

Domestic and Family Violence

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# Common Risk and Safety Framework

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# Acknowledgement of Country



In the spirit of reconciliation, we, at the Office for Women and Violence Prevention, acknowledge the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

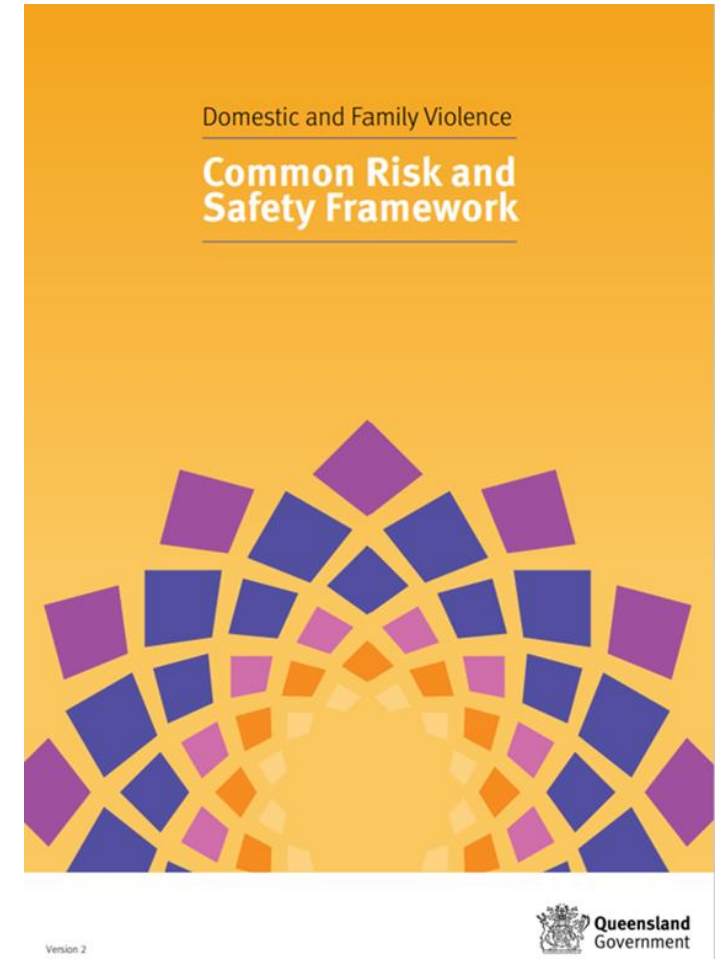
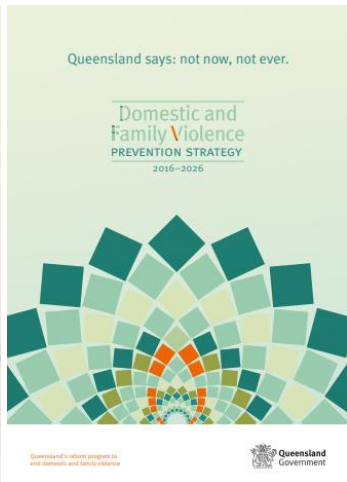
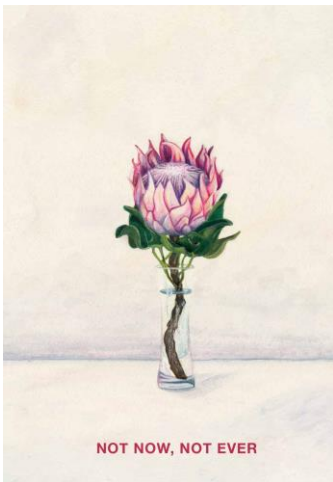


# Overview of session

- Queensland's DFV reform program and integrated service responses
- The DFV Common Risk and Safety Framework (CRASF)
- Revision of the CRASF
- Guiding Principles
- Examination of the CRASF tools
- Integrated Service System
- Information Sharing

# Domestic and Family Violence Reform in Queensland

2016 — 2016-2026 — 2017 — 2019-2022 — 2022







# Why review the CRASF?

2019 independent  
evaluation of  
ISR model

- Embed a culture of continuous improvement and best practice
- Clarify the different purposes of assessing risk at different points of the response
- Clarify and unify approaches, including to information sharing

Reflecting  
contemporary  
understandings and  
best practice

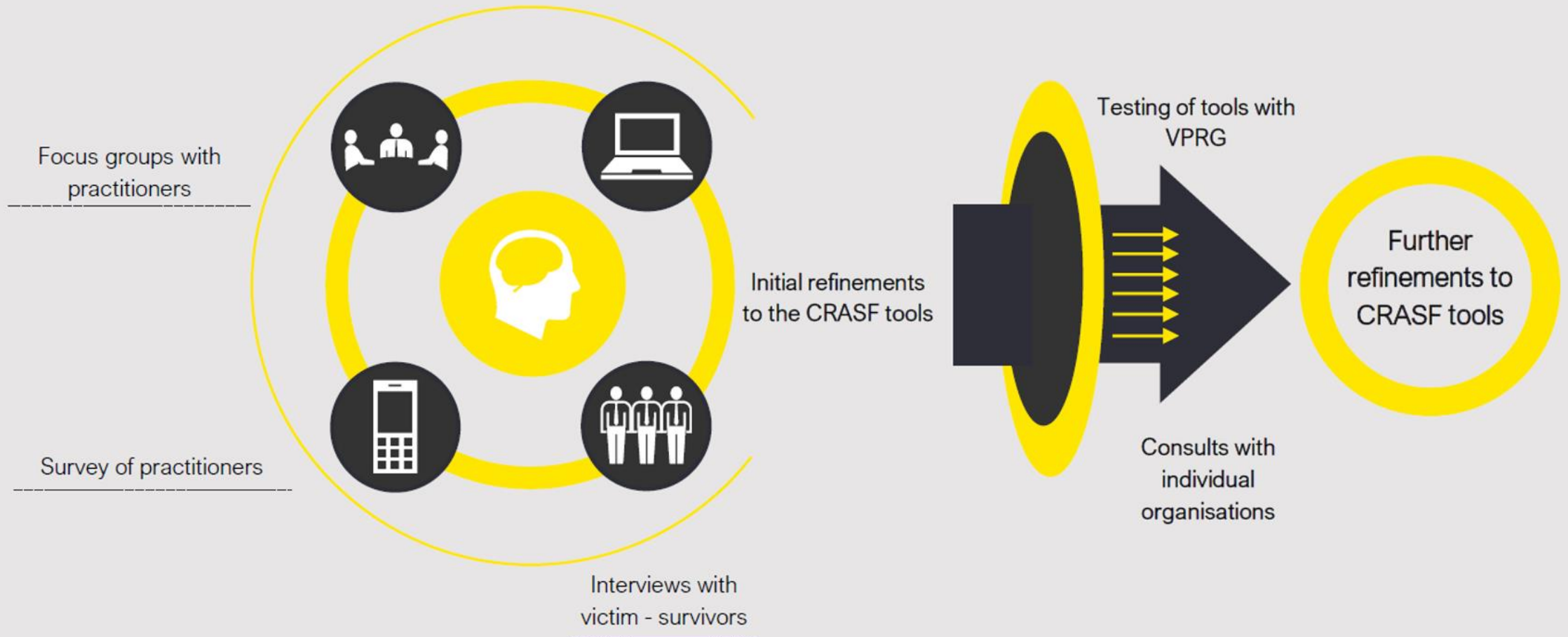
- Incorporate contemporary understandings of DFV
- Reflect different types of DFV, including coercive control and technology facilitated abuse

Women's Safety and  
Justice Taskforce  
review and  
recommendations

- Develop a whole of system risk assessment framework which recognises and responds to all forms of DFV over time and which requires the use of consistent language and concepts to support and enable integrated responses.

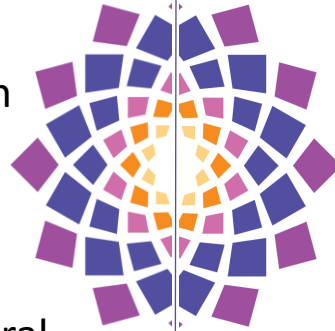
# Review, consultation and validation approach

Desktop literature review in consultation with Professor Amanda Robinson and Associate Professor Kate Fitz-Gibbon



# What did we hear?

- Broad consensus on the importance of risk assessments and a shared understanding of risk is seen across the sector as critical for an effective integrated service response
- Inconsistent application, different protocols, processes and tools across agencies
- Greater clarity required on the intersections between the DFV and child safety systems and processes
- The need for perpetrator centric tools
- Greater workforce development and training on specialist DFV competencies, on the CRASF and cultural competency
- Challenges and inconsistencies around information sharing, and technology not enabling this in a seamless and easy to use way
- A portal that is not user friendly, and often requires workarounds, creating significant administrative burden on users



# What has changed?

- New Level 1 Child screening tool
- A broader range of risk screening factors (not just physical signs of violence)
- Clearer guidance for practitioners on what to do next
- Different risk factors for children, adolescents and adults
- Emphasis on the victim-survivor voice and playing a greater role in their own safety planning, with a specialist practitioner
- Population specific factors
- Coercive control and technology facilitated abuse
- Imminence of risk and harm
- Enabling multi-agency response through ongoing review, documenting of agreed actions and case closure notes
- Broader application as a whole of system framework



# The Framework

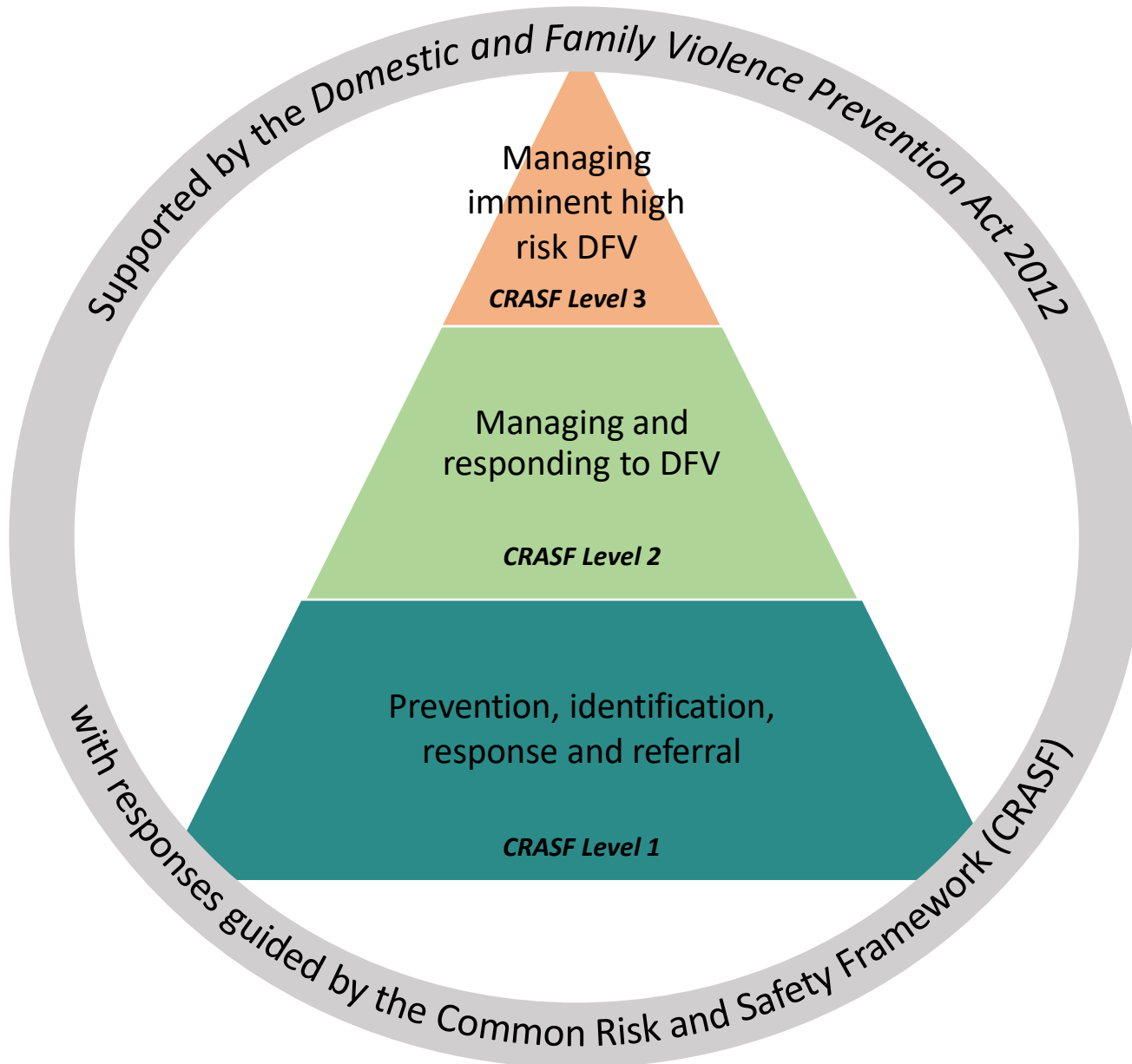




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Integration is more than ‘working together’ or networking. It involves services building partnerships, referral pathways and establishing formal communication processes. It is where the system coordinates responses to the specific needs of the victim-survivor.

# DFV Integrated Service Systems Framework



## **Multi-agency coordinated high risk responses**

*High Risk Teams; Specialist DFV services and prescribed entities*

- Formalised place-based, coordinated responses addressing cases of high risk and high imminent risk
- Identifying and assessing risk; safety planning
- Holistic consideration of the needs of the victim, children, and person using violence, and coordination of multi-agency supports
- Information sharing as appropriate and in line with legislation, with consideration to intersecting legislation, including the *Child Protection Act 1999*

## **Integrated DFV service responses**

*Specialist and non-specialist DFV services; prescribed entities*

- Strong understanding of CRASF and DFV-informed responses
- Targeted responses for priority populations
- Identifying and assessing risk; safety planning
- Holistic consideration of the needs of the victim, children, and person using violence, and coordination of multi-faceted supports
- Information sharing as appropriate and in line with legislation, with consideration to intersecting legislation, including the *Child Protection Act 1999*
- Sector capacity building

## **Shared responsibility for DFV prevention and response**

*First responders; frontline community, government and support workers; Elders; charities and NGOs; local government; businesses*

- Awareness and education campaigns / initiatives
- Identifying DFV
- Referral to emergency and support services
- Information sharing as appropriate and in line with legislation, with consideration to intersecting legislation, including the *Child Protection Act 1999*
- Delivering mainstream services in coordination with specialist DFV services



# Guiding principles

1

We are committed to a shared understanding of risk

2

We support the self-determination of victim-survivors

3

We recognise children and young people as victim-survivors in their own right

4

We adopt a culturally appropriate and intersectional approach

5

We recognise domestic and family violence as a pattern of abuse

6

We account for broader types of family violence

7

We adopt an integrated approach to risk assessment and risk management



# Guiding principle 1: We are committed to a shared understanding of risk

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


- The CRASF provides a framework and risk assessment tools that can be implemented across the service system.
- Domestic and family violence risk assessments identify and mitigate risks to a victim-survivor posed by a person using violence. Risk assessments are used both to prevent future violence, and to prioritise cases for intervention.
- Risk assessment is a complex, continuing, and evaluative process rather than a static event. The risk assessment process must remain dynamic.
- Having a common understanding of risk and a common approach to risk assessment is best practice.





# Guiding principle 2: We support the self-determination of victim-survivors

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

- Victim-survivors are the experts in their own unique experience of domestic and family violence. They know the patterns of behaviour, the impacts on themselves, their children and their family.
  - Victim-survivors are making decisions about their safety every day and managing risk to themselves and their children.
  - To understand the choices victim-survivors are making, we need to understand the person using violence's pattern of behaviour and the victim-survivor is best placed to provide that information. They will also know what strategies they have used previously, and which ones have worked and which have not.
  - Taking a victim-survivor led approach is not simply a good thing to do, it is crucial in increasing safety and reducing risk.
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## Guiding principle 3: We recognise children and young people as victim-survivors in their own right and commit to meeting their unique needs

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

- Children and young people experience detrimental effects from DFV, even if they do not see or hear it.
- 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.
- 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.






# Guiding principle 4: We adopt a culturally appropriate and intersectional approach

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


The CRASF supports an intersectional approach to DFV practice by prompting consideration of unique risk factors and safety planning concerns, as well as protective factors, relevant to victim-survivors from different communities, including:

- Aboriginal and Torres Strait Islander victim-survivors
  - Culturally and linguistically diverse victim-survivors
  - Victim-survivors with disability or mental health concerns
  - Victim-survivors in regional or remote areas
  - LGBTQI+ victim-survivors
  - Older victim-survivors
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# Guiding principle 5: We recognise domestic and family violence as a pattern of abuse


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

- Our understanding of domestic and family violence has significantly developed over the past two decades. Historically, domestic and family violence was considered a private matter, generally involving physical forms of violence and was primarily incident based. Since this time our knowledge of the dynamics and nuances of domestic and family violence has grown.
  - We now understand domestic and family violence as a pattern of behaviours used to instil fear and to control the victim-survivor.
  - Coercive control is a pattern of controlling and abusive behaviour designed to exercise domination and control over the victim-survivor. It can include an extensive range of abusive behaviours that, over time, isolates the victim-survivor from their friends and family and erodes their autonomy.
  - Coercive control is present in the vast majority of high risk cases of domestic and family violence. The level of control exerted over a victim-survivor is considered a greater predictor of severe and fatal violence than the presence of prior assaults.
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# Guiding principle 6: We account for broader types of family violence


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

- Domestic and family violence can occur in a range of relationships including:
    - Same sex relationships;
    - Between extended family;
    - parent – child (adult child)
  - The risk assessment tools:
    - Use gender-neutral language;
    - Refer to those using violence as the “person using violence”(PuV);
    - Allow for the documentation of multiple PuVs
- 



# Guiding principle 7: We adopt an integrated approach to risk assessment and management

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

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


**Domestic and family violence** includes behaviour that is physically, sexually, emotionally, psychologically, economically, spiritually or culturally abusive, threatening, coercive or aimed at controlling or dominating another person through fear.

The violence or abuse can take many forms ranging from physical, emotional and sexual assault through to financial control, isolation from family and friends, threats of self-harm or harm to pets or loved ones, or constant monitoring of whereabouts or stalking.

**Coercive Control** is “a pattern of behaviours or ‘course of conduct’ perpetrated against a person to create a climate of fear, isolation, intimidation, and humiliation.

Perpetrators use physical and non-physical forms of violence and abuse against the victim. Their use of violence and abuse vary in frequency and range and can occur across space and time.

Perpetrators rely on these dominating and oppressive behaviours to ultimately restrict their victim’s freedom and deprive them of their autonomy





# The Risk Assessment and Safety Planning Tools

# Common Risk and Safety Framework Tools

## Level 3: Multi-agency risk assessment and safety management

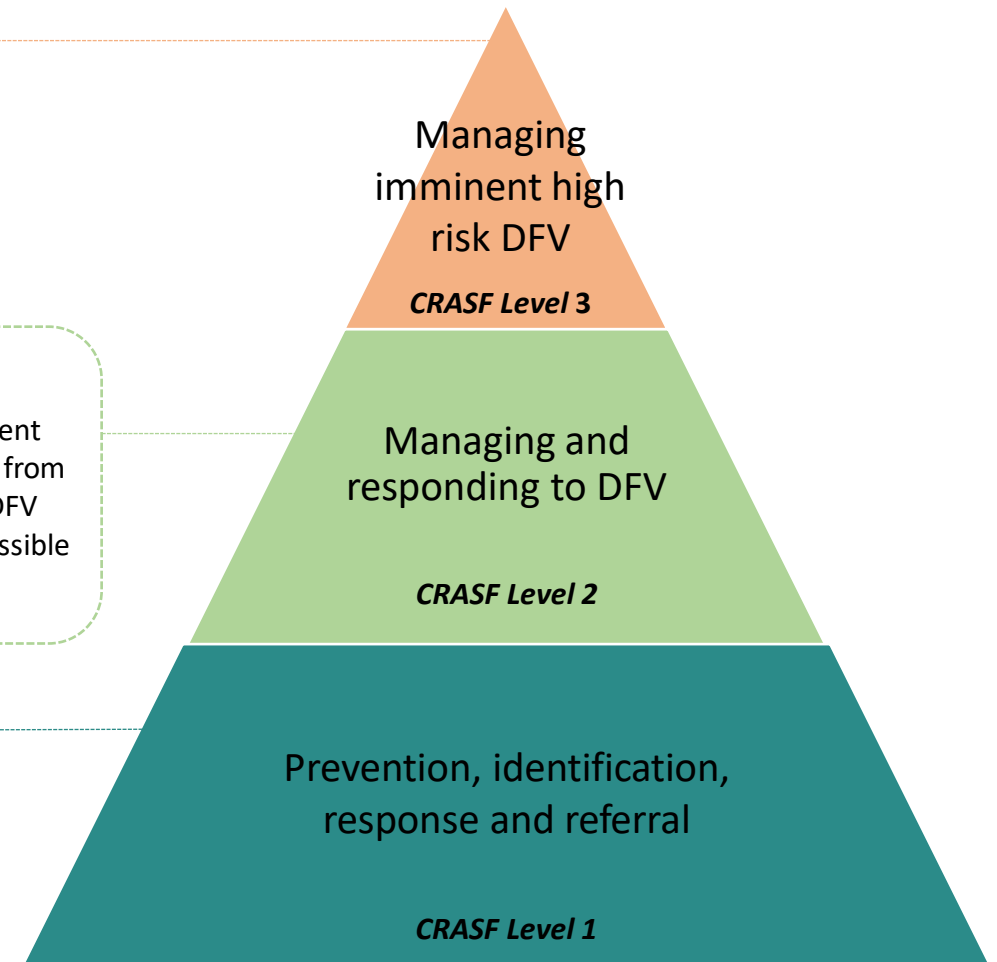
- for use by High Risk Teams and professionals providing specialist DFV services
- informs coordinated interagency DFV response, service delivery and case management including risk management, safety action planning and appropriate actions

## Level 2: Risk assessment and safety action planning

- for use by identified personnel from prescribed government entities and specialised DFV providers, and professionals from support agency NGOs who have a role in responding to DFV
- dynamic and ongoing process commenced as soon as possible and repeated regularly

## Level 1: Routinely asking (screening) and referral

- for mainstream professionals and some community members who encounter people who may have experienced DFV
- general information and guidance to support routine asking in a range of practice contexts
- supports the user to have the confidence to ask questions and respond appropriately to disclosures of violence



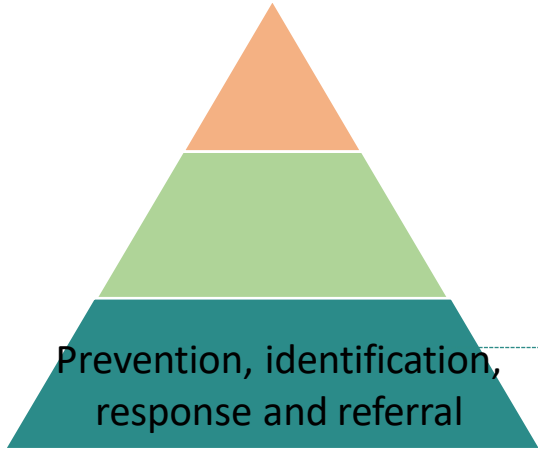
# Revised Common Risk and Safety Framework



- ❖ Greater focus on children
- ❖ Greater focus on priority population groups
- ❖ Factors on technology-facilitated abuse
- ❖ Factors on coercive control
- ❖ Increased focus on the person using violence
- ❖ Improved cultural considerations.

Tool	Purpose	User
L1 Routine Screening - Adult L1 Routine Screening – Child	Identify whether a person is at risk of, or experiencing DFV	Mainstream service providers and some community members
L2 Risk Assessment L2 Safety Planning and L3 referral	To use when some form of DFV risk has been identified. Aims to identify risk factors, prompt areas for further investigation, and inform comprehensive risk assessment and safety planning	DFV practitioners, government agency staff working in DFV roles, professionals with a role in responding to DFV
L3A Initial multi-agency dynamic risk assessment	Supports intake into the multi-agency response team, including a review of initial risk assessment and safety action planning, and updates based on multi-agency information sharing.	Coordinated multi-agency response teams where there is imminent risk of serious injury or harm
L3B Ongoing multi-agency dynamic risk assessment	Supports ongoing review of risk and the multi-agency strategy by supporting the multi-agency team to consider whether the severity of risk factors have changed.	
L3C Multi-agency response case closure	Records all relevant information demonstrating how risk was managed and documenting the rationale for case closure and long-term strategies to support the victim-survivor.	

# Level 1 screening tools



## 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:

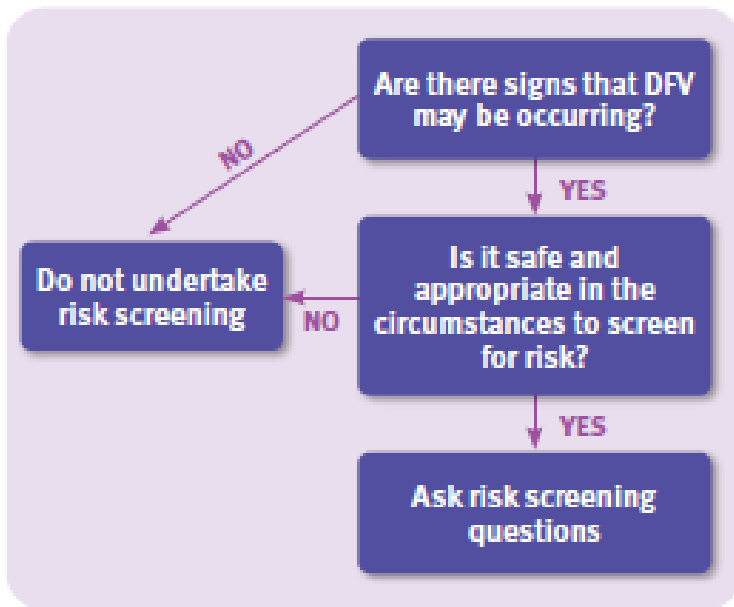
- » Health workers
- » Community workers
- » Teachers and early education providers
- » Aged care professionals
- » Family and children's support workers
- » Community Elders
- » Housing providers
- » Businesses, such as hair salons, banks etc.

## Level 1

### Adult domestic and family violence routine screening tool

This tool is designed to be used by any person who may come into contact with someone who may have experienced or be experiencing domestic and family violence (DFV) in adults and can be used for young people aged 13 and older (in the context of screening for risk in an intimate partner relationship).  
 The tool consists of three steps:  
**Step 1: Scan for signs:** This tool provides a list of some common signs of DFV for which you should scan. Note that this is not designed to be an exhaustive list and not all victim-survivors will display signs of victimisation.  
**Step 2: Ask:** If there is a sign DFV is present or you suspect it may be, and if it is safe to do so, this tool provides questions for you to firstly help *build rapport* with the person, and then to ask questions to *identify whether DFV is occurring*. These questions are a guide and you should ask questions in a way that is appropriate for the person you are engaging with.  
**Step 3: Act:** If your questioning identifies that DFV is occurring, this tool provides some actions *for you to take to support referrals and immediate safety*.

Personal information											
Name of person and age:	Client ID (if relevant):										
Names and ages of others presenting with client (if known):											
Name of professional completing screening:	Date:										
<p><b>Step 1: Consider whether there are any signs of DFV:</b> Below are a list of some signs that may indicate that DFV is occurring. This is not an exhaustive list. If you have any concerns that DFV could be occurring, you should ask.</p> <p><b>Signs to look for</b></p> <table border="1"> <thead> <tr> <th>Signs to look for</th> <th>Signs to look for</th> </tr> </thead> <tbody> <tr> <td> <b>Demeanor</b>                      The demeanor of the person indicates that DFV could be occurring                 </td> <td>                     » Appears anxious, scared or afraid in the presence of a family member or partner or when they are mentioned                      » Is reluctant to follow advice without reason                      » Has varied or inconsistent explanations for injuries sustained                 </td> </tr> <tr> <td> <b>Physical signs</b>                      There are physical signs that the person could be experiencing DFV                 </td> <td>                     » Signs of physical injury such as bruising, fractures, fresh scars or minor cuts or signs of strangulation                      » The presence of chronic pain (i.e. neck, back)                      » The presence of complications during pregnancy (where relevant)                 </td> </tr> <tr> <td> <b>Relationship dynamics</b>                      The person indicates that they are in or have an unhealthy or unhappy relationship                 </td> <td>                     » Characterises their partner/family member as controlling or prone to anger                      » Characterises the relationship as turbulent / of extreme highs and lows                      » Indicates that they are threatened/harassed by partner/family member                      » Partner/family member has unilateral financial control and other decision-making control                      » Dependent on partner/family member for basic needs                      » Partner/family member has denied access to family or social connection (incl. religious/cultural practices)                 </td> </tr> <tr> <td> <b>Non-physical signs</b>                      The person displays any signs that they are isolated or emotionally distressed                 </td> <td>                     » Experiencing isolation or does not have access to family or friends                      » Signs of mental health concerns, anxiety and depression, suicidality, and self-harm                      » Recent homelessness or experiencing recent tenancy issues                      » Signs that other members of the household may be at risk, for example, children or elderly parents                      » School refusal/ avoidance                      » Eating disorders                      » Substance abuse                 </td> </tr> </tbody> </table>		Signs to look for	Signs to look for	<b>Demeanor</b> The demeanor of the person indicates that DFV could be occurring	» Appears anxious, scared or afraid in the presence of a family member or partner or when they are mentioned » Is reluctant to follow advice without reason » Has varied or inconsistent explanations for injuries sustained	<b>Physical signs</b> There are physical signs that the person could be experiencing DFV	» Signs of physical injury such as bruising, fractures, fresh scars or minor cuts or signs of strangulation » The presence of chronic pain (i.e. neck, back) » The presence of complications during pregnancy (where relevant)	<b>Relationship dynamics</b> The person indicates that they are in or have an unhealthy or unhappy relationship	» Characterises their partner/family member as controlling or prone to anger » Characterises the relationship as turbulent / of extreme highs and lows » Indicates that they are threatened/harassed by partner/family member » Partner/family member has unilateral financial control and other decision-making control » Dependent on partner/family member for basic needs » Partner/family member has denied access to family or social connection (incl. religious/cultural practices)	<b>Non-physical signs</b> The person displays any signs that they are isolated or emotionally distressed	» Experiencing isolation or does not have access to family or friends » Signs of mental health concerns, anxiety and depression, suicidality, and self-harm » Recent homelessness or experiencing recent tenancy issues » Signs that other members of the household may be at risk, for example, children or elderly parents » School refusal/ avoidance » Eating disorders » Substance abuse
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## Level 1

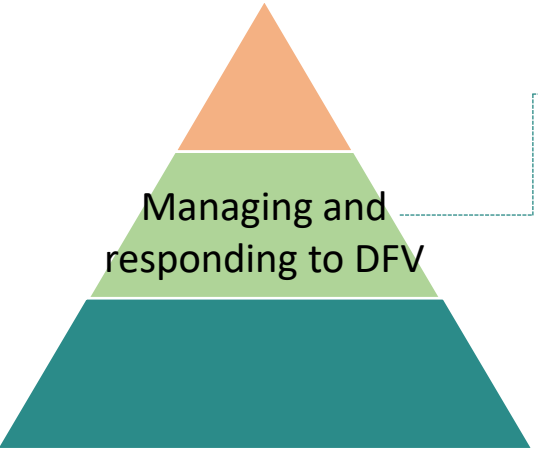
### Child domestic and family violence routine screening tool

**CONFIDENTIAL: Domestic and family violence information**  
 This tool is designed to be used by any person who may come into contact with someone who may have experienced or be experiencing domestic and family violence (DFV). This tool is used to screen for DFV in children aged under 13.  
 The tool consists of three steps:  
**Step 1: Scan for signs:** This tool provides a list of some common signs of DFV in children for which you should scan. Note that this is not designed to be an exhaustive list and not all children experiencing DFV will display signs of victimisation.  
**Step 2: Ask:** If there is a sign DFV is present or you suspect it may be, and if it is safe to do so, this tool provides questions for you to ask to identify whether DFV is occurring. Risk screening questions can be asked either directly of a child, (where appropriate and where a person is suitably qualified to work with children), or of an adult parent or caregiver with reference to the child. These questions are a guide and you should ask questions in a way that is appropriate for the child you are engaging with.  
**Step 3: Act:** If your questioning identifies that DFV is occurring you should consult with a colleague or specialist child practitioner. This may include referring to the [Child Protection Guide](#) and completing the appropriate decision support tool, which may advise whether a referral to Child Safety, or another referral to a specialist children's service (e.g. Family and Child Connect or Aboriginal and Torres Strait Islander Family Wellbeing Services), may be more appropriate.

Personal information									
Name and age of child:	Client ID (if relevant):								
Name of parents/guardians (if known):									
Name of adult presenting with child (if different):	Date:								
<p><b>Name of professional completing screening:</b></p> <p><b>Step 1: Consider whether there are any signs of domestic and family violence:</b> Below are a list of age-related signs of trauma for a child which may indicate that DFV is occurring. In isolation, some of these signs are not indicators of DFV (e.g. defiant behaviour or bedwetting). This is not an exhaustive list, and there are further physical and mental health indicators of violence and abuse in children in the <a href="#">Child Protection Guide</a>. If you have any concerns that DFV could be occurring, you should proceed to Step 2.  <b>Note any of the following signs may apply regardless of age.</b></p> <table border="1"> <thead> <tr> <th>This child is a...</th> <th>Signs to look for</th> </tr> </thead> <tbody> <tr> <td> <b>A baby or toddler</b> </td> <td>                     » Excessive crying or irritability                      » Excessive passivity or compliance                      » Underweight for age                      » Significant sleep or feeding difficulties                      » Reactions to loud voices or noises                      » Frequent illness                      » Anxiety, overly clingy to caregiver                      » Poor language or mobility development                 </td> </tr> <tr> <td> <b>A preschooler</b> </td> <td>                     » Extreme clinginess                      » Significant sleep and/or eating difficulties                      » Bedwetting                      » Frequent illness                      » Poor language development and/or significant use of 'baby talk'                      » Displaying maladaptive behaviour such as frequent rocking, sucking and biting                      » Aggression towards others                      » Adjustment problems (for example, significant difficulties moving from kindergarten to school)                      » Anti-social play or lack of interest in engaging with others                 </td> </tr> <tr> <td> <b>A primary school-aged child</b> </td> <td>                     » Rebelliousness, defiant behaviour                      » Physical abuse or cruelty of others, including pets                      » Showing low self-esteem                      » Extremely compliant behaviour, being passive, tearful or withdrawn                      » Delayed or poor language skills                      » Poor social competence                      » Sleep issues and bed wetting                      » Frequent illness                      » Depression, anxiety and self-harm                      » Displaying problematic sexualised behaviour or knowledge unusual for the child's age                      » School refusal/ avoidance                 </td> </tr> </tbody> </table>		This child is a...	Signs to look for	<b>A baby or toddler</b>	» Excessive crying or irritability » Excessive passivity or compliance » Underweight for age » Significant sleep or feeding difficulties » Reactions to loud voices or noises » Frequent illness » Anxiety, overly clingy to caregiver » Poor language or mobility development	<b>A preschooler</b>	» Extreme clinginess » Significant sleep and/or eating difficulties » Bedwetting » Frequent illness » Poor language development and/or significant use of 'baby talk' » Displaying maladaptive behaviour such as frequent rocking, sucking and biting » Aggression towards others » Adjustment problems (for example, significant difficulties moving from kindergarten to school) » Anti-social play or lack of interest in engaging with others	<b>A primary school-aged child</b>	» Rebelliousness, defiant behaviour » Physical abuse or cruelty of others, including pets » Showing low self-esteem » Extremely compliant behaviour, being passive, tearful or withdrawn » Delayed or poor language skills » Poor social competence » Sleep issues and bed wetting » Frequent illness » Depression, anxiety and self-harm » Displaying problematic sexualised behaviour or knowledge unusual for the child's age » School refusal/ avoidance
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# Level 2 tools



Managing and responding to DFV

## 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 may include:

- Specialist DFV services
- Police
- Child Safety Officers
- Nominated health workers
- Corrections staff
- Youth Justice officers
- Selected education staff
- Housing Officers
- Specialist DFV court and court support staff
- MBCP
- DFV Counsellors
- DFV shelter staff
- Sexual assault workers
- Homeless shelters
- Community legal centres
- Family law services
- Disability service providers
- Veterans' Affairs services

## 1. Risk assessment tool

- Collect information relating to the victim-survivor.
- Assess the risk to the victim-survivor, informed by: victim-survivor's assessment, context in which the violence is occurring, general risk factors, population specific risk factors.
- Make an overall assessment of risk considering the risk assessment and professional judgement – low risk / no risk, at risk, high risk, imminent risk.

## 2. Safety planning tool

- Key considerations for safety planning, including: level of risk identified, victim-survivor's view of safety plan, general factors (e.g. support networks, desired level of contact with PuV, barriers to executing safety plan).
- Consideration of existing supports and any concerns the victim-survivor may have about information sharing to inform future safety planning actions.
- Steps that will be taken to support the victim-survivor to increase their safety.

## 3. Referral form

- For use when referring to a specialist DFV service provider or to a High Risk Team or other coordinated multi-agency response.
- All referrals to a High Risk Team must include a completed Level 2 risk assessment and safety plan.
- Find specialist services in your area at <https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/domestic-family-violence/find-local-support>



Managing imminent  
high risk DFV

# Level 3 tools

## 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 in working in domestic and family violence (DFV) and with a strong understanding of DFV-informed practice.

### 3A. Initial multi-agency risk assessment and management tool

- Intake into the multi-agency response.
- Review of Level 2 risk assessment and safety plan.
- Updates to risk assessment and safety plan based on multi-agency requests for information (RFIs).
- Identify risk and safety management responses that should be implemented to protect the victim-survivor from further harm.
- Agency accountability.

### 3B. Ongoing multi-agency risk assessment and management tool

- Completed at every subsequent multi-agency meeting.
- Consideration of changes to frequency or severity of risk factors.
- Updates to victim-survivor and PuV circumstances.
- Review of ongoing multi-agency risk management strategy.

### 3C. Case summary and closure tool

- Demonstrates how risk was managed.
- Documents rationale for case closure.
- Ongoing risk management strategies to support the victim-survivor.
- Section for comprehensive case closure notes.



Domestic and Family Violence

# Common Risk and Safety Framework

FACT SHEETS



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# Information Sharing

- 2017 a comprehensive information sharing framework commenced.
- The framework facilitates information sharing between key government and non-government entities to enable both better risk assessment and management of serious domestic and family violence threats



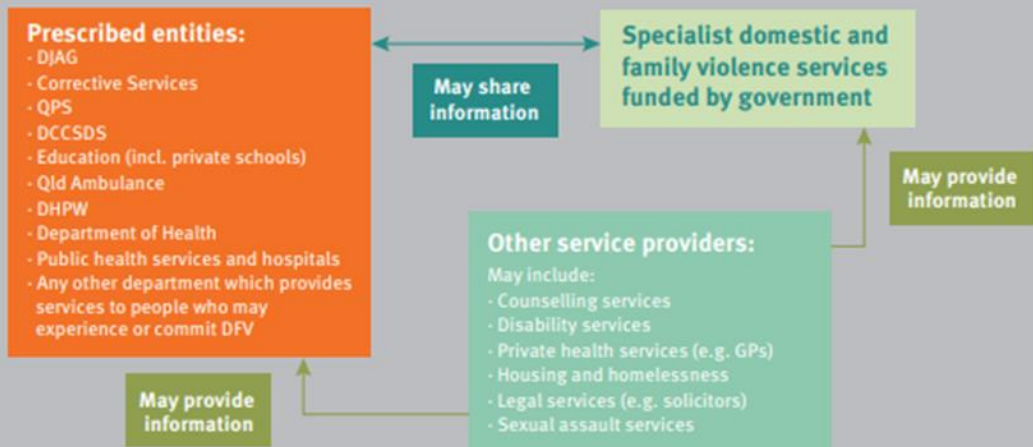
## **Domestic and Family Violence Protection Act 2012**

**Act No. 5 of 2012**



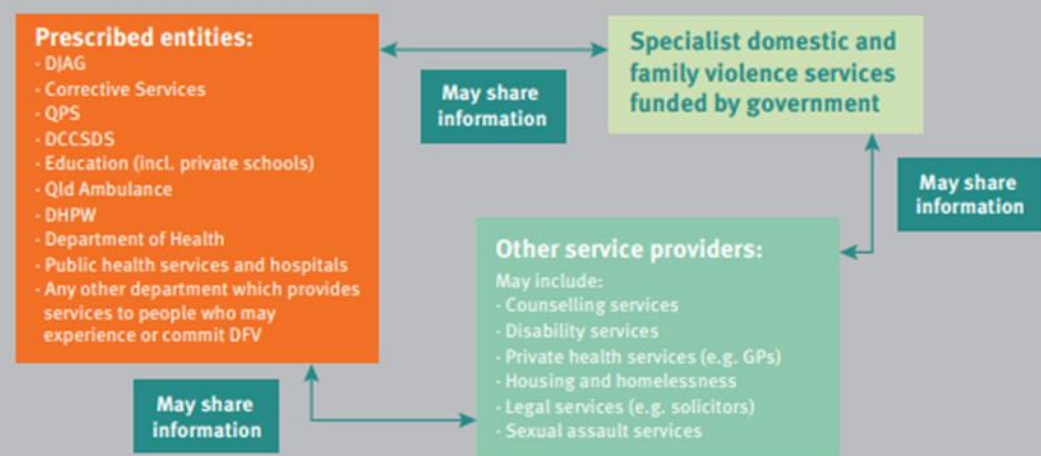
## Purpose: Risk assessment

**Threshold:** If the entity reasonably believes a person fears or is experiencing DFV, information can be shared if it is relevant to assessing whether there is a serious threat to the life, health or safety of a person because of domestic or family violence



## Purpose: Managing serious threats

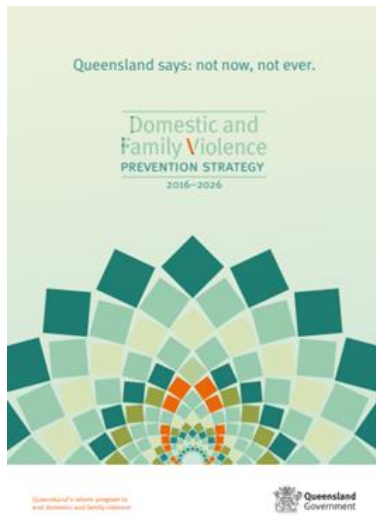
**Threshold:** If the entity reasonably believes a person fears or is experiencing DFV, information can be shared if it will help the other entity to lessen or prevent a serious threat to the life, health or safety of a person because of domestic or family violence





# Supporting guidance and legislation

- Domestic and Family Violence Prevention Strategy 2016-2026



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



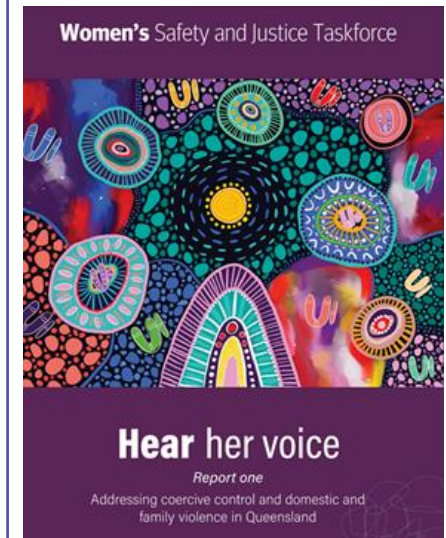
- Domestic and Family Violence Protection Act 2012



## Domestic and Family Violence Protection Act 2012

Current as at 30 May 2017

- Women's Safety and Justice Taskforce





# Integrated Service Systems Training Strategy

## Phase 1 *Introductory*

- Intended for stakeholders across all levels of the integrated service response.
- CRASF fact sheets.
- CRASF webinars.
- Integrated Service System Statewide Guidelines.

## Phase 2 *Foundational*

- Intended for stakeholders across all levels of the integrated service response.
- Online training videos and self-paced modules: Integrated service responses; CRASF tools L1-L3; Information Sharing; working with priority populations.
- Workforce-specific training resources.
- Induction resources.

## Phase 3 *Advanced*

- Intended for frequent users of the CRASF and those active in ISR.
- Quarterly virtual training sessions.
- Topic-based, addressing areas of need across the integrated service system (e.g. cultural capability, information sharing, adolescent family violence).

## Phase 4 *Development*

- Intended for frequent users of the CRASF and those active in ISR, particularly HRTs and other coordinated multi-agency response teams.
- Local face-to-face learning sessions held as required.
- Bespoke sessions designed to build capability and expertise and meet local needs.

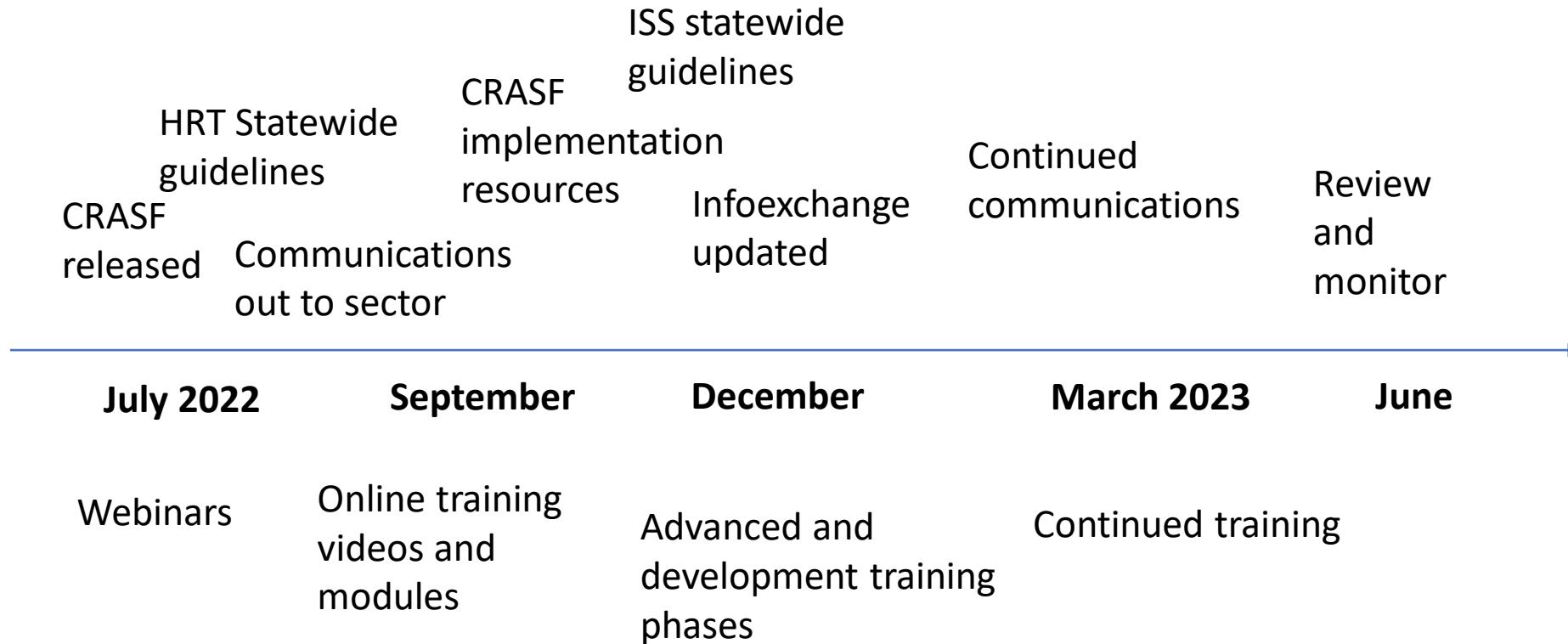


## Implementation – next steps

- Implementation is a staged approach
- Webinars over July
- Online videos and modules
- Resources to assist agencies to implement the CRASF
- HRT Statewide guidelines
- ISS statewide guidelines



# Implementation – next steps





## Find out more

- Visit: [www.justice.qld.gov.au/dfvcommonrisksafetyframework](http://www.justice.qld.gov.au/dfvcommonrisksafetyframework)
- Contact your local Integration Manager
- Email [dfvintegratedservices@justice.qld.gov.au](mailto:dfvintegratedservices@justice.qld.gov.au)