Domestic and Family Violence

Common Risk and Safety Framework

FACT SHEETS

Queensland Government

Contents

Fact Sheet 1 Overview of the Common Risk and Safety Framework (CRASF)

This Fact Sheet will cover:

1. What is the CRASF?
2. What is the purpose of risk assessment and risk management?
3. What is safety planning?
4. How does the CRASF support effective risk assessment, risk management, and safety planning?
5. Key principles underlying the CRASF
6. Information sharing and referral
7. Obtaining consent
8. Determining the preferred method of contact

1. What is the CRASF?

The CRASF underpins the Queensland Government's approach to delivering integrated service responses to domestic and family violence (DFV). It articulates a shared understanding, language, and common approach to recognising, assessing and responding to DFV, and offers guidance on best practice approaches.

The CRASF includes a series of tools designed to support people to identify DFV, and assess and manage DFV risk.

- 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 DFV.
- The Level 2 tool is a risk assessment tool designed for specialist DFV practitioners, selected government workers, and other professionals with a role in responding to DFV.
- The Level 3 tool is a dynamic risk assessment and safety management tool designed specifically for high risk multi-agency teams.

2. What is the purpose of risk assessment and risk management?

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

Once the DFV 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 PuV to account. All family members and dependents should be included in risk management.

Risk management is an ongoing process which 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.
- Define roles and responsibilities.
- Provide a range of support services for victim-survivors, preferably as part of a coordinated, multi-agency response that addresses multiple needs including protection, child safety, counselling, legal services, housing and financial support.
- Ensure that the PuV is the subject of risk management strategies and targeted interventions that hold them accountable in a consistent way across agencies and which consider the victim-survivor's views on appropriate perpetrator accountability.

3. What is safety planning?

Safety planning is a type of risk management which involves working with a victim-survivor to develop strategies to increase their safety across a wide range of situations.

Safety plans should be developed in collaboration with the victim-survivor based on their goals, resources, priorities and the strategies which have worked for them in the past. Safety plans should be unique and tailored to the victim-survivor's individual circumstances, and should consider all relevant dependents and other family members. It may also be appropriate for separate safety plans to be prepared for children or even each individual child.

4. How does the CRASF support effective risk assessment and risk management?

The CRASF provides a structured, evidence-based, consistent, and integrated approach to DFV risk assessment and risk management.

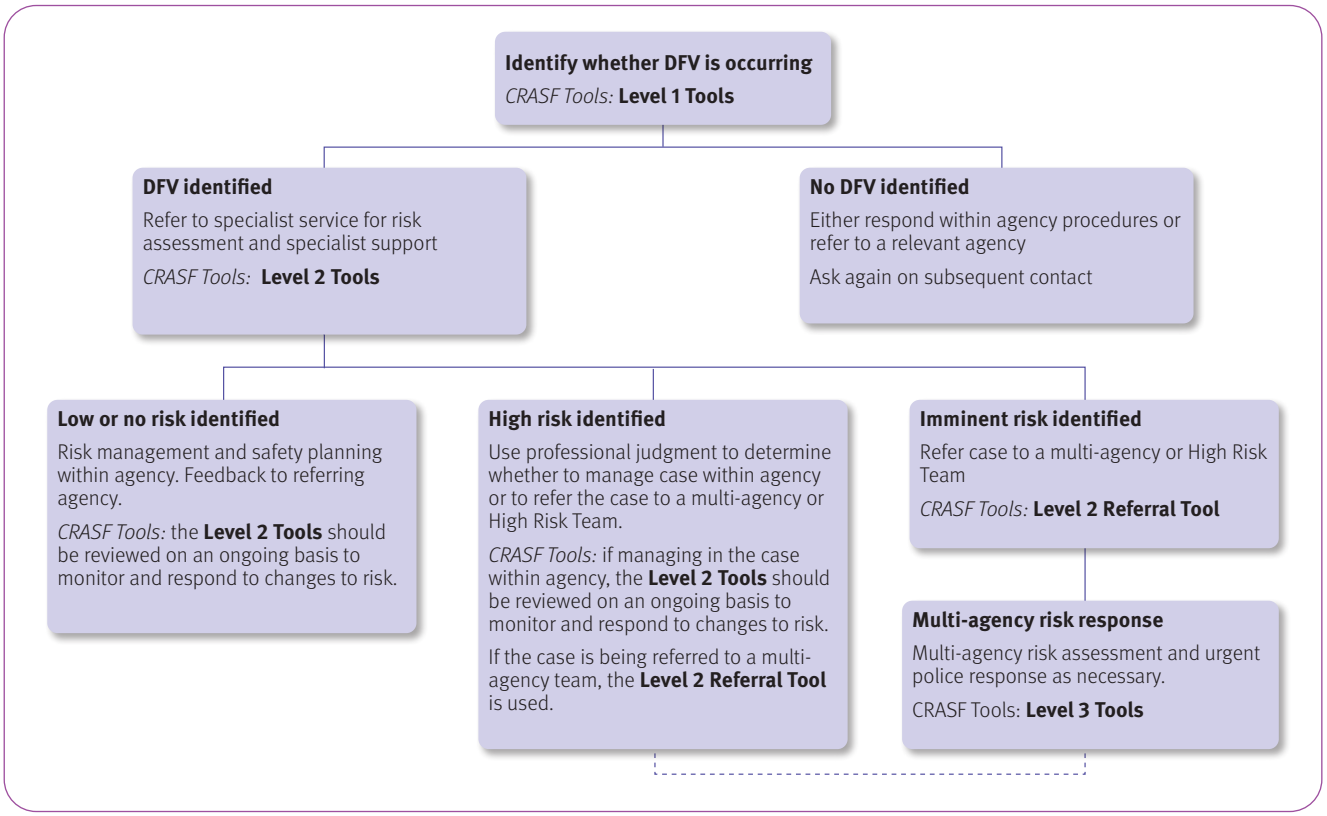
The CRASF risk assessment and safety management planning tools (CRASF Level 2 and Level 3 tools) provide specific guidance about risk factors and the frequency and recency of risk. They provide a structure for practitioners to exercise and draw on professional judgement and consider the victim-survivor's self-assessment of their level of risk, fear, and safety.

The Level 2 Safety Planning Tool supports practitioners to work with a victim-survivor to identify their safety planning needs and connect them with relevant support services.

Where a victim-survivor is considered to be at imminent risk of serious harm or lethality, the Level 3 tool supports a multi-agency, coordinated, high-risk response involving a broader range of service responses and risk management strategies.

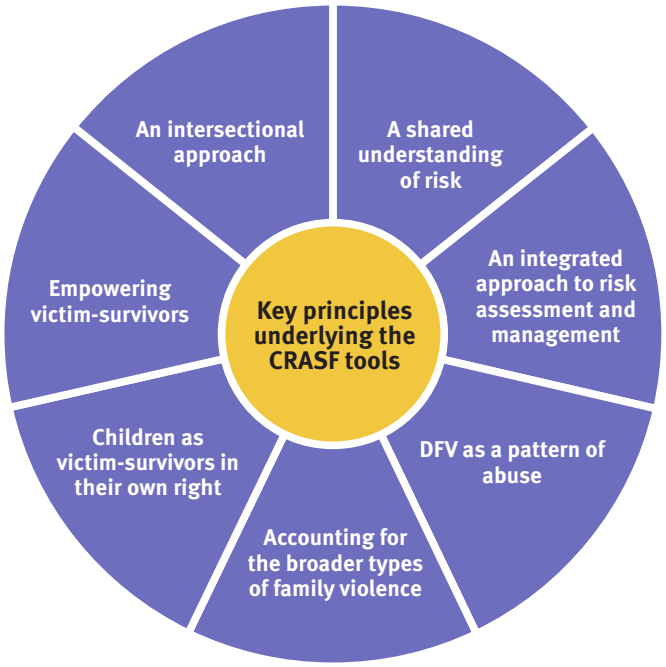
See **Fact Sheets 3 and 4** respectively.

Steps for risk management



5. Key principles underlying the CRASF

The CRASF has been designed based on the following key principles:



Each of these principles have been outlined in further detail.

5.1 A shared understanding of risk

A common understanding of and response to DFV risk is important to:

- Ensure consistency in service providers' responses to DFV
- Enable effective communication between service providers, which is necessary for a strong multi-agency response
- Support practitioners when risk changes quickly and unpredictably
- Identify risk at its earliest occurrence, enabling swift action to be taken to prevent harm from occurring.

5.2 Empowering victim-survivors

The lived experience, dignity and safety of victim-survivors is central to the CRASF.

Use of the CRASF tools should be guided by the victim-survivor

Victim-survivors are the experts in their own unique experience of violence. Evidence suggests that a victim-survivor's self-assessment of risk is a crucial component in assessing the level of risk presented by the PuV. The CRASF tools support practitioners to document a victim-survivor's account of the relationship, perception of risk, and safety planning needs and concerns.

Although use of the CRASF tools should be guided by the victim-survivor, it is important to remember that the responsibility for assessing and managing risk rests with professionals, and not the victim-survivors themselves.

5.3 Children as victim-survivors in their own right

Historically, the Child Safety and DFV sectors have operated in silos, with risk assessment frameworks considering DFV risk to a child only through the risk to their non-offending parent or carer. Research highlights the importance of child-specific risk assessment frameworks which capture the risks to children separately to their mothers, fathers or siblings. The level of risk faced by an adult victim-survivor and a child are different, and may vary from child to child. Furthermore, parents or carers may choose not to disclose the full extent of DFV for a range of reasons, including parental shame and fear of statutory intervention. This can mean that the DFV risks facing children can be missed if a specific risk assessment is not undertaken.

The CRASF tools prompt practitioners to consider specific DFV risks and safety planning considerations to children as victim-survivors in their own right. See **Fact Sheet 5** on Children and Young People for further information.

Adopting a strengths-based approach to engaging with victim-survivors

Coercive controlling behaviours can be used by a PuV to erode a victim-survivor's self-confidence. Given these dynamics, it is important to engage with the victim-survivor in a way which emphasises and validates their strengths, and which places the responsibility for the abuse entirely with the PuV.

Empowering victim-survivors to identify and respond to abuse

Victim-survivors may not always be able to immediately identify coercive patterns of behaviour used by the PuV, or may not be aware that certain types of behaviour constitute DFV. Providing the victim-survivor with information on what constitutes DFV can empower them to identify patterns of behaviour and respond accordingly.

Practitioners should check with the victim-survivor that it is safe to provide them with educational brochures or other written materials before doing so.

5.4 An intersectional approach

An intersectional approach considers a person's whole, multi-layered identity and life experience. An intersectional approach includes reflecting on one's own bias to be able to respond safely and appropriately in practice.

DFV 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 experience unique 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.

The CRASF tools have been developed with deliberate attention to, and inclusion of the perspectives of, the following priority population groups:

- Aboriginal and Torres Strait Islander people and communities;
- Culturally and linguistically diverse people;
- People with disability;
- People in regional, rural and remote areas (including mining communities);
- Women in pregnancy and early motherhood;
- Older people;
- Children and younger people;
- People with a mental illness; and
- Lesbian, Gay, Bisexual, Trans- gender, Intersex and Queer (LGBTIQ) communities.

See **Fact Sheet 6** on Priority Population Groups for more information on how to incorporate an intersectional approach into practice.

5.5 DFV as a pattern of abuse

DFV, and particularly high-risk cases of DFV, rarely involve isolated incidents of physical violence, but instead a pattern of controlling and abusive behaviours aimed at establishing and maintaining power and control over another person. This pattern of abuse is known as coercive control.

The level of control exerted in abusive relationships has been shown to be a predictor of the severity of violence inflicted by a Person Using Violence (PuV).[1]

For this reason, the CRASF moves away from an incident-based model of risk assessment and supports professionals to identify patterns of controlling behaviour. Coercive control is a continuum: even those in non-abusive relationships 'control' the people in their lives to some extent. This can make identifying the severity of coercive controlling behaviours in the context of DFV risk assessment challenging. To help identify the severity of risk posed by coercive controlling behaviours, the CRASF tools prompt practitioners to consider the frequency and impact of those behaviours.

5.6 Accounting for broader types of family violence

Although the majority of DFV is used by cisgender men towards women in the context of intimate partner relationships, DFV 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 DFV, the CRASF tools:

- Use gender-neutral language;
- Refer to those using violence as the "person using violence" (PuV); and
- Allow for the documentation of multiple PuVs.

5.7 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 DFV, and to hold perpetrators to account. Collaborative information sharing breaks down the barriers which can prevent people from accessing the supports they need.

6. Referral and information sharing

Referral is an integral part of risk management. It involves working across services and systems to ensure victim-survivors receive the supports they need and the PuV is held to account. Referrals can include recommending, making contact with, or providing information to another service provider or professional for the purpose of responding to safety concerns and the victim-survivor's needs.

One key component of referral is information sharing between professionals and service providers. In Queensland, information sharing provisions in the context of DFV allow for relevant information to be shared to facilitate swift multi-agency responses, and prevent siloed decision making. The *Domestic and Family Violence Information Sharing Guidelines* provide detailed information about what information can be shared, when, and how.

The information sharing provisions are not limited only to high risk clients and should be utilised by practitioners across agencies and service providers as appropriate.

Key components of good practice in information sharing and referral include:[2]

- Work with victim-survivors and children to determine the most appropriate referrals.
- Be guided by any risk assessment that has been completed.
- Refer only with informed consent except in circumstances where significant safety concerns allow sharing information without consent (see below section **Obtaining consent**).
- Provide an active (or "warm") and supported referral by contacting the relevant agency, facilitating access, and seeking feedback or following up where appropriate.
- Securely manage the information that you are collecting, storing and sharing.
- Maintain confidentiality and safety for victim-survivors.
- Referral should not be the only response to DFV particularly, but not exclusively, in situations of imminent or high risk. The professional should at a minimum work with the victim to develop a safety plan to ensure their immediate safety.

7. Obtaining consent

In most situations, you are required to obtain informed consent before referring an adult victim-survivor to another agency or sharing a client's information with other service providers. However, where there are serious concerns regarding the safety of individuals, information can be shared without consent. This must always be in accordance with the provisions in the *Domestic and Family Violence Protection Act 2012* and agency protocols.

The consent of the PuV is never sought when referring a victim-survivor or their child/ren as this can increase the risk to the victim-survivor.

You may have mandatory reporting obligations if you identify DFV risk to a child or young person. See Fact Sheet 5 on Children and Young People for a comprehensive overview of mandatory reporting obligations.

8. Determining preferred method of contact

If you plan on engaging in further contact with the victim-survivor, or on referring the victim-survivor to another service who may contact them, ensure that you ask about their **preferred ways to communicate.** This might include phone, voicemail, text, email, postal mail, or other means. Offer the methods that your service has the capacity to provide in a way that ensures victim-survivor safety and privacy, and meets your confidentiality obligations.

Fact Sheet 2 The Level 1 Common Risk and Safety Framework (CRASF) tools

This Fact Sheet will cover:

Who should use the Level 1 tools?

The Level 1 tools are screening tools 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 could include:

- Health workers
- Community workers
- Teachers and early education providers
- Aged care professionals
- Family and children's support workers
- Community Elders
- Housing providers
- Businesses, such as hair salons, banks etc.

1. Purpose of the Level 1 tools

The Level 1 tools are designed to support you to identify **whether a person is at risk of or experiencing DFV, and what to do if they are.**

The Level 1 tools are not designed to screen for risk in a person suspected of using violence.

2. When should I use the Level 1 tools?

The Level 1 tools help you to identify 'red flags' that may suggest a person is at risk of or experiencing DFV. You may use the tools when a person exhibiting signs of DFV presents at a healthcare, educational or other community based service, or a business.

Some agencies/organisations may decide to use routine screening questions for all people accessing their services for the first time.

There are two sets of Level 1 tools:

- **The Adult Domestic and Family Violence Routine Screening tool** should be used to screen for DFV in adults. It can be used to screen for intimate partner violence risk in young people (typically aged 13 and over), however it is not designed for screening young people who may be using violence.
- **The Child Domestic and Family Violence Routine Screening Tool** should be used to screen for children aged under 13 who may be experiencing or have experienced DFV.

Routine screening for children

Research highlights the importance of child-specific risk assessment frameworks that capture the risks to children separately to their parents, caregivers or siblings. The level of risk faced by an adult victim-survivor and a child are different, and risk may vary from child to child. Children may also respond to DFV at home in different ways.

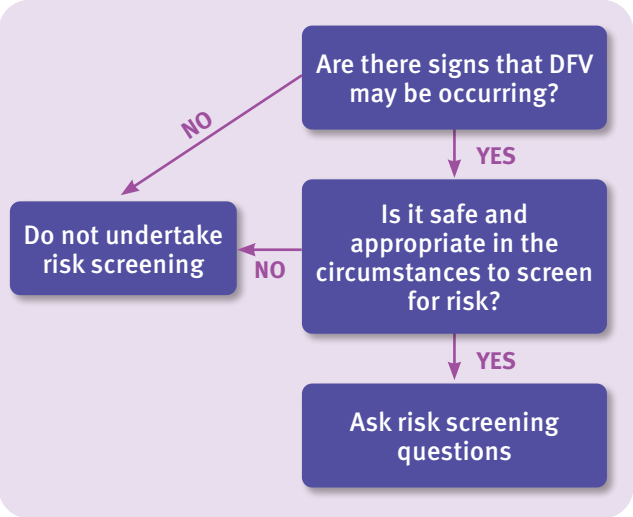
You can screen a child under 13 for family violence by:

- Asking risk screening questions directly of the child, where appropriate (**Option 2A** in the Child Routine Screening Tool)
- Asking risk screening questions of a parent or caregiver with reference to the child (**Option 2B** in the Child Routine Screening Tool)

You should only screen for risk directly through a child when it is safe, appropriate and reasonable to do so given your professional role and experience in working directly with children.

See **Fact Sheet 5** for more information on engaging with children and young people.

Figure 1 below demonstrates the routine screening process using the Level 1 tools.



3. How do I use the Level 1 tools?

There are three key steps to using the Level 1 routine screening tools: identifying signs of DFV, asking routine screening questions, and acting on the information which has been disclosed to you.

Step.1 Identify signs of DFV

There are some common signs that you can look out for that may suggest a person may be at risk of or experiencing DFV. Often, the violence will not be physical, and a person may not describe their experience as abuse. But they may describe behaviours or show signs that suggest they could be experiencing violence.

Step 1 of the Level 1 tools provides a non-exhaustive list of signs that may indicate whether DFV is occurring. If you identify any of these signs, or otherwise have reason to suspect that DFV may be occurring, you should proceed to Step 2.

Step.2 Ask the questions

Creating a respectful, safe and sensitive environment to ask questions

It is important to ensure that the person you are screening for DFV risk is made to feel comfortable and safe (physically, psychologically, and culturally). You must engage in a respectful and non-judgmental way, and consider the personal needs of the individual, including whether they might require an interpreter, carer, or trusted person to be present.

Disclosing DFV always carries an element of risk for the person experiencing violence. Instilling fear of reporting can be part of an abuser's tactic of isolation and control, and victim-survivors may consequently fear the service system itself, particularly if they have had prior negative service system responses. This is especially the case for victim-survivors from priority population groups.

The following steps can be taken to create a safe and respectful environment to screen for risk:

- Do not ask questions in the presence of a person you suspect is using family violence.
- Assure your client that any information they disclose will not be shared with the person suspected of using violence, and that the person suspected of using violence will not be questioned about what has been said.
- Ensure that you have explained your role and that the limits of confidentiality are explicit. If you are mandated to report abuse to Child Protection, this must be communicated. Wherever safe, appropriate and reasonable, it is best practice to be transparent with non-offending parents/carers about any information sharing to Child Protection or other services.
- Provide privacy. Arrange for children to be cared for and refrain from having conversations about DFV in public spaces.
- See **Fact Sheet 6** for more information on appropriate engagement with people from priority population groups.

Asking the questions

The Level 1 Tools include routine screening questions which you can use to identify whether DFV is occurring. You should start the conversation with broad open-ended questions to build rapport before asking more direct routine screening questions.

The key to successful client engagement is building a trusting relationship. When you invite victim-survivors to talk about the abuse they have experienced, you may hear 'stories' that are harrowing and distressing. Some may sound unbelievable, but you must take any disclosure seriously; it is not your role to make judgments about what you have been told. Your reaction to what you have been told will determine if the person continues with the disclosure. If they feel that you are judging them or making assumptions, they may close off the conversation. On the other hand, if they feel that you are respectful of their disclosure, they are more likely to continue and accept support.

Complete the Level 1 tool and keep a written record of the conversation you had as a file note.

Some things to consider if DFV is disclosed

- Who, in your organisation, can provide further information, support and debriefing?
- Who are the specialist domestic violence workers within your community?
- Is a telephone interpreter needed?
- Consider making a supported referral rather than giving someone a phone number to call.
- Ask the victim-survivor what services they have accessed in the past (if any) to gain an understanding of what referrals they would consider to be helpful.
- Ask about safety before giving your client brochures or other written information to take away. It may not be safe for them to do so.

Step.3 Act on the Information

Adult victim-survivors

If DFV is disclosed, offer to refer the person to a specialist DFV agency for risk assessment and safety planning purposes. There are specialist domestic violence services and sexual assault services operating across Queensland. A comprehensive list can be found **HERE**. If you have concerns, you can ring the local specialist domestic violence services or sexual assault services for information or advice.

See **Fact Sheet 1** (section 6 Referral and information sharing and section 7 Consent) for more information on key considerations when referring a case to another agency and sharing a victim-survivor's information.

You should continue to engage with the victim-survivor even after you have made a referral to a specialist DFV agency. Depending on your role and level of interaction with the victim-survivor, you may be able to assist with other mainstream support services.

Children and young people

See **Fact Sheet 5** for more information on how to respond to a disclosure of DFV in relation to children, including mandatory reporting obligations.

Your Safety

Your safety is a priority when screening for DFV risk. If a client becomes threatening and you fear for your safety, do not continue the screening process.

You should not attempt to engage a person who you suspect of using violence. This requires specialist DFV knowledge to ensure that the victim-survivor is not unintentionally put at increased risk.

4. What if the victim-survivor discloses DFV but does not want further referrals or support?

There can be many reasons why a victim-survivor does not want further referrals or support. Sometimes victim-survivors can be fearful of the consequences of reaching out for support, they may distrust governments and other support services, or they may minimise the abuse because they feel there is no way out of the abusive situation.

It is important to respect the victim-survivor's wishes as they are the experts in their own experience of DFV. In most situations, you are required to obtain informed consent before referring an adult victim-survivor to another agency or sharing a client's information with other service providers.

If the person does not want you to take any immediate action, you should reassure them that supports are available should they need them in the future. You can continue to play a role in regularly checking in and monitoring for changes in what you perceive to be their level of risk.

In certain situations, you may have serious concerns regarding the individual's safety. In such cases, you may be able to share their information without their consent. This must always be in accordance with the provisions in the *Domestic and Family Violence Protection Act 2012* (see **Fact Sheet 1** on information sharing) and agency protocols.

If DFV is disclosed in relation to a child, you may still have mandatory reporting obligations which require you to take action, even without consent.

See **Fact Sheet 5** for more information on mandatory reporting obligations.

PAGE LEFT BLANK INTENTIONALLY

Fact Sheet 3 The Level 2 Common Risk and Safety Framework (CRASF) tools

This Fact Sheet will cover:

Who should use the Level 2 tools?

The Level 2 tools are designed to be used by specialist domestic and family violence (DFV) practitioners, selected government workers, and other professionals with a role in responding to DFV (though this may not be their core business). This can include:

- » Specialist women's domestic violence services
- » Police
- » Child Safety Officers
- » Nominated health workers (e.g. hospital social workers)
- » Corrections staff (e.g. probation and parole officers, custodial officers)
- » Youth Justice officers
- » Education staff including Protection Officers and Guidance Officers
- » Housing Officers
- » Specialist DFV Court and court support staff
- » Men's behaviour change programs
- » DFV counsellors
- » DFV refuge/shelter workers
- » Sexual assault services
- » Homeless shelters
- » Professionals in community legal centres
- » Family law services
- » Disability service providers
- » Services relating to veteran's affairs

It is recommended that non-specialist DFV professionals liaise with a specialist DFV professional within their organisation when using the Level 2 tools.

1. Purpose and structure of the Level 2 Tools

The Level 2 tools are designed to support you to understand and assess the risk posed to a victim-survivor, and to work with them to manage that risk. This includes developing a safety plan and making appropriate referrals.

There are three possible outcomes to the Level 2 risk assessment tool:

DFV identified

Complete Level 2 Risk Assessment Tool

1

Low or no risk identified

- Risk management and safety planning to be undertaken by the practitioner undertaking risk assessment or within their agency.
- Where a case has been referred by another agency, provide feedback to referring agency.
- Complete Level 2 Safety Planning Tool in partnership with the victim-survivor.
- Review and revise the Level 2 risk assessment as needed on an ongoing basis to monitor and respond to changes to risk.

2

High risk identified

- Use professional judgment to determine whether to manage case within agency or to refer the case to a multi-agency or High Risk Team.
- Complete Level 2 Safety Planning Tool in partnership with the victim-survivor.
- If managing the case within the agency, the Level 2 risk assessment should be reviewed on an ongoing basis to monitor and respond to changes to risk.
- If the case is being referred to a multi-agency team, seek victim-survivor consent and use the Level 2 Referral Tool.

3

Imminent risk identified

- Complete the Level 2 Safety Planning Tool in partnership with the victim-survivor.
- Refer the case to a multi-agency or High Risk Team, using the Level 2 Referral Tool. Seek victim-survivor consent wherever possible and safe.

The Level 2 tools are **not** designed to assess risk posed by a person suspected of using violence, or to assess risk in cases of adolescent family violence.

2. How should I use the Level 2 Risk Assessment Tool?

There are three key components to the Level 2 Risk Assessment Tool:

- **Part 1** supports you to collect information relating to the victim-survivor;
- **Part 2** support you to assess the risk to the victim-survivor; and
- **Part 3** supports you to make an overall assessment of risk considering both the risk assessment undertaken in Part 2 and your own professional judgment.

Part 1 Victim-survivor information

Part 1 considers information relating to the victim-survivor. This includes demographic information to determine whether population-specific risk factors or safety planning considerations need to be taken into account.

It also includes information relating to the victim-survivor's children, where relevant. The Queensland Child Protection Guide tool should be completed for any children to help determine appropriate referrals.

Part 2 Assessment of risk

Part 2 supports you to assess the risk to the victim-survivor. There are four core components to this:

- **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 the victim-survivor's 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 can apply to certain population groups. These questions can be asked as relevant based on the person's demographic information in Part 1.

Part 3 Risk assessment summary

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.

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.

The outcome of this assessment informs safety planning and further referrals.

Other considerations

Timing of risk assessment

You should use the Level 2 Risk Assessment Tool as soon as possible after DFV has been identified. Risk assessment is a dynamic and ongoing process, and you should repeat or review the Level 2 risk assessment regularly, especially where there are any changes in circumstances for the victim-survivor or person using violence (PuV) which might impact on safety. Such changes could include:

- The victim-survivor becomes more fearful for their safety
- The victim-survivor is pregnant, gives birth or has a new partner
- Any changes in family court matters (e.g., commencing, final orders being awarded)
- The PuV is about to be released from custody
- The victim-survivor or PuV commences or loses employment
- The PuV has returned to the victim-survivor's residence or reconciled with the victim-survivor
- The PuV's or victim-survivor's substance abuse or mental health symptoms have escalated or increased

Approach to undertaking risk assessment with victim-survivor

Information for the Level 2 Risk Assessment Tool should be obtained through a conversation with the victim-survivor where you aim to build rapport and trust. Questions should not be asked in a survey-style, "tick box" format. The Level 2 risk assessment tool can be completed either with the victim-survivor present, or after you have spoken to the victim-survivor.

In some circumstances, it may be appropriate to share the risk assessment with the victim-survivor, but only if it does not elevate risk. A risk assessment should not be shared if there is a chance that the PuV will be able to access it.

Multiple PuVs

Where multiple PuVs exist, detail their names and the nature of their relationship to the victim-survivor in **Part 2B** of the Level 2 risk assessment tool. Indicate in **Part 2C** of the tool which PuV each risk factor relates to.

Priority population groups

People from priority population groups often face unique types of violence and barriers to reporting violence. See **Fact Sheet 6** for an overview of key considerations when engaging with victim-survivors from priority population groups.

Protective factors

Identifying protective factors is an important element of risk management and can help to inform safety action plans. However, it is important to recognise that **the presence of protective factors does not mean that the victim-survivor and/or children are safe.** The PuV can often circumvent protective factors and find ways of continuing to perpetuate abuse against the victim-survivor.

You should explore with the victim-survivor what protective factors are present for them and their children. These protective factors should be built upon when considering risk management and safety planning strategies.

3. When and how should I use the Level 2 Safety Planning Tool?

The Level 2 Safety Planning Tool should be completed in collaboration with the victim-survivor once the Level 2 Risk Assessment Tool has been completed, regardless of the level of risk identified. It should draw on the victim-survivor's goals, priorities, and the strategies they have used in the past to manage risk. Each safety plan should be comprehensive and tailored to the individual victim-survivor.

There are three key components to the Level 2 Safety Planning Tool:

- **Part 1** Key considerations for safety planning
- **Part 2** Existing supports and information sharing
- **Part 3** Safety Action Plan

Part 1 details key considerations for safety planning. It summarises the risk level identified in the Level 2 Risk Assessment Tool, and supports you to work with the victim-survivor to determine what they need in order to feel safe.

Part 2 prompts you to consider any existing supports in place for the victim-survivor and children.

Part 3 supports you to consider all aspects of the victim-survivor's life which might impact upon their safety. This could include the level of contact they want to have with the PuV; their support networks; the needs of children, dependents and pets; their home environment; health and wellbeing; access to transport and finances; their community and cultural obligations; and their technology and personal devices.

You should work with the victim-survivor to safety plan around these considerations, and to connect them with relevant support services as needed. All family members, including children and other dependents, should be considered during the safety planning process.

Victim-survivors from different priority population groups will have unique safety planning concerns and needs which you will need to take into consideration when developing a safety plan with the victim-survivor. See **Fact Sheet 6** for more information on engaging with priority population groups.

4. Information sharing

The Information Sharing Guidelines provide detailed information to support you to share information in the context of DFV. See **Fact Sheet 1** for a more guidance on information sharing.

5. Referring to a High Risk Team or other multi-agency response team

Where the Level 2 assessment indicates a case is high or imminent risk, it may be appropriate to refer the case to a multi-agency response team.

If there is a High Risk Team or other multi-agency response team operating in your area, you can reach out to the teams' Coordinator or Chair to discuss whether it is appropriate for a case to be referred in. If a case does not meet the referral criteria, the team Coordinator or Chair can assist you in identifying alternative response options.

All referrals to High Risk Teams or other multi-agency response teams must include a completed Level 2 risk assessment and safety action plan form.

If you are uncertain what multi-agency teams are operating in your area, you can get in touch with your local DV specialist for more information. You can find services in your area on the Queensland Government service portal at: *https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/domestic-family-violence/find-local-support*.

6. Other FAQs

Do I have to seek client consent before referring them to a multi-agency team?

Consent should be sought from a client before referring a case to a multi-agency team wherever safe, practical and possible. However, where there are serious concerns regarding the safety of individuals, information can be shared without consent. This must always be in accordance with the provisions in the *Domestic and Family Violence Protection Act 2012*.

How does Level 2 risk management differ from Level 3 risk management?

The Level 2 Safety Planning Tool is designed to support you to work with a victim-survivor to develop clear and specific strategies to increase their safety across a wide range of situations. Level 3 multi-agency teams facilitate a greater level of collaboration between agencies and incorporate a broader range of service responses to manage risk.

Victim-survivors considered to be at imminent risk of serious harm or lethality may be referred to a multi-agency or high risk team if available in your area.

Fact Sheet 4 the Level 3 Common Risk and Safety Framework (CRASF) tools

This Fact Sheet will cover:

Who should use the Level 3 tools?

The Level 3 tools are designed to be used by coordinated multi-agency response teams, including High Risk Teams. The level 3 tools should only be used by people with experience working in domestic and family violence (DFV) and with a strong understanding of DFV-informed practice.

1. What is a multi-agency response?

An integrated or multi-agency response to DFV connects agencies and allows for collaboration on strategies to enhance a victim-survivor's safety. A multi-agency response is better able to address the victim-survivor's holistic needs and is considered best practice, particularly where a victim-survivor is deemed to be at imminent risk of serious harm or lethality.[3]

Under an effective multi-agency response, there is:

- A reduction in secondary (system-created) victimisation by limiting the need for victim-survivors to repeatedly recount their story;
- Increased person using violence (PuV) accountability;
- The use of a common language of risk between agencies;
- Cohesive, consensus-based responses;
- Cost-effectiveness through minimising duplication of services; and
- Formalised information sharing between agencies.

2. Purpose of the Level 3 tools

The Level 3 tools are specifically designed to support multi-agency response teams where the victim-survivor is assessed to be at imminent risk of serious harm or lethality. The Level 3 tools support multi-agency response teams to:

- Proactively share and gather information on DFV risk, including by building a shared understanding of a person's DFV risk with other support agencies;
- Actively monitor DFV risk and respond to changes in risk levels through adjusting risk management activities and safety plans; and
- Plan and undertake relevant risk management activities with victim-survivors and with other agencies contributing to the multi-agency response, to ensure the overall safety and security of the victim-survivor.

3. How should I use the Level 3 tools?

The Level 3 tools should only be used after a Level 2 risk assessment or other initial risk assessment has been undertaken.

The Level 3 tool is divided into three components:

- **The Level 3A Initial Multi-Agency Risk Assessment and Management Tool:** Designed to support intake into the multi-agency response team. It includes a review of the initial risk assessment and safety action plan, and allows for updates to these based on multi-agency requests for information (RFIs)
  - **Part 1 Referral and victim-survivor information** Designed to be completed ahead of the initial multi-agency meeting where possible. It 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. Part 2 is designed to be completed ahead of the initial multi-agency meeting where possible.
  - **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.

- **The Level 3B Ongoing Multi-Agency Risk Assessment and Management Tool:** Designed for ongoing review of risk and the multi-agency strategy by supporting the multi-agency 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 **r**eplaces meeting notes. There are five parts to this tool (which mirror a standing agenda for the meetings):
  - **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
- **The Level 3C Case Summary and Closure 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.

3. How should I use the Level 3 tools?

Figure 1 below illustrates how the Level 3 tools should be used in the context of a multi-agency response:

4. Other FAQs

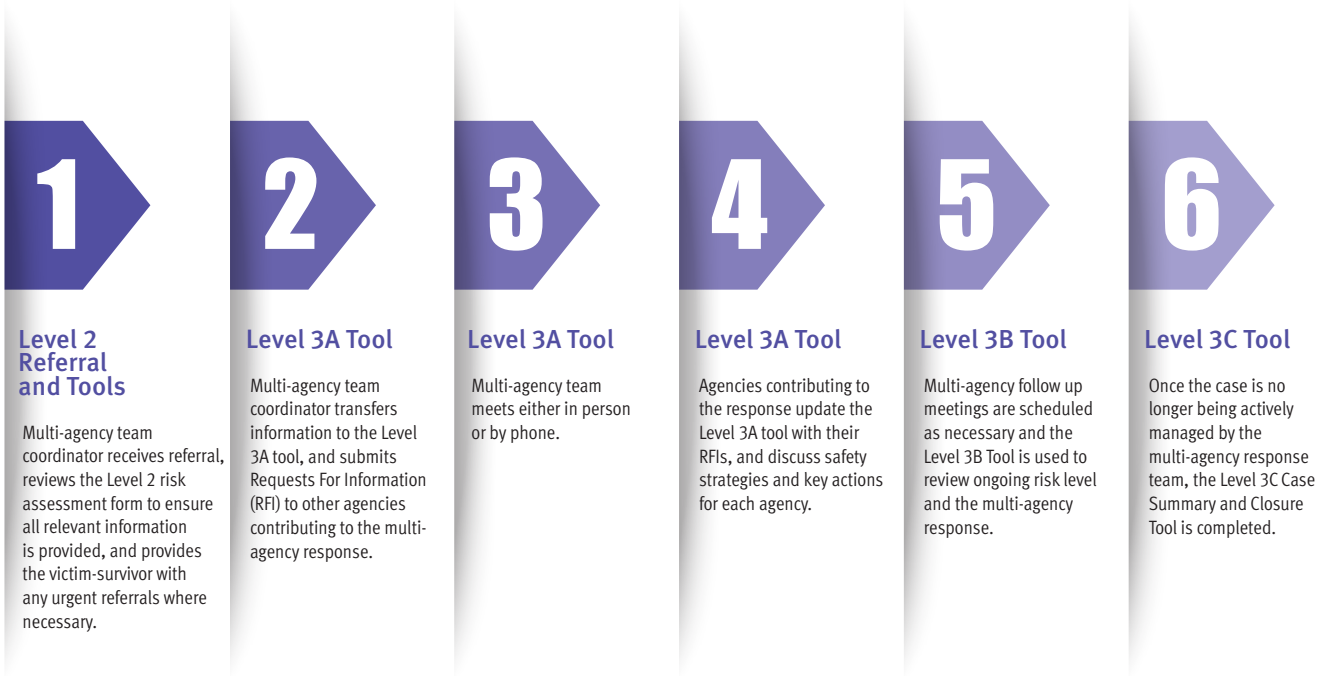
What do I need to know about information sharing as part of a multi-agency response?

The Information Sharing Guidelines provide detailed information to support you to share information in the context of DFV. See **Fact Sheet 1** for a more guidance on information sharing.

When should a case be closed by the multi-agency high risk response team?

Multi-agency high risk teams predominantly intervene in cases of imminent risk and are not a long-term response. The Level 3 tools will support multi-agency teams to monitor risks on an ongoing basis and consider whether the frequency or severity of risk has changed.

Closure of a case does not necessarily indicate that a victim-survivor is now 'safe'. Rather, it is an indication that the risk to the victim-survivor is no longer imminent and can be managed through other service systems. Protective factors and safety and accountability measures are recorded to help determine any further action required as some agencies will have an ongoing role in supporting the victim-survivor, child, and/or PuV after closure. This information is captured in the Level 3C tool.



Fact Sheet 5
Children and Young People

This Fact Sheet will cover:

1. The impact of domestic and family violence on children and young people
2. How are children and young people addressed in the CRASF?
3. How does the CRASF intersect with Child Safety frameworks?
4. Risk screening, assessment and safety planning considerations for children

1. The impact of domestic and family violence (DFV) on children and young people

Children and young people experience detrimental effects from DFV, even if they do not see or hear it.[4] Some of the ways that children and young people might experience DFV include:

- Direct or indirect exposure to violence;
- The person using violence (PuV) might use violence against children or threaten children to control adult victim-survivors; and
- Young people, especially young women, might experience violence in the family home and/or from a partner outside the home.

2. How are children and young people addressed in the Common Risk and Safety Framework (CRASF)?

Child-specific considerations are essential to effective risk assessment and management. DFV risks to children can be missed if their risk safety concerns are assumed to be the same as those of their parents.

Parents may not fully disclose DFV risk to the children for a range of reasons, including parental shame and fear of statutory intervention and child removal.[5] This is particularly the case for Aboriginal and Torres Strait Islander people, for whom the ongoing legacy of the Stolen Generations presents a significant barrier to reporting DFV.[6] Migrants without permanent residency may also fear separation from their children, particularly if their children are Australian citizens when they are not.[7]

The CRASF includes a child-specific routine screening tool as part of the Level 1 suite of tools, as well as specific considerations relating to children in the Level 2 and Level 3 tools. The below diagram documents how risks and safety planning considerations specific to children are addressed in the CRASF tools:

LEVEL 1

- A child-specific DFV Routine Screening Tool has been included
- If DFV is identified, refer to the *Child Protection Guide* tool or consult with colleague or specialist child practitioner

LEVEL 2

- Documents details relating to children, including name, age, relationship to PuV, gender, school, disability or special needs, support services currently in place, and the existence of any parenting arrangements
- Victim-survivors are asked about immediate risk and safety concerns for children
- Includes high risk factors and coercive controlling behaviours relating to children
- Professional assessment of risk includes practitioner's child protection concerns
- Documents specific safety planning concerns relating to children

LEVEL 3

- Documents input from Child Safety
- Documents multi-agency strategies to provide supports to children
- Documents changes in children's circumstances and to risk and protective factors for children
- Documents how agencies will stay in contact with children when a case is closed

The CRASF tools are designed to assess risk to victim-survivors, and not risk posed by people who use violence, including by adolescents who use violence.

3. How does the CRASF intersect with Child Safety frameworks?

The intersection between the DFV and child safety sectors is increasingly being recognised and understood. The need to keep children safe from the impacts of DFV is paramount and, wherever possible, children should remain with their non-offending parent or carer, where that parent or carer is willing and able to provide care.

The CRASF tools do not replace existing child safety practices and processes. Although the CRASF promotes integrated service responses aimed at ensuring the safety of both adult victim-survivors and their children, it is a DFV-specific framework which does not address all aspects of child safety.

If you identify that a child may be experiencing DFV and you are worried that there is no parent able to protect them, you should use the *Child Protection Guide* to determine whether and who to report the violence to, including whether to refer a case to Child Safety.

Mandatory reporting obligations

All adults in Queensland are required to report sexual offending against children to the police unless they have a reasonable excuse to not do so.[8]

Under the *Child Protection Act 1999*, mandatory reporters are also required to report concerns about a child where they believe that child:

- May have suffered, is suffering, or is at unacceptable risk of suffering significant harm;
- May not have a parent able and willing to protect them from the harm; and
- May be in need of protection

Mandatory reporters include:

- Teachers
- Doctors
- Registered nurses
- Police officers with child protection responsibilities
- Any person performing a child advocate function under the *Public Guardian Act 2014*
- Early childhood education and care professionals

See the Department of Children, Youth Justice and Multicultural Affairs' *website* for more information and resources on mandatory reporting obligations.

4. Risk screening, assessment and safety planning considerations for children

Depending on your level of training and expertise in working with children, you can use the CRASF tools to screen for risk to a child either by speaking directly to them or by speaking to a non-offending parent or carer. You should keep the following considerations in mind when screening for risk to children:

Screening directly through a child

If you have expertise and training in working with children, and it is safe, appropriate and reasonable in the circumstances, you can screen for risk to a child or young person directly. You should speak to children and young people in a way which is appropriate to their stage of development.

Some useful tips include:

- When talking to younger children it is useful to physically get down to their level, consider your tone of voice, and speak gently and reassuringly.
- Reassure them that they will not be in trouble and you will not judge them, no matter what they tell you.
- Ask questions in an empathic, non-judgemental manner.
- Remember to validate a child who provides you information or expresses their feelings about their family or circumstances.
- Do not ask questions in a way that feels like a list.
- It is important to use words that children themselves use. Avoid using leading questions which may influence their account of their experience.
- Wherever possible, record the exact wording that the child uses.

Screening through an adult

When undertaking risk screening or assessment for a child through a non-offending parent or caregiver, you should be aware of certain barriers to parents/carers disclosing risk to their children. A PuV may employ harmful tactics to deliberately undermine, manipulate and damage a parent or carer's relationship with their child. This can cause them to lose confidence in their parenting abilities, and affect their ability to be as engaged with their children as they would like. In this context, questions touching on parenting may be seen as intrusive and undermining.

These dynamics should be kept in mind when screening for risk to a child through a parent. You can build trust with a parent by affirming their role as a parent or carer. Recognise that they may be afraid to disclose risk to children and reassure them that you are seeking this information to support them, including by connecting them to follow-up service responses. Focus on their strengths and qualities as a parent or carer, and avoid making any judgments about parenting when asking questions.

Fact Sheet 6
Priority Population Groups

This Fact Sheet will cover:

1. What is an intersectional response to DFV?
2. Engaging with Aboriginal and/or Torres Strait Islander victim-survivors
3. Engaging with CALD victim-survivors
4. Engaging with victim-survivors with disability or mental health concerns
5. Engaging with LGBTIQ+ victim-survivors
6. Engaging with victim-survivors in regional or remote areas
7. Engaging with older victim-survivors

1. What is an intersectional response to domestic and family violence (DFV)?

DFV 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.

An intersectional response to DFV involves being sensitive and responsive to these various factors which may be impacting a victim-survivor's experience of violence.

The Common Risk and Safety Framework (CRASF) supports you to adopt an intersectional lens in your practice by prompting you to consider the unique risk factors and safety planning concerns relevant to victim-survivors from the following communities, as well as relevant protective factors:

- Aboriginal and/or Torres Strait Islander victim-survivors;
- Culturally and/or linguistically diverse (CALD) victim-survivors;
- Victim-survivors with disability or mental health concerns;
- Lesbian, gay, bisexual, transgender, intersex or queer + (LGBTIQ+) victim-survivors;
- Victim-survivors living in regional or remote areas; and
- Elderly victim-survivors

This Fact Sheet provides an overview of some of the unique considerations relevant to engaging with victim-survivors from each of these priority population groups.

2. Engaging with Aboriginal and/or Torres Strait Islander victim-survivors

Research indicates that Indigenous women are 35 times more likely to be hospitalised due to DFV; and five times more likely to be the victim of domestic homicide, compared to non-Indigenous women.[9] 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 which continue to undermine Aboriginal and Torres Strait Islander people's trust in the broader DFV sector.

The following practice guidelines may be useful when engaging with Aboriginal or Torres Strait Islander victim-survivors:

Be aware of your communication style

Communication style is important for Aboriginal and Torres Strait Islander people, especially non-verbal body languages. Aboriginal and Torres Strait Islander people value respect and people being open to learning and listening to their points of view. Be alert to cues in body language. For example, a lack of eye contact or answering 'yes' to every question, may be an attempt to end the conversation as soon as possible.

It is important to remember that in remote communities, English is not the first language for many community members. Avoid complicated terminology and aim to keep communication simple. Storyboards may be helpful in explaining the process.

Where English is not a person's first language, or where there are significant cross-cultural barriers, you may need to engage an interpreter to facilitate your discussion. Use the Level 2 risk assessment tool to help identify a person's correct language group, as someone residing in a certain community may not necessarily be from that community. You can refer to the Queensland Government website for advice on finding a translator: *Queensland Government Interpreter and translator services*.

You must also be mindful of men's and women's business when working with Aboriginal and Torres Strait Islander people. You can check whether a person is comfortable speaking with you by asking if they would like to have a support person with them, or if they are okay to speak about sensitive or personal issues with a male or female practitioner.

If time permits, it is a good idea to try to build rapport with the person before going into the detail about the DFV. Consider different options for holding the discussion. For example, you may be able to have a yarn with a victim-survivor in their home, at a local park, or some other location where they feel safe and where the risk to the practitioner is not increased. Sometimes, it may be appropriate to bring a plate of food to share with a cup of tea to start the yarning process, as bringing food is a sign of good faith and good intentions.

Be aware that some communities have different cultural protocols depending on the location. It is best to check with the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships about local protocols prior to interacting with the community: *Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships*.

Adopt a strengths-based approach

You should adopt a strengths-based approach, which values the strengths of Aboriginal and Torres Strait Islander individuals and the collective strengths of Aboriginal and Torres Strait Islander knowledge, systems, and expertise.

If you would like to improve your understanding of Aboriginal and Torres Strait Islander history and the impacts of colonisation, you can access some helpful resources on the Queensland Government website at: *www.qld.gov.au/about/about-queensland/history/aboriginal*.

Consider the impacts of intersectionality

You should be aware that the person using violence (PuV) may not be Aboriginal or Torres Strait Islander.

Consider the impact of intersectionality for a victim-survivor who identifies as Aboriginal or Torres Strait Islander with a partner who may be using racism to further abuse. The Level 2 risk assessment tool supports you to do this by outlining specific risk factors, such as whether the PuV has deprived the victim-survivor of access to their culture (including language, community events, and sorry business), or denigrated or insulted the victim-survivor for being Aboriginal and Torres Strait Islander or for their beliefs.

Be aware of, acknowledge, and respond to barriers to reporting

Aboriginal and Torres Strait Islander victim-survivors may be distrustful of the government and services sector and be reluctant to report DFV due to historic and ongoing discrimination. You should be aware of, acknowledge, and respond to victim-survivor's concerns around barriers to reporting. Once the basis for trust is established between you and your client, further vital information might be forthcoming if you are aware of the cultural barriers present.

Barriers might include:[10]

- Fears that their reports of DFV are not going to believed.
- Concerns about children being removed from care due to an extensive legacy of forced removal of children and the overrepresentation of Aboriginal and Torres Strait Islander children in the Child Protection system. This can include a fear of children being placed in non-Indigenous families and can be accompanied by a feeling that, as an Aboriginal or Torres Strait Islander person, they need to work twice as hard to prove they are a good parent for the children to be returned to their care.
- Fear of experiencing community reprisal or shame about reporting violence.
- Limited availability of culturally supportive services, and the inability to practice traditional methods and follow Indigenous Lore systems.
- The loss and removal of Aboriginal and Torres Strait Islander languages.
- Sorry Business, which can sometimes be a long process, up to 12 months in some cases. This can create particular barriers to reporting when a death has occurred by a PuV and where other family members could be at risk.
- Concerns about having to sever or leave parts of their family, extended family, kin, community, or culture if they leave violent relationships. Aboriginal and Torres Strait Islander people value the relationship with their traditional lands and, for many, being removed from community is a significant challenge. This can be exacerbated if a person has a family member/s who assist in making decisions or who have authority under their kinship structure. Some members of the community may hold positions or status in the community that do not allow them to be removed, e.g. Elders, leaders, and decision makers. Removal from the community can also have financial repercussions as Aboriginal and Torres Strait Islander communities can often share resourcing, such as food, electricity, clothing etc.
- Community concerns about consequences for the PuV, including the possibility of death in custody and racism and ill-judgment in prison.

Support a right to cultural safety

You must support Aboriginal and Torres Strait Islander victim-survivors' right to cultural safety when undertaking DFV risk assessment and management.

The *Queensland Human Rights Act*, section 28, recognises that Aboriginal and Torres Strait Islander people hold distinct cultural rights as Australia's first people. The provisions of section 28 should be considered when assessing risk and understanding the circumstances of the Aboriginal and Torres Strait Islander victim-survivor and PuV. This means recognising inherent rights to family, community, cultural practices, and identity, including when working with Aboriginal and Torres Strait Islander children with non-Indigenous parents and family members.

Provide choice of service options

Many Aboriginal and Torres Strait Islander victim-survivors prefer to use Aboriginal and Torres Strait Islander services. At times, Aboriginal and Torres Strait Islander victim-survivors may prefer access to non-Indigenous services due to a lack of privacy, past experiences, shame from community and family members, or conflicts of interest, for example the PuV's family members may be working in the service.

It is important to provide choice and service options, remembering that the victim-survivor is the expert in their own experience of DFV. You can also ask your client whether there are any conflicts of interest in engaging with local services, as this may not be disclosed voluntarily.

To assist with the identification of culturally appropriate support services, the Level 2 risk assessment tool supports you to identify an Aboriginal or Torres Strait Islander victim-survivor's language and kinship groups.

3. Engaging with Culturally and Linguistically Diverse (CALD) victim-survivors

The intersection of gender, ethnicity and culture may serve to heighten vulnerability to DFV risk for victim-survivors from CALD backgrounds.

The following practice guidelines may be useful when engaging with victim-survivors from CALD backgrounds:

- Consider the impact of a victim-survivor's **migration status** on their experience of violence. Victim-survivors who are on temporary migration visas, or reliant on the PuV for their visa status or pathway to permanent residency, may be particularly vulnerable to certain forms of coercion or control.
- A PuV may threaten to withdraw their sponsorship of the victim-survivor, which would force the victim-survivor to leave Australia, and in some cases be separated from their children. They may fear returning to their country of origin, particularly if that would mean being subject to exclusion, shame, violence or destitution.[11]
- Alternatively, the PuV may withhold the victim-survivor's and/or their children's passports to ensure the victim-survivor cannot leave Australia. Withholding passports, birth certificates, or other forms of identification can prevent the victim-survivor from accessing services, supports, housing and employment.
- Victim-survivors on temporary migration visas may also have limited access to financial or housing support when escaping DFV due to the conditions attached to their visas.[12]

The Level 2 risk assessment tool supports you to identify risks relating to a victim-survivor's migration status.

Consider the impact of a victim-survivor's **English proficiency** on their experience of violence. Victim-survivors with poor English language proficiency may be particularly vulnerable to certain forms of abuse, particularly if they also lack familiarity with local legislation and support services. In some cases, this can be compounded by negative previous experiences with government authorities. A PuV may use this to their advantage by engaging in systems abuse and threatening to report the victim-survivor to child protective services, immigration, or other authorities.

The Level 2 risk assessment tool supports you to consider whether the PuV is using the victim-survivor's poor English language proficiency or limited familiarity with local support systems to further coerce and control the victim-survivor. It also prompts you to consider whether the victim-survivor may need an interpreter to assist with the risk assessment and safety planning process.

- Consider whether a victim-survivor has many connections outside of their cultural community. A victim-survivor with few connections outside of their community may leave be more vulnerable to coercive control and social isolation.[13]
- Consider whether the victim-survivor may be subject to lateral violence by the PuV's extended family or community. A victim-survivor may be at particular risk of lateral violence if they reside with the PuV's family;[14] however keep in mind that abuse such as incitement of the PuV to commit DFV, dowry demands and threats can also be carried out from family or community living abroad.[15]

4. Engaging with victim-survivors with disability or mental health concerns

Women with disability are almost twice as likely to experience DFV as women without disability. People with disability are subjected to DFV for significantly longer periods of time, experience multiple forms of violence, and have fewer pathways to safety and justice.[16]

DFV against people with disability can take on a variety of forms, including:

- Withholding care, aids, or medication, or threatening to withhold these, or interfering with these;
- Threats to institutionalise the victim-survivor;
- Neglect;
- Forced isolation;
- Performing care in cruel ways (e.g. washing the victim-survivor in cold water);
- The use of chemical restraints and other restrictive practices;
- Inappropriate touching during care;
- Sexual activity being demanded or expected in return for care;
- Withholding information from the victim-survivor;
- Taking control of the victim-survivor's finances without their consent;
- Denigration on the basis of disability;
- Using a mental health diagnosis to 'gaslight' a victim-survivor, which may mean that they do not easily recognise the violence they have experienced, or may not feel entitled to access services.

The abuse can be experienced in a variety of contexts, including large residential institutions, group homes, respite centres, boarding houses, private homes, and on the street. Abuse against people with disability is often hidden from view and mischaracterised as a 'service incident' or 'behavioural challenge'.[17]

In some cases, the victim-survivor is dependent on the PuV for their day-to-day care. This creates a power imbalance that can prevent a victim-survivor from speaking out for fear of retaliation, losing their supports, or of being institutionalised.

Victim-survivors with disability can also experience other barriers that may prevent them from seeking support. Historically, people with disability have been excluded and marginalised.[18] Many have a distrust of government and the service sector and may have had prior negative experiences with the service system. Women with disability are frequently not believed when they disclose experiences of DFV and, with disproportionate rates of children being removed from mothers with disability, they may fear losing custody of their children.[19]

You should acknowledge and respond to these concerns.[20] Ensure you engage with the victim-survivor using a respectful, strengths-based approach, by believing the person and taking their experiences seriously.

Consider how you can ensure your services are accessible. This may include meeting physical accessibility needs, such as Auslan interpreters, communication aids, and wheelchair ramps, and addressing sensory sensitivity. It also includes ensuring services are approachable and appropriate. Think about attitudinal factors within your service, how information is made available, and how women with disability are included in DFV risk assessment and safety planning.

It is helpful to follow these general guidelines when engaging with victim-survivors with disability:

» Speak to the person as you would speak to anyone else. Speak in an age-appropriate tone and treat adults as adults.

» Speak directly to the victim-survivor with disability even if they are accompanied by another person (such as a carer).

» Put the person first, not their disability. For example, use the term 'a person with disability' rather than 'a disabled person'.

» Avoid negative phrases such as 'suffers from' and 'crippled'. Use the phrase 'people who use a wheelchair' rather than 'wheelchair bound'.

The Australian Federation of Disability Organisations provide resources for communicating with people with disability on their website: *https://www.afdo.org.au/resource-communication-with-people-with-disabilities/*.

The Level 2 risk assessment tool supports you to identify whether a victim-survivor has a disability or mental health condition, whether the PuV is their carer, and the nature and extent of any supports they may have in place (including NDIS supports). It also includes a section on coercive controlling behaviours to support you to identify specific forms of coercion and control which victim-survivors with disability or mental health concerns may be particularly susceptible to.

If you feel the victim-survivor with disability may be eligible for the National Disability Insurance Scheme (NDIS) but is not an NDIS participant, you can encourage them to contact the NDIS on **1800 800 110** to discuss their eligibility. The Queensland Government Assessment and Referral Team (ART) can also help people to access the NDIS. More information is available on the Queensland Government website at: *https://www.qld.gov.au/disability/adults/getting-help/national-disability-insurance-scheme-ndis/help-with-the-ndis-is-available/help-getting-started*.

5. Engaging with LGBTIQ+ victim-survivors

The prevalence of DFV 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.[21]

» Consider the impact of **heterosexist**[22] **oppression**, including public harassment and violence, social isolation, and legal discrimination, on the types of violence experienced by LGBTIQ+ victim-survivors. This can affect LGBTIQ+ people's sense of their self-value, and their perceived value of their intimate relationships.[23]

You should be aware of unique types of violence faced by LGBTIQ+ victim-survivors such as where the PuV:

» Threatens to 'out' the victim-survivor by disclosing their sexual orientation, gender identity, and/or intersex status to family members, friends or colleagues.

» Engages in systems abuse, for example by telling the victim-survivor that they will lose custody of their children as a result of their LGBTIQ+ status being disclosed

» Deliberately misgenders the victim-survivor, ridiculing their body or gender identity, preventing them from accessing gender affirming care, or otherwise acting in a transphobic way.

The Level 2 risk assessment tool supports you to identify whether a victim-survivor may be experiencing these types of violence.

The following practice guidelines may be useful when engaging with LGBTIQ+ victim-survivors:

» Consider that **family members may be homophobic or transphobic**. Victim-survivors who are dependent on their families may be met with increased risk of violence if they come out to their families.[24]

» LGBTIQ+ communities have long challenged the 'traditional' notion of 'family,' often forming 'families of choice' with other LGBTIQ+ people based on shared experience, and as a way of navigating heterosexism in broader society.[25] You should consider the **breadth of many LGBTIQ+ families** of choice when assessing risk and preventing and responding to violence.

» Be aware that **lack of inclusivity in service responses** (such as a lack of safe housing options for gender-diverse people, or service providers misgendering victim-survivors or not understanding differences between sex, gender and sexuality) and confusion about the legal rights of rainbow families may also constitute barriers to reporting DFV.[26]

» Ensure that your approach to engaging with victim-survivors is inclusive and respectful (e.g. by asking for and using their pronouns).

6. Engaging with victim-survivors from regional and 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.[27]

The following practice guidelines may be useful when engaging with victim-survivors in regional and remote areas:

- Consider that the PuV may use their **geographical isolation** to more readily control and isolate victim-survivor-survivors from family and friends. This is particularly the case where the victim-survivor does not have transport options to access support services, or where there is poor mobile phone coverage which may impact upon the use of support services.
- Consider that victim-survivors and PuVs may be well-known to support services and within the community. A PuV may create issues around **privacy, confidentiality and anonymity** to discourage victim-survivors from reporting for fear of stigma, shame or community gossip.
- Be aware of the impact of extreme remoteness on victim-survivors in Indigenous communities.[28] The **intersections of gender, Indigeneity and remoteness** for some victim-survivors may compound their experience of DFV.[29]

The Level 2 risk assessment tool prompts you to identify whether a victim-survivor is living in a regional or remote community, and implications for safety planning and access to supports.

7. Engaging with older victim-survivors

While older people also experience violence within intimate partner relationships, they are particularly vulnerable to abuse from other adult family members as well as from their carers.[30] 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.[31] Mirroring domestic and family violence definitions, this can involve physical violence, psychological abuse, financial abuse, social isolation, sexual abuse or neglect.

The following practice guidelines may be useful when engaging with older victim-survivors:

- Consider that older victim-survivors may face particular barriers to seeking help for abuse, including physical disability, diminished cognitive functioning and a lack of awareness that their experiences amount to abuse.[32]
- Ensure that **appropriate supports and adjustments** are provided for older victim-survivors with disabilities to address any issues with capacity. This may include communication supports (e.g. speech pathologists), formal or informal advocacy, and different communication strategies (written, Easy English, and verbal reiteration).
- Be careful not to assume someone is incompetent or has dementia based on how they present when they may be experiencing trauma, such as grief.
- Consider whether the victim-survivor is **dependent on the PuV** for care and support. If so, they may fear the consequences of reporting DFV, such as isolation and a loss of dignity and freedom.[33] You should be aware of, acknowledge, and respond to such concerns where relevant.
- You should be aware that some older victim-survivors may want to **protect and maintain their relationship with the PuV** and may not want to get the PuV into trouble, particularly if the PuV is their child.[34] You should acknowledge and respond to these concerns where relevant.
- How older people are considered within family and community relationships can be deeply bound to **culture and faith**. Your understanding of violence against older people must be informed by recognition and an understanding of their family structure, cultural or faith background. If you do not feel adequately informed about their cultural or faith background, it is important to work collaboratively with a service that has expertise in this area.
- Be aware of ageism from services and your own potential for **unconscious bias and ageism**. Ensure that you recognise their experience as DFV, and that you do not undermine their agency by engaging with them directly, instead of engaging and potentially colluding with adult children who might be using violence.

The Level 2 risk assessment tool supports you to consider how a victim-survivor's age might impact upon their level of risk and access to supports.

Endnotes

1 Myhill, A., Hohl,K. (2019). The "Golden Thread": Coercive Control and Risk Assessment for Domestic Violence, 4479. Journal of Interpersonal Violence, Vol 34(21-22).
2 Family Safety Victoria, Family Violence Multi-Agency Risk Assessment and Management Framework (2021).
3 ANROWS (Breckenridge, Rees, valentine, & Murray, 2016; Breckenridge, Rees, valentine, & Murray., 2015)
4 Further insight into the intersections between children and young people, parenting and DFV can be found in Australian National Research Organisation for Women's Safety (ANROWS), *Domestic and family violence and parenting: Mixed methods insights into impact and support needs: State of knowledge*, https://www.anrows.org.au/publication/domestic-and-family-violence-and-parenting-mixed-methods-insights-into-impact-and-support-needs-state-of-knowledge-paper/.
5 Stanley, N., & Humphreys, C. (2017). Identifying the key components of a '*whole family' intervention for families experiencing domestic violence and abuse. Journal of Gender-Based Violence*, 1, 100.
6 Humphreys, C. (2008). Problems in the system of mandatory reporting of children living with domestic violence. Journal of Family Studies, 14(2/3), 228–239..
7 Segrave, M. (2017). *Temporary migration and family violence: An analysis of victim-survivorisation, vulnerability and support.* Melbourne: School of Social Sciences, Monash University.
8 Criminal Code (Child Sexual Offences Reform) and Other Legislation Amendment Act 2020.
9 Australia's National Research Organisation for Women's Safety (2014). Indigenous family violence. Fast Facts. Sydney, ANROWS. Available at: http://anrows.org.au/publications/fast-facts/indigenous-familyviolence
10 Nancarrow, H. (2010). Restorative justice for domestic family violence: Hopes and fears of Indigenous and non-Indigenous Australian women. Restorative justice and violence against women. J. Ptacek. New York, Oxford University Press: 123-149.
11 Ibid 27.
12 Segrave, M., Pfitzner, N., (2020). *Family Violence and Temporary Visa Holders during COVID-19 Monash Gender and Family Violence Prevention Centre*, 10. Retrieved from: https://apo.org.au/sites/default/files/resource-files/2020-09/apo-nid308985.pdf
13 Queensland Government, *Domestic and Family Violence Prevention Strategy 2016-2026*, 3. Retrieved from: https://www.cyjma.qld.gov.au/resources/campaign/end-violence/dfv-prevention-strategy.pdf..
14 Segrave, M., Pfitzner, N., (2020). Family Violence and Temporary Visa Holders during COVID-19. Monash Gender and Family Violence Prevention Centre, 23. Retrieved from: https://apo.org.au/sites/default/files/resource-files/2020-09/apo-nid308985.pdf.
15 Northern Community Legal Centre. (2021.) Indian Women's Family Violence Project: Findings and Recommendations, 15.
16 Queensland Government, Queensland's plan to respond to domestic and family violence against people with disability. Retrieved from: *https://www.justice.qld.gov.au/initiatives/end-domestic-family-violence/our-progress/enhancing-service-responses/tailoring-responses-to-meet-the-needs-of-vulnerable-queenslanders*
17 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2022), Overview of responses to the violence and abuse of people with disability at home issues paper. Retrieved 21 March 2022 from https://disability.royalcommission.gov.au/publications/violence-and-abuse-people-disability-home.
18 National People with Disabilities and Carer Council (2009), Shut Out: The experience of people with disabilities and their families in Australia. Retrieved from: https://www.dss.gov.au/sites/default/files/documents/05_2012/nds_report.pdf.
19 Pearce, C. (2012). 'Disability no bar to good parenting.' SMH. Retrieved from https://www.smh.com.au/politics/federal/disab ility-no-bar-to-good-parenting-20121214- 2bf75.html; Maher, J. M., Spivakovsky, C., McCulloch, J., McGowan, J., Beavis, K., Lea, M., Sands, T. (2018). 'Women, disability and violence: Barriers to accessing justice: Final report', ANROWS. Retrieved June 3 2021 from https://www.anrows.org.au/publication/wome n-disability-and-violence-barriers-toaccessing-justice-final-report/.
20 Better Health Channel, Family Violence and Women with Disabilities. Retrieved from: https://www.betterhealth.vic.gov.au/health/healthyliving/family-violence-and-women-with-disabilities.
21 Our Watch. (2017.) Primary prevention of family violence against people from LGTBI communities, 13. Retrieved from: https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2019/11/07031955/Primary-Prevention-of-FV-against-LGBTI-people-Report-Accessible-PDF.pdf.
22 Heterosexism is a set of beliefs that privilege heterosexual relationships over other relationships.
23 Our Watch. (2017.) Primary prevention of family violence against people from LGTBI communities, 31. Retrieved from: https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2019/11/07031955/Primary-Prevention-of-FV-against-LGBTI-people-Report-Accessible-PDF.pdf.
24 With Respect, Family Violence & LGBTIQ. Retrieved from: https://www.withrespect.org.au/professionals/about/family-violence-lgbtiq-communities.
25 Our Watch. (2017.) Primary prevention of family violence against people from LGTBI communities, 19. Retrieved from: https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2019/11/07031955/Primary-Prevention-of-FV-against-LGBTI-people-Report-Accessible-PDF.pdf
26 Another Closet. *Violence in LGBTIQ relationships*. Retrieved from: http://www.anothercloset.com.au/domestic-family-violence-in-lgbtiq-relationships.
27 Ibid.
28 Parliament of Australia. (2021). *Inquiry into family, domestic and sexual violence*. 186. Retrieved from: https://www.aph.gov.au/Parliamentary_Business/Committees/House/Social_Policy_and_Legal_Affairs/Familyviolence/Report.
29 Wendt, S, Chung, D., Elder, A., Hendrick, A., Hartwig, A. *Seeking help for domestic and family violence: Exploring regional, rural, and remote women's coping experiences.* ANROWS. Retrieved from: https://www.anrows.org.au/publication/seeking-help-for-domestic-and-family-violence-exploring-regional-rural-and-remote-womens-coping-experiences-key-findings/#to-top›.
30 Seniors Rights Victoria. *What is elder abuse?* Retrieved from: https://toolkit.seniorsrights.org.au/toolkit/what-is-elder-abuse/.
31 World Health Organisation. (2020.) *Elder Abuse.* Retrieved from: https://www.who.int/news-room/fact-sheets/detail/elder-abuse.
32 Queensland Government, *Domestic and Family Violence Prevention Strategy 2016-2026*, 3. Retrieved from: https://www.cyjma.qld.gov.au/resources/campaign/end-violence/dfv-prevention-strategy.pdf.
33 MARAM 36.
34 Ibid.

Domestic and Family Violence

Common Risk and Safety Framework