National Family and Domestic Violence Risk Assessment Framework

Consultation Summary Report

Acknowledgement of Country

We acknowledge the Traditional Custodians of Country throughout Australia and recognise their continued care of and connection to land, water, culture and community. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to Elders both past and present.

Help and Support

Violence against women and children can be hard to discuss and reading this document may cause distress. Help is available.

If you or someone close to you is in distress or immediate danger, please call 000. If you or someone you know is experiencing, or at risk of experiencing, domestic, family or sexual violence, call 1800 RESPECT (1800 737 732), text 0458737732, or visit www.1800respect.org.au to chat online or video call.

National Family and Domestic Violence Risk Assessment Framework

On 6 September 2024, National Cabinet agreed to develop a new national best-practice approach to family and domestic violence (FDV) risk assessment. This includes the national risk assessment principles (national principles), and a best-practice risk assessment framework (the Framework).

The Framework establishes a nationally consistent, evidence-informed approach to assessing and managing FDV risk across Australia. The Framework supports safer, more coordinated and more effective responses for victim-survivors and reinforces collective system responsibility for managing risk and perpetrator accountability.

Development of the Framework

The Framework was developed through close collaboration between the Australian, state and territory governments.

The Australian, state and territory governments acknowledge Australia's National Research Organisation for Women's Safety (ANROWS) for its role in informing the development of the Framework, including the updated national principles and providing the evidence to inform *Pillar 1: A shared understanding of FDV and FDV risk*.

Developing the Framework also involved:

- Review of current best-practice research and evidence
- Review of jurisdictional frameworks
- Consultation with key stakeholders across Australia, including peak bodies, lived experience advisory groups, and government advisory groups.

Consultation included stakeholders representing Aboriginal and Torres Strait Islander people and organisations, LGBTIQA+ people and services, people from culturally diverse, migrant and refugee backgrounds, women in rural, regional and remote areas, women with disability, older Australians, young Australians, people with lived experience of FDV, services supporting victim-survivors and services that provide supports to people using violence to change their behaviour. The list of stakeholders consulted is included in Appendix 1.

Overview of the Framework

The Framework brings together four **pillars** of best-practice risk assessment and management.

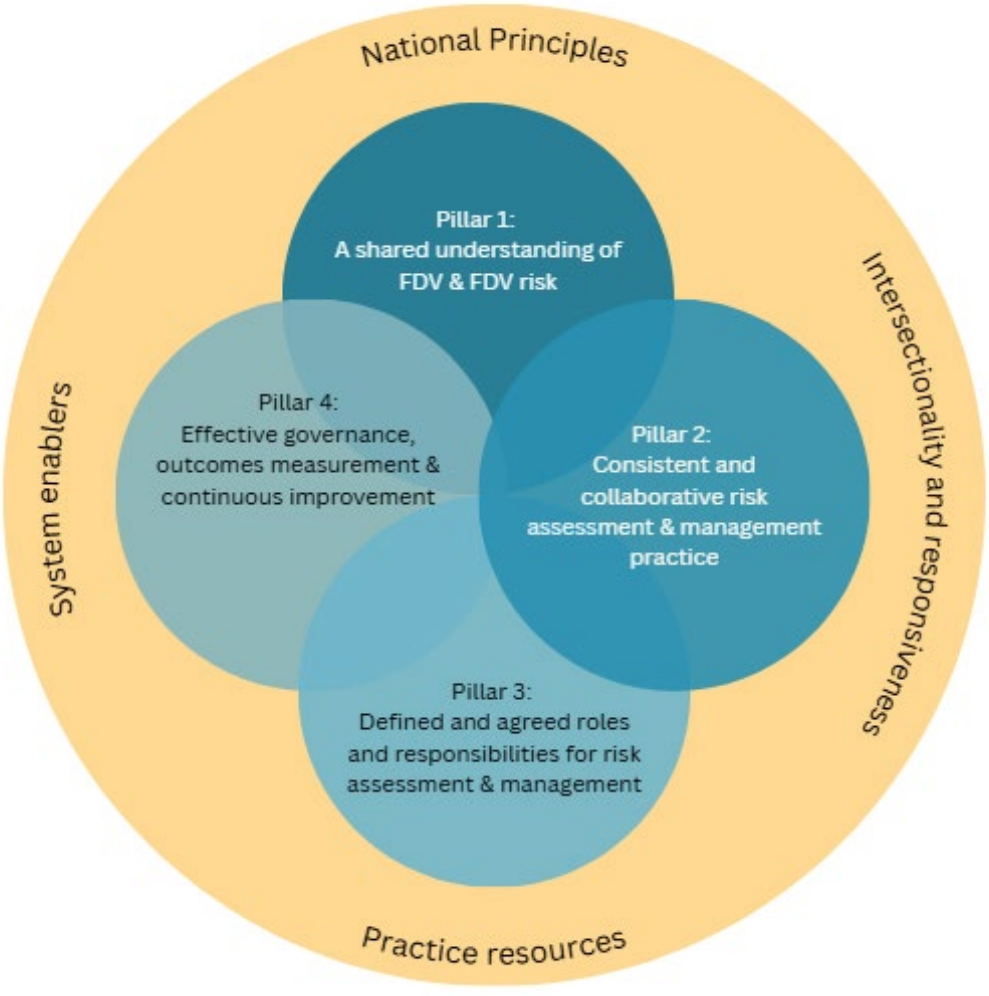
Together, these pillars provide a foundation for effective, consistent and collaborative risk assessment and management across jurisdictions and service systems. Each pillar brings together

evidence, practice guidance and actions for governments to support a shared national approach while allowing for local implementation and jurisdictional contexts.

These pillars are underpinned by **national principles** that guide consistent, evidence-based practice, and are supported by examples of **system enablers**. The Framework also embeds **intersectionality and responsiveness** as a cross-cutting lens of all pillars and supporting components to ensure responses are safe, tailored and inclusive of diverse experiences and needs.

The diagram below shows all the components of this Framework and how they relate to each other.

Fig. 1: National Risk Assessment Framework overview



Key themes from consultation

Stakeholder consultation identified a number of key themes that are critical to effective FDV risk assessment and management. While stakeholders brought diverse perspectives and experiences, there was strong alignment on these key elements. The following sections provide further detail on each theme, key considerations for implementation and how this feedback has been incorporated into the Framework.

Key themes are:

- Risk assessment must be collaborative, and victim-survivor centred
- Risk assessment and management must be culturally safe for First Nations people
- Risk assessment and management must avoid assumptions that can cause harm
- Risk assessment and management requires flexibility and a strong understanding of local contexts
- Risk assessment and management needs to address misidentification
- Risk assessment and management must consider the unique needs of children and young people
- Risk assessment and management must hold people using violence to account
- Risk assessment and management is supported by a coordinated and joined-up service system
- Risk assessment and management requires workforce capability and collaboration
- Effective risk assessment and management depend on critical system enablers

Risk assessment must be collaborative, and victim-survivor centred

Stakeholders emphasised that effective risk assessment must be undertaken collaboratively with victim-survivors. Risk assessment supports safety planning and risk management, and is most effective when developed with the victim-survivor, reflecting their priorities, circumstances and local context.

Consultations highlighted that risk assessment must centre victim-survivors agency and safety. Overly lengthy or extractive assessment tools can undermine trust and retraumatise victim-survivors, with stakeholders reporting that First Nations women in particular, feel as though they are being “mined for data.” Stakeholders stressed the importance of transparent communication about why information is being sought and how it strengthens risk identification and safety responses.

> *“When we talk to our women… they often feel that they are just being mined for their information rather than actually being supported.” - Stakeholder*

Stakeholders also noted that risk assessments undertaken in mainstream, non-FDV specialised settings (e.g. health settings) should be simple, trauma-informed and proportionate to the service context. These assessments should focus on immediate safety concerns and timely responses, while supporting referrals to specialist services where more comprehensive risk assessment and management is required.

Language was identified as critical to effective risk assessment. Stakeholders advised that clear, plain language and trauma-informed questions help people feel safe and able to disclose experiences. Lived-experience and safety-focused framing can improve risk identification and engagement (for example, asking about financial control or feelings of safety, rather than "are you experiencing family violence?").

How this feedback informed the Framework

This theme informed *Pillar 2: Consistent and collaborative risk assessment and management practice*. The Framework recognises risk assessment as a dynamic, complex, ongoing and evaluative process, undertaken in partnership with victim-survivors. It positions effective risk assessment and management as a collaborative process that evolves over time and across service interactions, rather than a one-off task.

The Framework centres the voices of victim-survivors at all stages of risk identification, assessment and management. This reflects feedback that agency, transparency and participation are central to effective practice. It also highlights the importance of structured professional judgement applied through an intersectional lens. This includes recognising how overlapping factors such as gender, culture, disability, age, sexuality, migration status, socio-economic disadvantage and geographic location shape experiences of risk, safety and access to support. This approach supports more accurate, equitable and culturally responsive risk assessment and management across diverse contexts.

This theme also informed *Pillar 3*, reinforcing the need for shared responsibility, accountability and collaboration across the service system to support consistent, victim-survivor-centred practice.

Risk assessment and management must be culturally safe for First Nations people

Consultations emphasised that risk assessment and management for Aboriginal and Torres Strait Islander peoples must be culturally safe, locally responsive, and grounded in Aboriginal worldviews of safety and wellbeing. A one-size-fits-all approach is inappropriate; frameworks should enable flexibility and place-based adaptation, particularly in remote and cross-border communities where cultural contexts and jurisdictional tools differ.

Cultural and linguistic safety

Risk assessment resources must account for language diversity, cultural communication protocols, and non-verbal cues. Aboriginal and Torres Strait Islander women may communicate distress

indirectly, and mainstream tools can misinterpret these signals, contributing to incomplete risk identification or misidentification of the primary aggressor. Misidentification has significant impacts on victim-survivors including inappropriate criminal justice responses, continued violence, and involvement with child protection systems.

Risk assessment questions can misinterpret cultural practices. For example, questions about harm to animals and access to weapons can stigmatise cultural practices such as hunting. Resources should use plain, respectful language, avoid deficit-based terminology, and incorporate interpreters and cultural expertise into FDV practice settings.

Safety for Aboriginal and Torres Strait Islander women often prioritises connection to Country, kinship, and cultural obligations. Removing women from community is not always desired, viable or culturally safe, including where obligations such as Sorry Business exist. Frameworks must recognise these realities and avoid system-driven responses that can escalate risk.

Intersectionality and overrepresentation

Aboriginal and Torres Strait Islander women experience disproportionately high rates of violence, compounded by factors such as remoteness, poverty, systemic racism, and mistrust of services. Intersectional factors such as disability and LGBTIQA+ identity require explicit consideration.

Community-led and strengths-based approaches

Risk assessment should be relational and strengths-based, not interrogative. Co-design with Aboriginal Community-Controlled Organisations (ACCOs) and local leaders is essential. Healing-focused services for men, alongside supports for women and children, and education on coercive control (including culturally specific behaviours such as “jealousing”) are critical to support risk identification and shifting community norms.

Workforce capability

Mainstream and specialist services need training in cultural safety and trauma-informed practice, supported by sustainable funding. Employing Aboriginal staff enhances trust but must be matched with structured wellbeing supports to address cultural obligations and vicarious trauma. Broader workforces supporting First Nations communities should receive basic FDV awareness and referral training.

Resources and tools

Stakeholders raised concerns that existing risk assessment tools are often lengthy and impractical in remote contexts. Resources and tools should be shorter, flexible, and usable in real-time, incorporating visual communication and Aboriginal languages.

“It’s important how those questions are shaped. The language should be respectful, plain, and non-clinical.” - Stakeholder

How this feedback informed the Framework

This theme has been incorporated primarily through *Pillar 2* and embedded throughout the Framework as a core, crosscutting consideration. The Framework reflects consultation feedback by rejecting a one-size-fits-all approach and emphasising flexibility, professional judgement and place-based practice that recognises the impacts of colonisation, systemic racism and intergenerational trauma on risk, help-seeking and service engagement.

The Framework reinforces the importance of community-led and strengths-based approaches, collaboration with ACCOs, and respectful engagement with Elders, kinship networks and local cultural authority. It also recognises that safety for Aboriginal and Torres Strait Islander women and children should consider connection to Country, culture and community, and that culturally unsafe or system-driven responses can exacerbate risk. These considerations are reflected through guidance on culturally responsive practice, information sharing, and collaborative risk management, while supporting jurisdictions to uphold self-determination and cultural safety in local implementation.

Risk assessment and management must avoid assumptions that can cause harm Stakeholders emphasised that assumptions about FDV – held by service systems, victim-survivors or people using FDV – can significantly undermine risk assessment and management. Children and young people, LGBTIQA+ people and older people were identified as specific cohorts for whom assumptions can be particularly harmful.

Children and young people

Risk assessments must recognise children and young people as victim-survivors in their own right, with distinct experiences of violence and safety. Stakeholders cautioned against assumptions that children and young people lack insight into their experiences or capacity to articulate risk. Stakeholders also emphasised the importance of a developmental lens. Treating children and young people as a homogenous group can result in tools and responses that do not appropriately reflect age-specific risks and impacts.

> *"It is really important to understand that the impact of family and domestic violence on children is best understood when there is a developmental lens. Sometimes the sector doesn't do that as deeply as they potentially could in terms of understanding how age and development informs the impacts of family violence" - Stakeholder*

LGBTQIA+ people

Stakeholders raised concerns that heteronormative assumptions can lead services to overlook risk in same-sex or gender diverse relationships, resulting in mixed screening and assessment opportunities. For example, a general practitioner may allow a same-sex partner to remain present during an appointment, limiting opportunities for disclosure and risk assessment in ways less likely

for heterosexual-presenting couples. Assumptions that LGBTIQA+ people readily recognise FDV should also be challenged, given that dominant representations of FDV in media, popular culture and advocacy often exclude diverse relationships.

Identity-based abuse – any harm, discrimination, or violence directed at someone because of their perceived or actual identity, including gender or sexuality – was highlighted as a poorly recognised form of coercive control, especially for children and young people. Assumptions that such abuse – particularly from parents – is a "normal" experience for young LGBTIQA+ people can mask risk and limit appropriate responses.

> *"There are specific and unique tactics of abuse that can show up for LGBTIQA+ survivors... services need to be aware of the different ways relationships occur and the unique barriers and worries about accessing (or not being able to access) support." - Stakeholder*

Older people

Assumptions that FDV does not occur later in life – particularly sexual violence in intimate partner relationships – can prevent effective risk assessment. FDV affecting older people is often reframed solely as elder abuse, centring harm from carers or adult children and overlooking partner violence.

Another assumption is that disclosures from older people relate to a historical violence, rather than current risk, resulting in inappropriate supports and unaddressed safety concerns.

> *"One of the things we see in relation to sexual abuse, where we think that because someone's older, they're somehow "unrapeable". It's a real issue. Talking to people who work in that sector, they're saying that people aren't believed, they're brushed under the shelf. They assume they're talking about historical abuse as opposed to current abuse." - Stakeholder*

How this feedback informed the Framework

This theme informed *Pillar 1: A shared understanding of Family and Domestic Violence*. Stakeholders emphasised that assumptions about who experiences FDV, how violence presents, and whose disclosures are believed can affect how risk is identified. These assumptions can lead to risk being misunderstood or missed, particularly for children and young people, LGBTIQA+ people and older people.

In response, the Framework promotes an intersectional approach to risk assessment. Practitioners are encouraged to critically reflect on their own assumptions and biases and understand how these may influence risk identification, assessment and decision-making. Without this awareness, risk may be minimised, misunderstood or overlooked.

Risk assessment and management requires flexibility and a strong understanding of local contexts

Stakeholders emphasised that FDV risk assessments must be responsive to local, cultural and community contexts, particularly for Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities.

Stakeholders representing migrant and refugee women highlighted that linguistic and cultural nuances can be misinterpreted through Western, Anglo-centric lenses and understandings of violence. For example, a mistranslation of a "verbal altercation" can distort assessments of risk, particularly where frontline services or interpreters lack FDV-specific and cultural expertise. Stakeholders stressed the importance of working with local community leaders and culturally informed interpreters to support accurate risk identification.

Local contexts, including rurality, were also identified as critical. In smaller, close-knit communities, stigma and lack of anonymity can deter help-seeking and engagement with risk assessment. Rural and remote contexts may also limit financial independence, constraining risk management and safety planning – for example, when assets are held collectively or in trusts, such as on family farms.

Stakeholders also noted that some victim-survivors may engage across multiple service systems – local, metropolitan or national – each using different risk assessment tools and processes. This reinforces the need for collaborative, coordinated approaches to risk assessment and management that centre victim-survivor lived experience and local conditions.

> *"For language cues and how to recognise that somebody is experiencing violence, you need to be attentive not just to literal language, but also non-verbal signs and also some figurative and cultural cues that would tell you that somebody might be experiencing family and domestic violence. So, when it comes to translation, it's not just an emphasis on literal translation." – Stakeholder*

> *"There needs to be a really big understanding that this is such a big step for rural remote and regional women, when the issue might be that they can no longer be where they are, what they're connected to, the networks within the Community that they're connected to and that's so important for regional people." - Stakeholder*

How this feedback informed the Framework

Understanding local context is embedded across the Framework as an essential feature of best-practice risk assessment and management. Each pillar incorporates place-based and intersectional considerations, recognising their essential role in effective, responsive and culturally-informed FDV risk assessment and management.

Risk assessment and management needs to address misidentification

Stakeholders emphasised the role of effective risk assessment and management in preventing and responding to misidentification. They raised concerns about the significant harm misidentification causes to victim-survivors and its adverse impacts on risk management, particularly for First Nations communities and for children and young people.

Stakeholders noted the heightened risk of victim-survivors being incorrectly identified as the primary aggressor and becoming involved in the criminal justice system. They emphasised the importance of accurate, ongoing risk assessment and management to correctly identify the primary aggressor and to ensure records and risk management plans can be reviewed, updated, and corrected if misidentification occurs.

> *"One of the key issues we see is that misidentification, or the minimising of what's happening and naming it as a fight or a disagreement, as opposed to law enforcement actually recognising the elements of power and control and coercive control that might be happening in a relationship... makes it really difficult for people to actually feel safe to actually go and seek support." - Stakeholder*

How this feedback informed the Framework

This theme is reflected across *Pillars 1* and *2*.

Pillar 1 identifies misidentification as a critical risk to victim-survivor safety. It recognises that people using violence may deliberately minimise harm, shift blame or present themselves as the victim. Misidentification can also result from professional bias or limited contextual understanding. To address this, the Framework emphasises the need for pattern-based, contextual assessment rather than incident-focused approaches.

Pillar 2 builds on this by providing guidance on pattern-based assessment, information sharing and structured professional judgement. These approaches support more accurate identification of risk and help reduce misidentification. It highlights the importance of understanding a person's history, context and patterns of coercive control. This is particularly important for First Nations women and people from diverse communities who are more likely to be misidentified. The Framework recognises the need for skilled engagement, given that people using violence minimise or deny harm.

Risk assessment and management must consider the unique needs of children and young people

Stakeholders emphasised that FDV risk assessment must recognise and respond to children as victim-survivors in their own right with their own distinct needs. They noted that adult-focused tools and responses are often inappropriate as they do not account for the unique barriers

experienced by children and young people when engaging with services. Stakeholders also emphasised that young people using violence require different responses to adults using FDV.

Stakeholders identified key considerations for assessing risk for children and young people. Building trust is essential. Practitioners should provide clear, age-appropriate information, including explaining mandatory reporting and child protection processes to help reduce fear and uncertainty.

They stressed the importance of transparent and empowering processes. These should recognise the emotional complexity of children's relationships with parents, caregivers and/or siblings. This includes situations where children wish to maintain contact with the person using violence.

Responses should be tailored to a child or young person's developmental stage and consider the impact of trauma, rather than treating children and young people as a homogenous group. Stakeholders also noted the need to consider children who live away from the family home during the school year. Planning should include how school and other support services can help keep them safe when they return to the family home.

> *"Young people need to understand the [risk assessment] process and why this information is needed to empower them to feel part of the process rather than being a bystander in their own life." - Stakeholder*

How this feedback informed the Framework

This theme informed *Pillars 1* and *2*. It reinforces that children and young people must be recognised as victim-survivors in their own right. They should be supported with responses that are developmentally appropriate and trauma-informed.

Pillar 1 builds a shared understanding of how FDV and FDV risk is experienced by children and young people, including young people using violence. It recognises that children and young people communicate their experiences of FDV in different ways such as through behaviour, body language and verbal cues. It highlights that responses to young people using violence must differ from responses to adults. These responses should focus on therapeutic and diversionary approaches.

Pillar 2 builds on this by outlining how risk assessment and management should respond to children and young people. This includes using developmentally appropriate, trauma-informed and age-appropriate responses. Risk assessment should consider both the direct and indirect impacts of violence. It should also consider cumulative harm over time, patterns of behaviour by the person using violence, and how violence is used to control families and caregiving environments.

Risk assessment and management must hold people using violence to account

Stakeholders highlighted the challenges of developing a risk assessment framework that both holds people using violence to account and ensures safety for victim-survivors. They emphasised that responses for victim-survivors and people using violence are distinct: victim-survivors require

therapeutic, safety-focused support, whereas responses to people using violence must prioritise accountability and behaviour change.

Stakeholders supported integrated service models linking family violence, disability, mental health and alcohol and other drug (AOD) supports, while cautioning that integration must preserve specialist behaviour-change expertise. They emphasised the need for capacity building across specialist and universal services so that roles are clearly understood and responses remain focused on victim-survivors' safety and behaviour change for people using violence.

Behaviour change service providers stressed the importance of avoiding collusion with people using violence. This includes not minimising or excusing their behaviour. Violence should not be attributed solely to mental health, AOD use, or other factors.

Stakeholders also emphasised the need for culturally safe, tailored responses for culturally and linguistically diverse, LGBTIQA+, Aboriginal and Torres Strait Islander communities and people with disability, to improve accessibility and ensure that risk assessment and management respond to diverse needs.

> *"Throughout all of the risk frameworks … the safety of the victim-survivor is the paramount importance. This is compared to the work that you do with the person using violence where it is more around accountability and personal responsibility."*
> *– Stakeholder*

How this feedback informed the Framework

This theme is embedded across *Pillars 1* and *2*, which together emphasise that keeping people using violence visible requires a clear understanding of *how* accountability is created and maintained. Both pillars also emphasise the need for culturally safe approaches that recognise how context shapes accountability, engagement and risk.

Pillar 1 distinguishes between system-imposed accountability – through police, courts, child protection, corrections and mandated programs – and personal accountability, where a person using violence acknowledges harm, takes responsibility and engages in behaviour change. It recognises that these forms of accountability do not always align, and that people using violence may be subject to system-imposed accountability without accepting personal responsibility.

Pillar 2 builds on this by highlighting the importance of identifying the specific behaviours and patterns used to exert control. *Pillar 2* emphasises that standardised tools must be supported by skilled conversational engagement and structured professional judgement to accurately interpret behaviours over time. This responds to stakeholder concerns about the need for specialist capability across services to avoid collusion and ensure behaviour-change responses are delivered safely and effectively.

Together, these pillars reinforce the need fora coordinated “web of accountability” across services, ensuring consistent responses and reducing opportunities for denial, minimisation or collusion.

Risk assessment and management is supported by a coordinated and joined-up service system

Consultations identified that people experiencing FDV may disclose to a wide range of workforces, including:

- Services where there is a relationship of trust, including hairdressers, post-office workers, faith and community group leaders.
- Telecommunication, utility, internet and other essential service providers
- General Practice and allied health settings (including mental health services)
- Emergency department and hospital settings
- Migration and settlement services
- Education settings, including early childhood education
- Police
- Housing and homelessness services
- Alcohol and other drug services
- Aged care and disability support workers and settings
- Family and children services
- FDV and sexual violence specialist services.

Stakeholders raised concerns that the breadth of workforces involved can complicate effective risk assessment and management, particularly where information sharing arrangements and referral pathways are unclear.

Stakeholders were clear that comprehensive risk assessment and management, including safety planning, should remain the role of FDV specialist services. It was noted however, that strengthening capability across non-specialist and universal services would support early identification of FDV risk and enable timely referrals to specialist services for comprehensive risk assessment and management.

Stakeholders raised the importance of engaging the private sector, such as financial services in identifying FDV risk and information sharing. They noted that limiting the Framework’s application to government funded services or prescribed organisations would create gaps. This would make it harder to respond to risks such as financial abuse and coercive control.

> *“You need to clearly define roles and responsibilities, so you know where your role starts and ends and when the specialist work starts, so we're not muddying the waters in that space. Especially where a service may be both supporting*

victim-survivors and providing services for people using violence. There has to be a distinctive difference between the work done with both." - Stakeholder

How this feedback informed the Framework

This theme strongly informed *Pillar 3*, which outlines the roles and responsibilities of workforces in FDV risk assessment and management. The Framework reinforces that jurisdictions are best placed to determine the scope and level of responsibility for different workforces, while operating within shared national principles and expectations.

This feedback also informed *Pillar 2*, which emphasises structured professional judgement and recognises that comprehensive risk assessments should be undertaken by workers with appropriate skills, knowledge and training.

Pillar 2 highlights the importance of multi-agency collaboration and information sharing to ensure risk is appropriately assessed and managed, recognising that not all workforces have the capability to undertake specialist risk assessment.

Risk assessment and management requires workforce capability and collaboration

Stakeholders emphasised the need for services to be appropriately supported and resourced to assess and manage FDV risk for victim-survivors and people using violence. This includes for children and young people and diverse cohorts. They highlighted the importance of workforce capability and capacity to make and respond to appropriate referrals, noting that sufficient funding will be critical for Framework implementation.

Stakeholders noted that while frontline services want to support children and young people as victim-survivors in their own right, doing so significantly increases caseloads and workloads within an already strained FDV specialist sector.

They also raised continued misalignment between FDV specialist services and the family and children sector, such as maternal and child health services, parenting programs and intensive family support programs, suggesting the need for greater co-designed approaches to clarify roles and responsibilities in responding to children and young people.

Stakeholders raised concerns about mainstream services prematurely "handing off" people from diverse communities to smaller specialised services without undertaking a risk assessment. They emphasised that mainstream services must have the confidence and capability to assess and manage FDV risk for diverse groups, referring to specialised providers where this adds value rather than as a default response.

"The state-funded programs have a responsibility to respond effectively to the risk indicated by the police referral. We have a lot of issues with the kind of palm off: 'you're gay? Go to [service].' Not acceptable. We are super keen to support their work and upskill them... They've got the links; they've got the geographic spread." - Stakeholder

How this feedback informed the Framework

While aspects of this theme, particularly funding levels, are outside the scope of the Framework, they are addressed through *system enablers* and *Pillar 2*.

Pillar 2 emphasises that sustained investment and workforce capability are critical to embedding consistent and collaborative practice and strengthening FDV risk assessment and management. It highlights the importance of structured professional judgement. This enables workers to respond to changing or escalating risk and recognise how risk may present differently for diverse groups, including children and young people.

This theme also informed *Pillar 3*, which clarifies roles and responsibilities for risk assessment and management across the service system. In particular, the Framework emphasises the need to support workforces to understand their responsibilities to respond to children and young, and to young people using violence, including when to consult or refer to specialist services.

Effective risk assessment and management depend on critical system enablers

Stakeholders identified several specific system enablers as critical to effective risk assessment and management for victim-survivors and people using violence, including:

- effective information sharing, to ensure risk assessment and management are informed by relevant information across services, and that records can be updated as people engage with different parts of the system
- sustainable investment, as short-term funding cycles undermine service continuity and trust, limiting the system's capacity to respond effectively to FDV risk
- trust and collaboration between service providers and with communities, with risk assessment frameworks supporting co-design across service systems and leveraging community expertise
- inclusive data collection and analysis, including disaggregated data by gender, disability, culture, rurality and Aboriginal identity, to monitor equity and effectiveness, strengthen the evidence base, tailor responses and support continuous improvement

"Then it's just about how to get the message through, particularly to statutory providers, that they're part of a service system, that they're not operating alone... you've got a kind of opportunistic thing where statutory services will use

information sharing legislation when it suits them, but they won't use it as a matter of course." - Stakeholder

How this feedback was incorporated into the Framework

This theme is addressed through the Framework's *system enablers* section, which recognises that effective and consistent risk assessment and management depend on supportive system conditions. Consultation feedback highlighted the need for strong system foundations to support the Framework in practice. This includes enabling legislation and lawful information sharing.

Stakeholders emphasised the need for strong governance arrangements, a capable workforce and sustainable resourcing. These elements are critical to putting the Framework's principles and pillars into practice and supporting cultural safety, collaboration and accountability across service systems and jurisdictions.

A nationally aligned approach to strengthening practice

Targeted consultations conducted between August and November 2025 have reinforced a clear, consistent direction for strengthening FDV risk assessment and management across Australia. Stakeholders emphasised the importance of victim-survivor-centred, culturally safe approaches that respond to diverse experiences, while maintaining accountability for people using violence.

The feedback has directly shaped the Framework, including emphasis on collaboration with victim-survivors, recognition of children and young people as victim-survivors in their own right, addressing misidentification, and embedding structured professional judgement informed by intersectional and place-based perspectives. The Framework is intended to complement and strengthen existing jurisdictional approaches while providing a shared national foundation for best-practice risk assessment and management.

The Department acknowledges and thanks all stakeholders for their expertise and contributions. Their input has been critical in ensuring the Framework is grounded in lived experience and frontline practice and positioned to strengthen safety and accountability across Australia.

The views presented in this report reflect the Department's interpretation and synthesis of stakeholder feedback. While every effort has been made to accurately capture and collate contributions, any omissions, simplifications or areas of emphasis are as a result of the process of consolidating diverse perspectives into a national summary.

Appendix 1: List of stakeholders

- Community Services Advisory Group (CSAG)
- Lived Experience Advisory Council
- Prevention of Gender-Based Violence Youth Advisory Group
- National Women's Alliances, including:
    - National Rural Women's Coalition
    - Australian Multicultural Women's Alliance
    - Working with Women Alliance
    - Women with Disabilities Australia
    - National Aboriginal and Torres Strait Islander Women's Alliance
- ACON
- ShineSA
- National Aboriginal Controlled Community Health Organisation (accompanied by Broome Regional Aboriginal Medical Service)
- Thorne Harbour Health
- First Nations Advocates Against Family Violence
- Council on the Ageing (COTA)
- Elder Abuse Action Australia
- WESNET
- No to Violence
- SNAICC