

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.

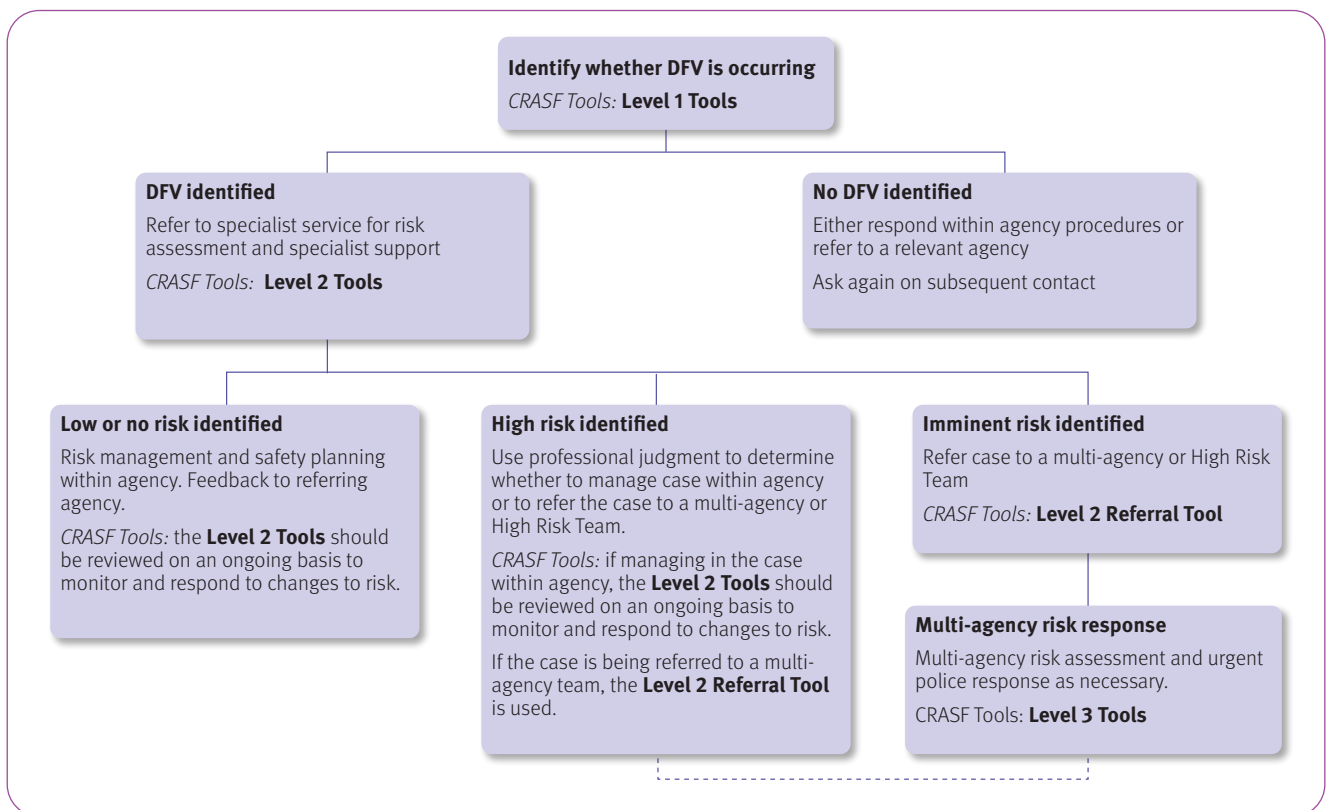
The CRASF risk assessment and safety management planning tools (CRASF Level 2 and Level 3 tools) provide specific guidance about risk factors and the frequency and recency of risk. They provide a structure for practitioners to exercise and draw on professional judgement and consider the victim-survivor’s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