <input type="checkbox"/> Victim-survivor address flagged with Police <input type="checkbox"/> PuV does not know victim-survivor's location <input type="checkbox"/> Victim-survivor engaged with DFV service <input type="checkbox"/> DVO placed on victim-survivor's health records <input type="checkbox"/> PuV has moved <input type="checkbox"/> PuV is in prison	<input type="checkbox"/> PuV engaged with MBC program <input type="checkbox"/> PuV is deceased <input type="checkbox"/> Victim-survivor has moved <input type="checkbox"/> Victim-survivor has personal duress alarm <input type="checkbox"/> Victim-survivor has security cameras <input type="checkbox"/> Alerts placed on victim-survivor's health records noting DFV <input type="checkbox"/> Other (please specify):
Safety and accountability measures considered (tick as relevant)	<input type="checkbox"/> Victim-survivor is immediately safe from serious injury or lethality (in consented cases, reports feeling safe) <input type="checkbox"/> PuV no longer considered to pose imminent or high risk <input type="checkbox"/> Children are immediately safe from serious injury or lethality <input type="checkbox"/> Relevant referrals have been made and confirmed with the receiving agency <input type="checkbox"/> Other:	

Rationale for closure and ongoing safety plan: Detail rationale for risk level, and why this case no longer requires a multi-agency response.



Agencies to stay involved with victim-survivor, child and/ or PuV after closure

Agency Name	Contact Details	Details of Expected Involvement

B. Case summary and closure note

The case summary and closure note should detail:

- » A summary of the case including how it was referred to the multi-agency response and which agencies were involved
- » Key risk factors in the case and strategies implemented to address these risk factors
- » Ongoing risk factors for the victim-survivor
- » Assessment of the effectiveness of the response in reducing the risk to the victim-survivor and holding the PuV to account, and lessons learned
- » Any feedback received from the victim-survivor in the management of the case

Attach all relevant risk assessments, safety plans and meeting notes to the closure summary

Case Closure Summary Author

Date

Case Closure Summary Reviewer and Approver

Date



Endnotes

- 1 NSW Government. (2020.) Coercive control: Discussion paper, 7. Retrieved from: <http://www.crimeprevention.nsw.gov.au/domesticviolence/Documents/domestic-violence/discussion-paper-coercive-control.pdf>.
- 2 Ibid.
- 3 Ibid.
- 4 For more information on the Duluth Model, see <https://www.theduluthmodel.org/>
- 5 Healey, L., Humphreys, C., Tsantefski, M., Heward-Belle, S., & Mandel, D. (2018). Invisible practices: Intervention with fathers who use violence (Research report, 04/2018). Sydney, NSW: ANROWS.
- 6 Flood, 2006, p. 9; James, 1999, pp. 155–157; Kimmel, 2002, pp. 1347–1348; World Health Organisation, 2012).
- 7 No to Violence, NTV Discussion Paper: Predominant Aggressor Identification and Victim Misidentification' (2019) 7.
- 8 Australia's National Research Organisation for Women's Safety. (2020). Working across sectors to meet the needs of clients experiencing domestic and family violence (ANROWS Insights, 05/2020). Sydney: ANROWS.



Domestic and Family Violence

**Common Risk and
Safety Framework**



