National Family and Domestic Violence

Risk Assessment Framework

A shared approach to best-practice assessment and management of family and domestic violence risk, incorporating the national risk assessment principles and risk factors

Australian Government
Department of Social Services

ANROWS

ISBN 978-1-921975-63-9 National FDV Risk Assessment Framework – Print Resource
ISBN 978-1-921975-64-6 National FDV Risk Assessment Framework – Online Resource

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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.

Contents

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 immediate danger, please call 000.

For information, support and counselling, you can contact:

13YARN	Support line for mob who are feeling overwhelmed or having difficulty coping.	13 92 76 www.13yarn.org.au
1800ELDERHelp	1800ELDERHelp is a national service that automatically redirects callers seeking information and advice on the abuse and mistreatment of older people to the phone service in their area.	1800 353 374
1800RESPECT	National FDSV counselling, information and support service. Support is available 24/7 via phone, text, online chat and video call.	1800 737 732 (call) 0458 737 732 (text) www.1800respect.org.au (webchat and video call)
1800RESPECT for people with disability	Sunny is 1800RESPECT's app that supports people with disability to recognise violence and abuse, understand their rights and take action to protect their safety. Sunny can be downloaded from the App Store or Google Play store. Sunny is free to download and use on your phone.	www.1800respect.org.au/sunny
Full Stop Australia	National trauma counselling and recovery service for people of all ages and genders experiencing FDSV. This service is free and confidential. Available 24/7.	1800 385 578 www.fullstop.org.au
Kids Helpline	Free, confidential online and phone counselling service for young people aged 5 to 25. Available 24/7.	1800 551 800 www.kidshelpline.com.au counsellor@kidshelpline.com.au
Lifeline	A national charity providing all Australians experiencing emotional distress with access to 24-hour crisis support and suicide prevention services.	13 11 14 0477 13 11 14 www.lifeline.org.au

MensLine Australia	MensLine Australia is a free national telephone and online support, information and referral counselling service for men with emotional health and relationship concerns. Available 24/7 offering support for Australian men anywhere, anytime.	1300 78 99 78 www.mensline.org.au
Men's Referral Service	A national counselling, information and referral service for men using, or at risk of using, violent or controlling behaviour. Available 24/7.	1300 766 491 www.ntv.org.au
My Blue Sky	Provides free legal and migration support to people experiencing forced marriage and other forms of modern slavery in Australia.	02 9514 8115 www.mybluesky.org.au
National Directory of Services for people who use violence	The National Directory is a publicly accessible online database of services supporting people who use or are at risk of using violence in a domestic and family violence context, enabling individuals and service providers to find appropriate services to support behaviour change, as well as other community services that address co-occurring needs.	www.mrs.org.au/
Rainbow Sexual, Domestic and Family Violence Helpline	For anyone from the LGBTIQA+ community whose life has been impacted by FDSV. This service is free and confidential. Available 24/7.	1800 497 212
Say It Out Loud	A national resource for LGBTIQA+ communities and service professionals working with people who have experienced FDSV.	www.sayitoutloud.org.au
Translating and Interpreting Service (TIS National)	Provides access to phone and on site interpreting services in over 150 languages.	131 450 www.tisnational.gov.au
Well Mob	Social, emotional and cultural wellbeing online resources for Aboriginal and Torres Strait Islander peoples.	www.wellmob.org.au

Statement from Women and Women's Safety Ministers

Family, domestic and sexual violence (FDSV) is one of the most pressing challenges facing our nation. It destroys lives, fractures families, and undermines the safety and wellbeing of communities. This violence is preventable, and we are united in our determination to end it.

We acknowledge that FDSV is driven by gender inequality, is most often perpetrated by men, and disproportionately affects women and children. We recognise that people using violence make choices that cause harm, and that effective responses must hold them accountable while prioritising the safety, rights and recovery of victim-survivors. We recognise children and young people as victim-survivors in their own right and are committed to ensuring that their voices, experiences and needs are central to responses that uphold their safety and wellbeing. We also recognise that FDSV affects people across all communities, including people of diverse sexualities and gender identities, who may experience distinct forms of violence and face additional barriers to safety, support and justice.

We reaffirm our shared commitment to ensuring every woman and child can live free from violence and fear. We acknowledge the courage and resilience of victim-survivors and honour those whose lives have been tragically cut short, including people who have been killed and people who have died by suicide after experiencing FDSV. We pay tribute to the frontline workers, advocates, and community leaders who work tirelessly to prevent violence and support those affected.

The National Family and Domestic Violence Risk Assessment Framework (Framework) is a critical step in this effort. It establishes a nationally consistent, evidence-informed approach to identifying and managing family and domestic violence (FDV) risk. It will strengthen victim-survivor safety and improve accountability for people using violence by supporting best-practice risk assessment and management across all jurisdictions. When risk is not identified, shared or managed effectively, opportunities to intervene early are missed. Harm can escalate quickly and lives may be lost.

This work supports the *National Plan to End Violence against Women and Children 2022–2032* (National Plan) and *Our Ways – Strong Ways – Our Voices: The National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–2036* (Our Ways – Strong Ways – Our Voices). It responds to recommendations from key inquiries and reviews and reflects our commitment to collaboration across governments, sectors and communities, and to centring lived experience. We recognise the disproportionate impacts of both interpersonal and systemic violence on Aboriginal and Torres Strait Islander women and children. We are committed to ensuring the Framework supports culturally safe and effective responses.

Ending FDSV requires sustained effort and shared responsibility. Through this Framework, we are strengthening systems to better identify and respond to risk, protect those in danger and intervene earlier to prevent escalation. Because every person deserves a life free from fear and violence.

Endorsed by:

Senator the Hon Katy Gallagher
Minister for Women

The Hon Tanya Plibersek
Minister for Social Services

The Hon Ged Kearney
Assistant Minister for Social Services
Assistant Minister for the Prevention of Family Violence

The Hon Caitlin Tough MLA
Australian Capital Territory
Minister for the Prevention of Family and Domestic Violence
Minister for Women, Seniors and Veterans
Minister for Corrections
Minister for Human Rights
Minister for Community Services

The Hon Jodie Harrison MP
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Minister for Women
Minister for Seniors
Minister for the Prevention of Domestic Violence and Sexual Assault

The Hon Robyn Cahill OAM MLA
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Minister for Trade, Business and Asian Relations
Minister for International Education, Migration and Population
Minister for Workforce Development
Minister for Advanced Manufacturing
Minister for Children and Families
Minister for Child Protection
Minister for Prevention of Domestic Violence

The Hon Amanda Camm MP
Queensland
Minister for Families, Seniors and Disability Services
Minister for Child Safety and the Prevention of Domestic and Family Violence

The Hon Fiona Simpson
Queensland
Minister for Women and Women's Economic Security
Minister for Aboriginal and Torres Strait Islander Partnerships
Minister for Multiculturalism

The Hon Alice Rolls MP
South Australia
Minister for Child Protection
Minister for Domestic, Family and Sexual Violence

The Hon Katrine Hildyard MP
South Australia
Minister for Human Services
Minister for Seniors and Ageing Well
Minister for Women

The Hon Jo Palmer MLC
Tasmania
Minister for Education
Minister for Children and Youth
Minister for Disability Services
Minister for Women and the Prevention of Family and Sexual Violence

The Hon Melissa Horne MP
Victoria
Minister for Health Infrastructure
Minister for Ports and Freight
Minister for Prevention of Family Violence

The Hon Jessica Stojkovski MLA
Western Australia
Minister for Child Protection
Minister for Prevention of Family Violence
Minister for Road Safety
Minister for Multicultural Interests

The Hon Simone McGurk MLA
Western Australia
Minister for Creative Industries
Minister for Heritage
Minister for Industrial Relations
Minister for Aged Care and Seniors
Minister for Women

Statement of commitment to Aboriginal and Torres Strait Islander families and communities

Aboriginal and Torres Strait Islander families and communities have experienced, and continue to experience, harm from systems and policies developed without their leadership, knowledge or authority. The impacts of colonisation, dispossession, racism, child removal policies and ongoing structural inequities have shaped experiences of violence and continue to influence service responses. Too often, this has led to approaches to FDV that are unsafe, ineffective or re-traumatising, rather than protective and healing.

This Framework does not, on its own, address the full complexity of Aboriginal and Torres Strait Islander experiences of violence, safety, healing and accountability, or the role of service systems in shaping these experiences. It does, however, support jurisdictions to embed culturally responsive approaches to risk assessment and management that are grounded in self-determination and community leadership.

Culturally safe risk assessment and management require genuine, sustained partnerships with Aboriginal and Torres Strait Islander peoples, organisations and communities, including Aboriginal and Torres Strait Islander-led governance and decision-making. This includes centring self-determination, community knowledge, culture, kinship, healing and strengths. Building culturally responsive practice across service systems nationally is an ongoing commitment and priority for all governments, sectors and communities.

This commitment aligns with the *National Agreement on Closing the Gap (Closing the Gap)*, including Target 13 to reduce all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children by 2031. Target 13 recognises the importance of First Nations-led solutions, shared decision-making and community-controlled approaches to improving safety and wellbeing. It is further reinforced by *Our Ways – Strong Ways – Our Voices*, which calls for Aboriginal and Torres Strait Islander-led decision-making, healing-centred practice and systemic reform to ensure responses to violence are safe, culturally grounded and effective. These approaches require risk assessment and management to be underpinned by self-determination, local knowledge, community leadership and the removal of structural barriers that perpetuate risk and harm.[1]

This work is bolstered by the strength and resilience of Aboriginal and Torres Strait Islander women, men, children, families and communities who have experienced violence, abuse and neglect.

Note about language

Language in the FDSV sector is complex, evolving and deeply personal.

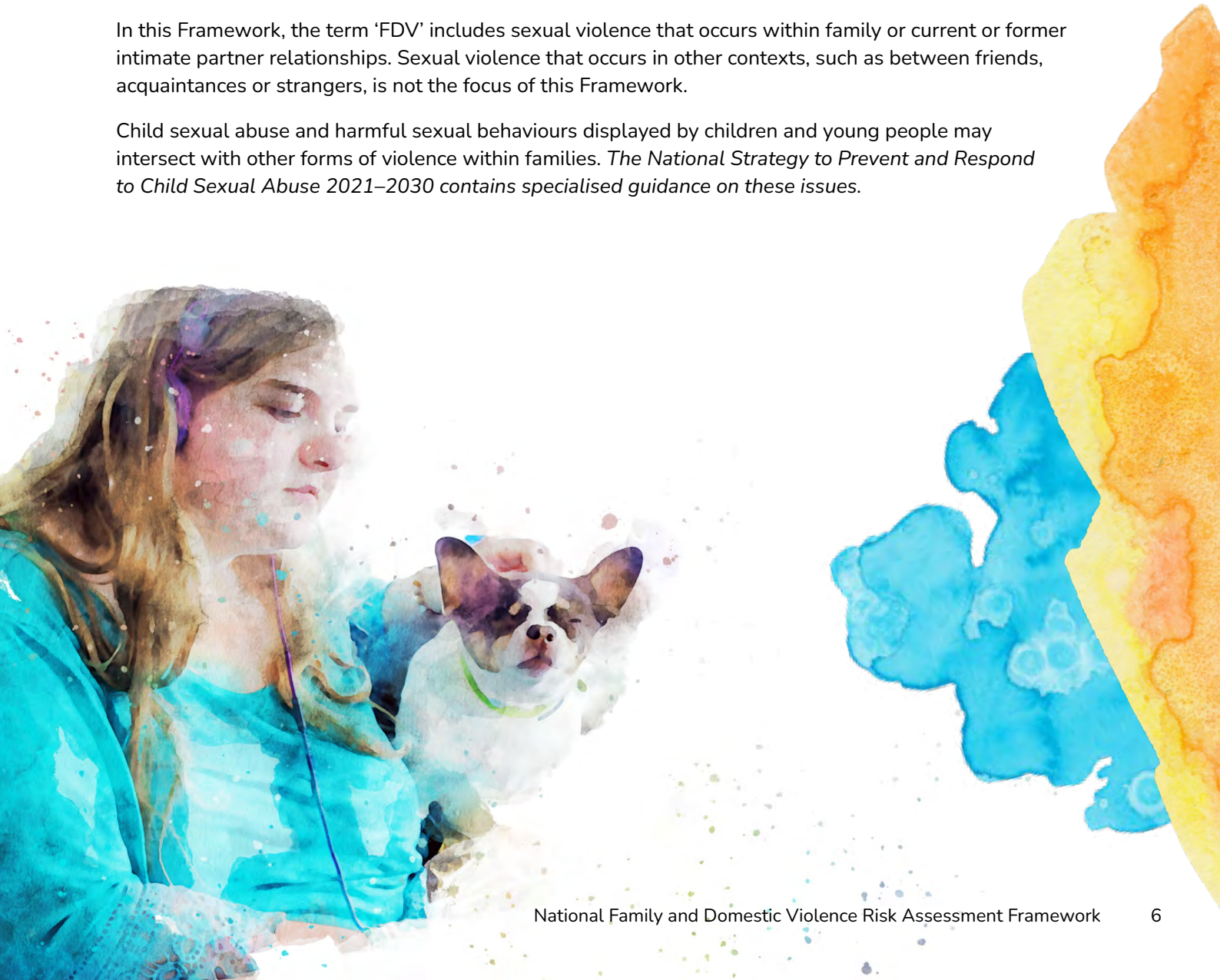
We acknowledge that not all individuals, communities or jurisdictions will use or identify with the terminology used in this Framework. Language preferences are shaped by cultural context, lived experience, legal frameworks and professional practice settings. Diverse communities, including Aboriginal and Torres Strait Islander peoples, people from culturally diverse, migrant and refugee communities, LGBTIQA+ people, people with disability and older people may use different terms that reflect their own languages, worldviews, kinship structures and experiences.

The terminology provided is for use in this document. The terms in this document seek to support nationally consistent language that can be broadly understood and applied. Jurisdictions, services and workers should continue to use terms that align with their legislative requirements and that reflect cultural and practice contexts, while also respecting the language preferred by individuals and communities.

The use of FDV and FDSV

In this Framework, the term 'FDV' includes sexual violence that occurs within family or current or former intimate partner relationships. Sexual violence that occurs in other contexts, such as between friends, acquaintances or strangers, is not the focus of this Framework.

Child sexual abuse and harmful sexual behaviours displayed by children and young people may intersect with other forms of violence within families. *The National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030 contains specialised guidance on these issues.*



Child, young person and adult victim-survivors

The term 'victim-survivor' is used throughout this document to describe children, young people and adults who experience FDV. Children and young people up to the age of 25 who experience FDV are victim-survivors in their own right, with their experiences, risks and needs considered independently of the parent or carer with whom they may present.[2] The term victim-survivor acknowledges the harm experienced, and the agency, strength and resilience of people who have experienced or are experiencing violence. Some people may prefer other terms, such as 'people who have experienced or are experiencing violence'.[3]

Person using violence or perpetrator

The term 'person/people using violence' is used throughout this document to describe adults and young people whose actions cause harm in the context of FDV.

The term 'perpetrator' refers to someone who commits an illegal, criminal or harmful act, including FDSV.[4] It is mainly used in legal and policy contexts to signal the seriousness of violence and the need for accountability. The term 'perpetrator', however, can minimise a person's agency for change and may lead to feelings of judgement or resistance to engaging with services. Some victim-survivors may find the term uncomfortable when seeking support, and its use can limit a worker's capacity to understand the person in context. Aboriginal and Torres Strait Islander people and communities may prefer to use the term 'person using violence'.[5]

For these reasons, where appropriate, 'person using violence' is used in this document to emphasise that violence is a choice. 'Perpetrator' is used only where appropriate for the context. This approach supports clarity, avoids unintended assumptions about criminal culpability, and balances accountability with opportunities for engagement and change.

Young person using violence

The term 'perpetrator' is not used to describe young people who use violence in the context of FDV because it can obscure developmental and contextual factors, does not reflect the potential for change through appropriate supports and may define the young person by their behaviour rather than holding them accountable.

Young people who use violence may also have their own experiences of FDV, and best-practice responses are tailored to the young person's developmental stage, circumstances and support needs.[6] This document will specify when it refers specifically to young people using violence.

Aboriginal and Torres Strait Islander peoples

'Aboriginal and Torres Strait Islander peoples' are referred to by various terms, including 'Aboriginal and Torres Strait Islander peoples', 'Indigenous peoples', and 'First Nations peoples'. This Framework respectfully uses 'Aboriginal and Torres Strait Islander peoples' and 'First Nations peoples' interchangeably.

Acronyms list

ACCO	Aboriginal Community-Controlled Organisation
ACCHO	Aboriginal Community-Controlled Health Organisation
ANROWS	Australia's National Research Organisation for Women's Safety
AOD	Alcohol and other Drugs
CALD	Culturally and Linguistically Diverse
CSA	Child Sexual Abuse
FDV	Family and Domestic Violence
FDSV	Family, Domestic and Sexual Violence
HSB	Harmful Sexual Behaviours
IPV	Intimate Partner Violence
IPSV	Intimate Partner Sexual Violence
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, plus
SPJ	Structured Professional Judgement

Executive Summary

The Framework establishes a nationally consistent, evidence-informed approach to assessing and managing FDV risk across Australia. The Framework provides overarching national guidance for best-practice FDV risk assessment and management, including evidence on system, workforce and practice environments required to support effective responses to risk and safety.

The Framework incorporates the national risk assessment principles and risk factors to inform risk assessment and management for adults experiencing and using FDV. Both the principles and evidence-based risk factors were informed by Australia's National Research Organisation for Women's Safety (ANROWS) assessment of the evidence. These provide a shared national foundation for identifying, assessing and managing the risk and harm caused by people choosing to use violence.

The principles provide an overarching understanding of risk and managing risk around FDV. The risk factors draw on the evidence base, as well as jurisdictional experience, for understanding the behaviours, contexts and patterns associated with the use of violence and the escalation of FDV risk and harm. The principles and risk factors should be used to inform governments to deliver more coordinated, consistent and accountable responses, while remaining adaptable to different legislative, policy and service system contexts across jurisdictions.

All Australian First Ministers have agreed to develop this Framework as the national approach to strengthening risk assessment and management for FDV risk. This reflects a shared commitment to improving safety through coordinated, whole-of-system action grounded in evidence, and informed by lived experience. The Framework applies across all jurisdictions, including the Commonwealth, which plays a critical role in national policy leadership.

The Framework is one component of a broader and ongoing program of national reforms to strengthen prevention, early intervention, FDV information sharing, service system integration, workforce capability, and responses to people using violence. It is intended to strengthen consistency in practice, improve collaboration and accountability across systems, and contribute to safer, more timely and effective outcomes for victim-survivors, children and young people, families and communities.

The Framework at a glance

Our Vision

An Australia where victim-survivors of FDV are identified at the earliest possible opportunity and supported through timely, consistent and evidence-informed risk assessment and management, leading to improved safety for victim-survivors and accountability for people using violence.

Purpose of the Framework

The Framework provides a shared, evidence informed foundation for policy development, practice frameworks and implementation efforts, supporting consistent risk assessment and management practices, clear roles and responsibilities, and more coordinated responses between services.

Scope of the Framework

The Framework applies to the identification, assessment and management of FDV risk in relation to child and adult victim-survivors and/or people using violence. The Framework recognises children and young people as victim-survivors and acknowledges that young people using violence require distinct responses.

Sexual violence is addressed within the context of FDV. The Framework does not seek to provide comprehensive guidance on sexual violence or child sexual abuse outside of an FDV context, or on children exhibiting harmful sexual behaviours. See the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* for specialised guidance on these issues.

Framework audience

The Framework is for Commonwealth, state and territory governments. Governments are responsible for ensuring their frameworks are aligned with the actions for governments set out in this Framework and can use the evidence provided alongside their local systems, communities and service contexts.

Framework Pillars

The Framework has four **pillars**:

1. A shared understanding of FDV and FDV risk
2. Consistent and collaborative risk assessment and management
3. Defined and agreed roles and responsibilities for risk assessment and management
4. Effective governance, outcomes measurement and continuous improvement

Actions for governments

Each pillar articulates the minimum system-level government actions required to enable consistent, effective FDV risk assessment and management across Australia. Each jurisdiction will decide how to implement the actions within its local legislative, policy and service system contexts. Jurisdictions may also choose to draw on the cited evidence to strengthen and extend their approaches within their own legislative and system contexts.

Evidence informing the pillar

Each pillar draws on contemporary research, lived experience insights and practice expertise. Jurisdictions can consider this evidence alongside operational context and considerations when developing or updating their risk assessment and management approaches.

Evidence areas cover both core risk concepts, such as information sharing and perpetrator accountability, and population-specific and contextual factors, recognising that risk is shaped by structural inequality, system responses and lived experience.

How the Framework was developed

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

The Australian, state and territory governments acknowledge ANROWS for its contribution to the development of this Framework. The Department of Social Services (DSS) commissioned ANROWS to review and update the national risk assessment principles and provide supporting research and evidence, including risk and contextual factors and analysis of structural and systemic barriers.

ANROWS delivered this work to DSS, which subsequently worked with state and territory governments to incorporate it into the Framework. ANROWS will publish a companion resource providing further detail on the methodology, evidence and broader context informing its contribution. This resource is expected to be publicly available in early 2027.

Developing the Framework also involved:

- reviewing current best-practice research and evidence
- reviewing jurisdictional frameworks
- consulting key stakeholders across Australia, including peak bodies, lived experience advisory groups, and government advisory groups.

Consultation included stakeholders representing Aboriginal and Torres Strait Islander peoples 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 assist people using violence to change their behaviour.

The Framework is strengthened by the depth and diversity of contributions provided during these consultations. The insights, experiences and expertise shared by jurisdictions, peak bodies, lived experience advocates, workers and communities have helped ensure the Framework reflects current best practice and supports improved risk assessment and management practices.

The Framework was developed in 2025–26 and reflects contemporary evidence and best practice at this time.

A nationally consistent approach

People's use of violence remains a pervasive health and human rights issue in Australia. In 2021–22, one in 5 adults reported experiencing FDV since the age of 15.[7] FDV affects all communities, but it disproportionately impacts women and children. Aboriginal and Torres Strait Islander women and children experience significantly higher rates of violence. The impacts of FDV are long-term and affect physical and mental health, housing, safety, education and economic participation.

FDV is distinct from other forms of violence. It is generally characterised by an ongoing pattern of coercion and control. While it can begin at any stage of a relationship, it often escalates in severity and changes in form over time. FDV is rarely an isolated incident. Recognising the gendered patterns of violence does not diminish the experiences of male victim-survivors. Rather, it reflects the evidence that the most common form of FDV in Australia is men's violence against women.[8] This prevalence highlights the need for approaches that address the gendered nature of FDV.[9]

In May 2024, National Cabinet agreed that states and territories would explore opportunities to strengthen national consistency and drive best-practice approaches to ending gender-based violence, including in risk assessment and management.[10] In September 2024, National Cabinet agreed to develop new national best-practice FDV risk assessment and management principles, alongside a model best-practice risk assessment framework.[11]

Recommendations from *Unlocking the Prevention Potential: accelerating action to end domestic, family and sexual violence* and the *Inquiry into family, domestic and sexual violence* underscore the need for nationally consistent approaches to risk assessment and management across service types.[12]

This commitment reflects National Cabinet's focus on improving identification of high-risk perpetrators, improving FDV information sharing across systems and jurisdictions, and earlier intervention to prevent escalation of violence. National Cabinet also committed to maintaining a central focus on missing and murdered First Nations women and children.[13]

The need for nationally consistent and culturally responsive approaches is reinforced by *Closing the Gap* Target 13, which commits governments to reducing all forms of violence against Aboriginal and Torres Strait Islander women and children.[14] This Framework supports that commitment by strengthening shared risk assessment and management practices across jurisdictions and workforces.

Improving responses across the service system

Australia's FDV service system is complex and diverse, spanning multiple systems, services and different levels of government. The FDV service system refers to the network of government and non-government organisations, services, professionals, practitioners, and workers involved in preventing, identifying, assessing, managing, and responding to FDV. This includes universal, mainstream and specialist services across sectors such as child and family services, health, mental health, alcohol and other drugs (AOD), housing and homelessness, justice, policing, courts, corrections, education, disability, gambling support, aged care, and community services.

Victim-survivors and people using violence interact with the service system in different ways. Many seek support from services that are not specialist FDV services.[15] People using violence often show identifiable patterns of risk before committing homicide or other serious harm.[16] However, risk is cumulative, dynamic and shaped by changing circumstances. While certain patterns may be present, they are not predictive in isolation. This makes risk assessment and management complex. A coordinated and collaborative approach is essential. An effective FDV eco-system is one where all workforces understand, meet their responsibilities and work together to assess and manage FDV risk.

The Framework aims to improve safety for victim-survivors and strengthen accountability for people using violence by increasing national consistency. Wherever a person seeks support, workforce practice should be informed by core principles and grounded in evidence-based approaches. The Framework provides a shared foundation for identifying, assessing and responding to FDV risk across the service system. It aligns with national FDV information sharing reforms and guidelines, reinforcing consistent and culturally responsive information sharing practices across jurisdictions. Effective FDV information sharing authorisation arrangements are a system enabler of strong FDV responses.

The Framework is designed to contribute to strengthened capability, consistency and coordination across the service system by supporting a shared understanding, aligned approaches and clear role definitions across jurisdictions. This includes:

- contributing to strengthened workforce capability through a shared national language and understanding of FDV and FDV risk embedded in jurisdictional frameworks
- supporting greater consistency and confidence in practice across services and sectors, regardless of entry point into the service system
- improving clarity of roles and responsibilities across the FDV service system, enabling more coordinated, multi-agency responses to risk
- contributing to culturally responsive and inclusive workforce development aligned with local community contexts.

At the same time, the strength of Australia's response lies in recognising the diversity of communities, contexts and service systems. Each jurisdiction[i] operates within distinct legislative, cultural, geographic and service delivery environments. Even within jurisdictions, urban, regional and remote communities experience different risks and have different resources, service availability and support needs. Jurisdictions are therefore best placed to determine how to embed this Framework in culturally safe, locally responsive ways aligned with their governance and service systems. The Framework recognises this expertise. It sets shared national goals while allowing flexibility in *how jurisdictions and services achieve them*.

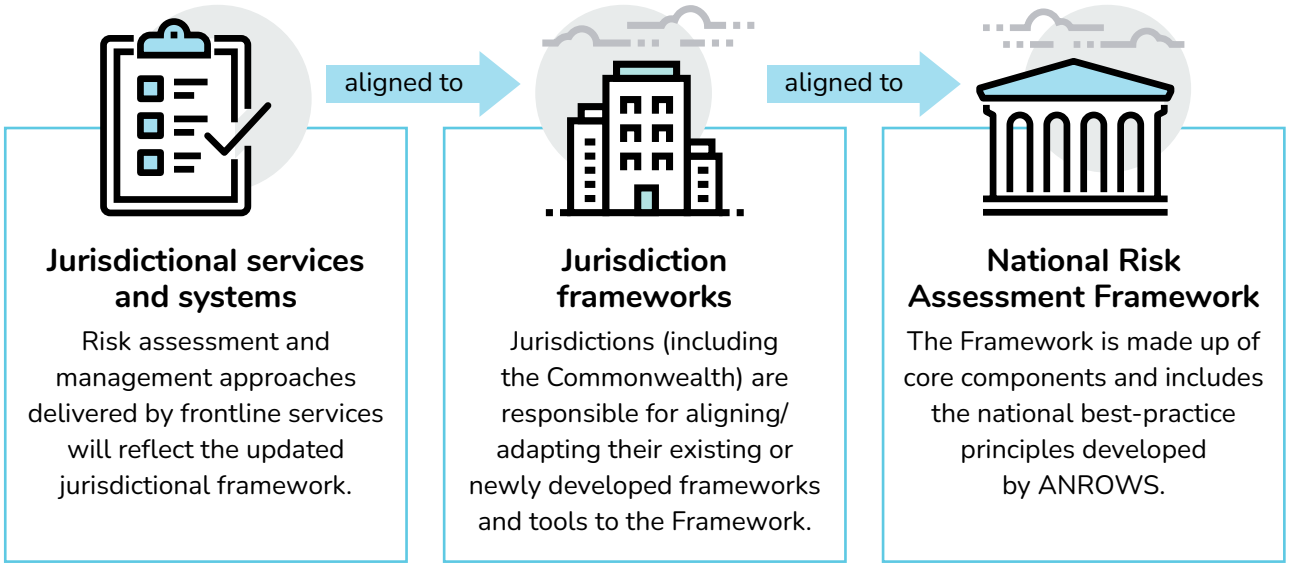


Figure 1: Depicts the relationship between the National Framework and jurisdictional frameworks.

This Framework supports culturally responsive, trauma-informed and community-led approaches when working with Aboriginal and Torres Strait Islander peoples. It is aligned with existing national commitments, including *Closing the Gap*. It reflects the priorities of *Our Ways – Strong Ways – Our Voices*, which centre the leadership, resilience and advocacy of Aboriginal and Torres Strait Islander peoples and promotes genuine partnership between communities, governments and service providers to strengthen prevention, early intervention and responses across the service system. Together, these approaches enable shared decision-making, strengthen the community-controlled sector, transform government systems and improve access to data and information.

i The Commonwealth is also a jurisdiction, however in practice it may not develop a standalone jurisdictional framework, noting Commonwealth services and programs operate across jurisdictions. Instead, it may develop a strategy to align workforces/services to the Framework and the relevant jurisdictional framework/s the workforces/services are operating in.

Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander women and children carry deep strength and leadership, sustaining culture and protecting families across generations. Violence occurs despite these strengths and is shaped by historical and ongoing impacts that continue today.[17]

Aboriginal and Torres Strait Islander women are 27 times more likely than other Australian females to be hospitalised due to family violence. Aboriginal and Torres Strait Islander women are up to 7 times more likely to be homicide victims. Between 1989–90 and 2022–23, 97% of Indigenous women victims of homicide were killed by someone they knew. 72% of these women were killed by an intimate partner. Over half of Aboriginal and Torres Strait Islander peoples who experience family violence have a disability.[18] Aboriginal and Torres Strait Islander men and boys also face alarmingly high rates of violence, yet their experiences remain under-recognised and under-reported.[19]

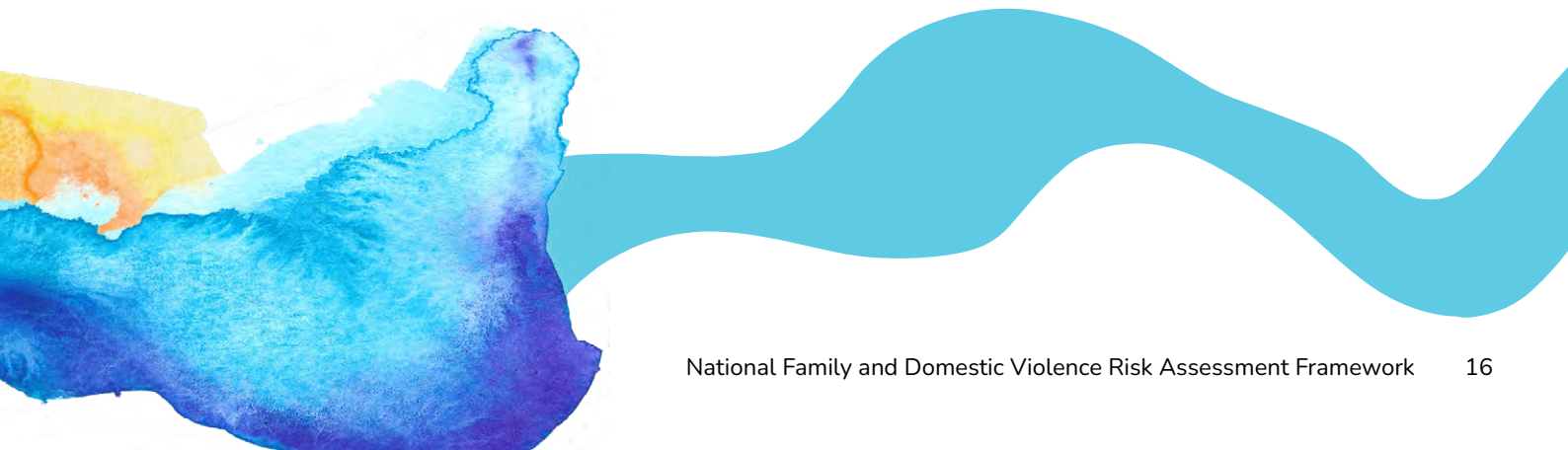
It is important to recognise that FDV is not a part of Aboriginal and Torres Strait Islander cultures. Experiences of FDV are often compounded by systems and policies that have historically failed to provide culturally responsive, trauma-informed and self-determined responses.

Violence in Aboriginal and Torres Strait Islander communities often intersects with systemic racism, structural inequities and ongoing colonial practices that perpetuate cycles of disadvantage and violence. These include intergenerational trauma, poverty, housing insecurity and barriers to culturally responsive services. These overlapping pressures amplify risk and increase the likelihood of system failure, where warning signs may be overlooked, responses delayed, or help-seeking deterred due to fear of child removal or punitive interventions.

Misidentification of victim-survivors as perpetrators is a significant and well-documented issue for Aboriginal and Torres Strait Islander peoples, occurring at disproportionately higher rates due to systemic bias, over-policing and the failure of services to recognise contextual risk. These factors not only heighten the immediate risk and escalation of harm but also entrench long-term intergenerational impacts on individual and community health and wellbeing and can lead to further harm, criminalisation and mistrust of services.[20]

On 6 September 2024, National Cabinet confirmed its commitment to maintaining a central focus on missing and murdered First Nations women and children and agreed that all governments' commitments on gender-based violence must explicitly consider the needs and experiences of First Nations peoples and be delivered in genuine partnership with First Nations communities.[21]

Our Ways – Strong Ways – Our Voices reinforces this commitment by centring the leadership, resilience and advocacy of Aboriginal and Torres Strait Islander peoples and communities. It calls for culturally led community-driven responses delivered in genuine partnership with government and service providers to strengthen system-wide responses to FDV.[22]



Actions for governments

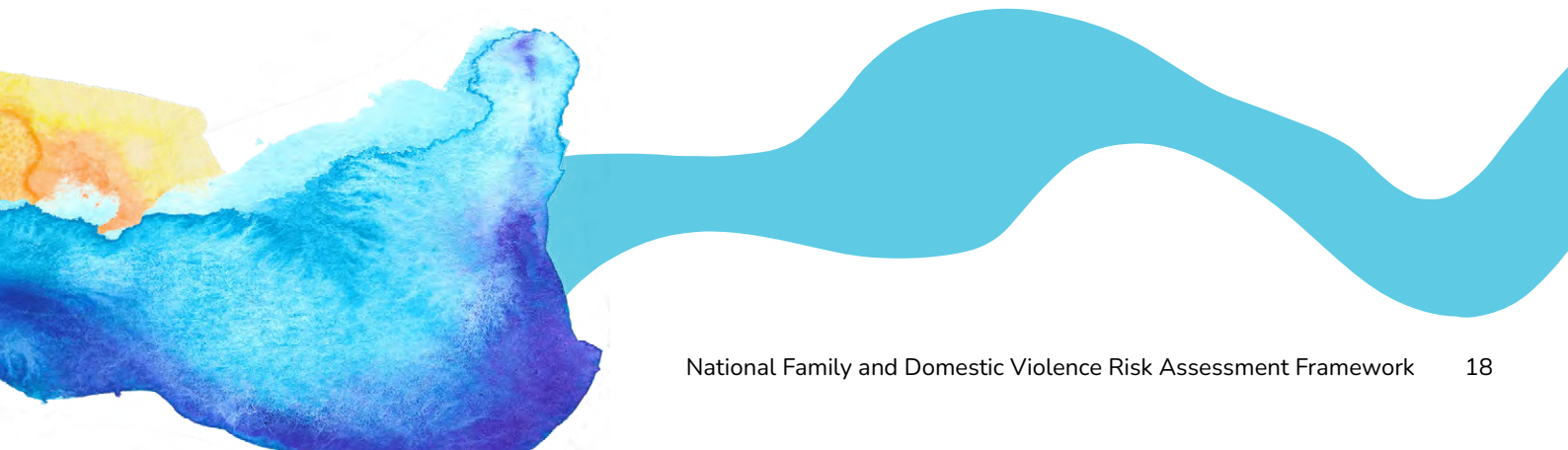
These actions set the minimum system-level expectations required for all governments to enable consistent, effective FDV risk assessment and management across Australia. Each jurisdiction will decide how to implement the actions within its local legislative, policy and service system contexts. Jurisdictions may also choose to draw on the cited evidence provided under each pillar to strengthen and extend their approaches within their own legislative, policy and service system contexts. All governments, including the Commonwealth, are expected to align their jurisdictional frameworks with these actions.

Pillar 1 To effectively embed a shared understanding of FDV and FDV risk across the service system, in ways that reflect local legislative, policy and service system contexts, all jurisdictional frameworks should:	**1.** Use the concepts outlined in Pillar 1, in ways that reflect legislative, policy and service delivery contexts **2.** Recognise the unique experiences of children and young people as victim-survivors and young people who use violence
Pillar 2 To effectively embed consistent and collaborative FDV risk assessment and management practices across the service system, in ways that reflect local legislative, policy and service system contexts, all jurisdictional frameworks should:	**3.** Use a shared, evidence-based approach to assessing and managing FDV risk, guided by the Framework and operationalised to the jurisdictional context **4.** Determine how evidence-based risk factors are translated into practice, including how identification and assessment of serious risk are operationalised **5.** Support trauma-informed, age- and developmentally-appropriate responses for children and young people, both as victim-survivors and people who use violence
Pillar 3 To effectively embed defined roles and responsibilities for FDV risk assessment and management across the service system, in ways that reflect local legislative, policy and service system contexts, all jurisdictional frameworks should:	**6.** Ensure responsibilities for risk assessment and management are clearly defined **7.** Determine workforce in scope and ensure their roles for risk assessment and management are clearly defined **8.** Recognise that all services across the system have a responsibility in identifying risk for children and young people, and supporting appropriate referral pathways for effective risk assessment and management
Pillar 4 To effectively embed strong governance, outcomes measurement and continuous improvement, in ways that reflect local legislative, policy and service system contexts, all jurisdictional frameworks (or supporting documents) should:	**9.** Articulate appropriate governance mechanisms to enable and oversee system-wide alignment with the Framework **10.** Ensure reporting and monitoring mechanisms capture emerging practices and enable continuous improvement in risk assessment and management **11.** Embed lived-experience insights within governance and reporting mechanism to ensure victim-survivor feedback is meaningfully implemented

National risk assessment principles for FDV

The principles were first published by ANROWS in 2018. Following the September 2024 meeting of National Cabinet, DSS commissioned ANROWS to update the principles and risk factors to reflect contemporary evidence and best practice. See Appendix 1 for further evidence underpinning these principles.

1. Victim-survivors' safety and wellbeing are the core priority of risk assessment, risk management and service responses.
2. A victim-survivor's knowledge of their own risk is central to any risk assessment and needs to be considered in risk management responses.
3. Children and young people who experience family and domestic violence require tailored risk assessment and management responses from the service system.
4. The pattern of harmful behaviours of the person using violence is core in determining risk.
5. Considering and responding to risk for Aboriginal and Torres Strait Islander peoples must:
   a. recognise the ongoing impacts of colonisation, systemic racism and intergenerational trauma, and
   b. be responsive to local contexts, community-led, and grounded in cultural safety and security.
6. An intersectional approach to risk assessment and risk management is critical to support the safety and wellbeing of victim-survivors.
7. The service system must continue to review and evaluate their responses to reduce systems risks for victim-survivors.
8. Intimate partner sexual violence and child sexual abuse must be specifically considered in all risk assessment processes.
9. Risk assessment and risk management, including safety planning work, are components of a continuum of service responses.
10. To ensure victim-survivors' safety, a coordinated, collaborative and consistent systemic response to risk assessment and management, whereby all relevant agencies work together, with clear and transparent communication, is critical.
11. All risk assessment and management frameworks and associated tools are built from both an academic and practitioner evidence base.



Pillar 1: A shared understanding of FDV and FDV risk

What	This pillar supports a shared, evidence-based understanding of FDV and FDV risk. It recognises children and young people as victim-survivors and provides evidence on understanding and responding appropriately to young people using violence
Why	People experiencing or using FDV interact with multiple services and systems, often across jurisdictions. Without a shared understanding of FDV and FDV risk, responses can be fragmented, inconsistent and unsafe
How	This pillar provides evidence-based information on FDV, including its nature, prevalence, impact, including across diverse communities, misidentification and updated evidence-based risk factors
Impact	This pillar will contribute to strengthening workforce capability, supporting consistent and evidence-informed practice and improves early identification of escalating risk. This contributes to safe outcomes for victim-survivors and greater visibility and accountability for people using violence

Actions for governments

To effectively embed a shared understanding of FDV and FDV risk across the service system, in ways that reflect local legislative, policy and service system contexts, all jurisdictional frameworks should:

1. Use the concepts outlined in Pillar 1, in ways that reflect legislative, policy and service delivery contexts
2. Recognise the unique experiences of children and young people as victim-survivors and young people who use violence

The evidence presented in this pillar brings together research, lived experience insights and practice insights to support the effective embedding of this pillar. It is intended to be used as guidance to inform jurisdictional approaches.

Evidence informing Pillar 1

Evidence area 1: What is FDV?

1.1 FDV

FDV is the overarching term used in this Framework. FDV refers to behaviours used by a person against a family member or current or former partner that are violent, threatening, coercive, or that cause a person to live in fear. These behaviours are used to exert power and control and restrict another person's autonomy, liberty and safety.[23]

Family violence is a category within FDV and includes violence used by a person within family or family-like relationships. This includes violence perpetrated by a parent or guardian against their child/children, by a child/children against their parents (including abuse and mistreatment of older people) and between other family members.[24]

Domestic violence, also called **intimate partner violence (IPV)**, is a form of family violence. IPV refers to behaviours used by one partner against another within an intimate relationship (including current or previous marriages, domestic partnerships or dating relationships) that cause physical, sexual or psychological harm.

Across Aboriginal and Torres Strait Islander communities, FDV is often described as 'family violence.' This reflects the understanding that violence can take place not only between intimate partners, but across extended kinship networks. An intersectional understanding that recognises the ongoing impacts of colonisation alongside gender-based abuse is critical.[25]

1.2 Coercive control and pattern-based perpetration

Coercive control[ii] is almost always an underpinning dynamic of FDV, used by a person choosing to use violence to dominate, control and cause harm to another person. It is not a standalone form of violence, but describes the use of a pattern of abusive behaviours over time to create fear and deprive victim-survivors of liberty, autonomy and agency.[26] It is ongoing, repetitive and cumulative,[27] and ranges from subtle and insidious to overt and escalated forms of abuse.[28] This pattern-based understanding is critical to recognising risk. Coercive control is strongly linked to escalating FDV risk, including intimate partner homicide.[29]

A person using violence may draw on a range of behaviours, such as:

- physical abuse
- cultural, spiritual or religious abuse
- sexual violence and coercion (including technology-facilitated abuse such as image-based abuse, and threats or acts of non-consensual sharing of intimate images, including altered or AI-generated images)
- reproductive coercion and abuse
- monitoring, regulating and micro-managing actions
- restricting freedom and autonomy
- emotional or psychological abuse, including verbal abuse
- threats and intimidation, including technology-facilitated abuse, social abuse and isolation
- financial and economic abuse and exploitation
- abuse of pets and animals
- substance use coercion
- identity-based abuse.

Technology-facilitated abuse may underpin and amplify many of these behaviours, operating as a mechanism through which coercive control is enacted, including monitoring and surveillance, threats and intimidation and sexual violence, including image-based abuse.

It is important to note that the understanding of coercive control continues to evolve through emerging evidence. The above list of behaviours is not exhaustive and draws on the *National Principles to Address Coercive Control in Family and Domestic Violence*, which set out a shared understanding about the common features and impacts of coercive control, and guiding considerations to inform responses.[30]

For Aboriginal and Torres Strait Islander women, research indicates that coercive control can occur outside conventional gendered dynamics and can include intergenerational coercion and lateral violence.[31]

ii Legislative approaches to coercive control vary across Australia. Not all states and territories have specific offences or legislation in place and definitions differ across jurisdictions.

1.3 Sexual violence in FDV

Sexual violence refers to sexual activity perpetrated by one person against another where consent is not freely given or obtained, is withdrawn, or the person is unable to consent due to their age or other factors. It occurs when a person using violence forces, coerces or manipulates another person into any sexual activity. This includes sexualised touching, sexual abuse, sexual assault, rape, sexual harassment and intimidation and forced or coerced watching or engaging in pornography.

Sexual violence can be non-physical and includes unwanted sexualised comments, intrusive sexualised questions or harassment of a sexual nature. Forms of modern slavery, such as forced marriage or servitude, may involve sexual violence.[32]

The scope of this Framework includes sexual violence that occurs within the context of FDV.

1.4 Young people using violence

Young people using violence refers to a pattern of behaviours used by a child or young person (generally aged 10–17 years)[iii] towards a parent, carer, sibling, other family members, or in intimate, dating or casual relationships.[33] While distinct from adult perpetration of FDV, young people's use of violence often occurs within contexts of trauma, experience of FDV and other maltreatment.[iv]

Evidence demonstrates that many young people who use violence are also victim-survivors. Their use of violence is often shaped by cumulative experiences of abuse, coercive control, fear and disrupted attachment, rather than occurring in isolation. These experiences do not excuse harmful behaviour, but they are critical to understanding risk, tailoring responses and supporting opportunities for behaviour change. [34]

Young people's use of violence can also occur within intimate partner relationships, including dating and early romantic relationships. Young people's use of violence may involve patterns of coercive control, emotional abuse, sexual violence, technology-facilitated abuse and physical harm.[35] It may reflect gendered drivers of violence while presenting in developmentally-distinct ways. Experiences of FDV, rigid gender norms, peer dynamics and prior trauma are associated with an increased risk of young people experiencing and using violence.[36]

Young people may not always recognise their behaviours as abusive, and disclosures can be shaped by shame, fear of criminalisation or limited understanding of healthy relationship norms. Risk assessment and management should adopt developmentally informed, trauma-aware and culturally responsive approaches that hold young people accountable for harmful behaviours and recognise that many are themselves victim-survivors requiring safety, therapeutic support and recovery. Effective responses therefore address both the risk posed by the young person's behaviour and the underlying experiences of trauma and violence that may be shaping that behaviour.

iii The definition of young person varies across systems and jurisdictions. Children may begin using violence as young as 5 years old, however, most services accommodate only ages approximately 10–17 years.

iv See Pillar 1, evidence area 8 for more information.

1.5 Abuse and mistreatment of older people

The abuse or mistreatment of older people (also known as elder abuse) is any act or lack of appropriate action by a trusted person or family member that causes harm or distress to an older person. It can occur once or repeatedly over time.[37] Abuse and mistreatment of older people can be perpetrated by people in paid caregiving arrangements and may overlap with FDV where harm occurs within intimate, family or caregiving relationships.

1.6 Systems abuse

People using violence misuse systems to perpetrate FDV. Systems abuse is a form of coercive control where people using violence weaponise or prevent access to legal and justice systems, child protection, family support, immigration or other systems to exert control over, threaten or harass victim-survivors, particularly post-separation.[38] Systems abuse frequently contributes to misidentification, where systems incorrectly identify the victim-survivor as the person using violence.

Aboriginal and Torres Strait Islander victim-survivors are disproportionately affected, due to ongoing systemic racism and discrimination.[39] People using violence can weaponise immigration systems through threats linked to visa status. The impacts of this may be compounded by fear of authorities, limited awareness of their rights, and language barriers.[40] These are examples of systems abuse and are not exhaustive.

Ultimately, this type of abuse shifts the blame and accountability away from the person using violence and keeps them invisible to systems such as judicial, child protection and child support systems. Failing to recognise the role of the person using violence as the main source of risk to children's safety may lead to child protection issues and removal of children.

Taking systems abuse and secondary victimisation[v] into account when responding to victim-survivors is critical across the continuum of FDV responses, particularly when assessing and managing risk. Best-practice responses consider kinship structures, impacts of colonisation and systems abuse for Aboriginal and Torres Strait Islander adult victim-survivors.

Embedding safety-by-design principles across systems is critical. Systems should be proactively designed to prevent misuse by people using violence, minimise re-traumatisation and reduce opportunities for coercive exploitation. This ensures that accountability remains with the person using violence rather than being shifted to the victim-survivor. Systems should embed culturally responsive approaches to risk assessment and management grounded in self-determination and community leadership.

v See Pillar 1, evidence area 1.8

1.7 Misidentification

Misidentification occurs when systems fail to correctly identify the person using violence and instead identify a victim-survivor as the perpetrator of FDV.[41] This most often occurs when people using violence employ deliberate tactics to misrepresent or deny their behaviours, shift blame, minimise their accountability, or present themselves as the victim-survivor. It may result from deliberate tactics by people using violence or due to misinterpretation and bias by workers. Misidentification can occur within protective systems and statutory agencies, such as the courts or child protection systems.

The impacts of misidentification are devastating and can include:

- criminalisation of victim-survivors
- child removal
- depletion of victim-survivors' financial resources
- impacts on housing security
- impacts on connections with community, networks and friends/family
- impacts on capacity to maintain employment, or to care for children, and
- impacts on both the child and adult victim-survivors' health and mental health, and emotional wellbeing.[42]

Aboriginal and Torres Strait Islander women are disproportionately affected by misidentification. They are also significantly overrepresented in the prison system,[43] imprisoned at 21 times the rate of non-Indigenous women, although this overrepresentation cannot be attributed to misidentification alone.

There are several factors that contribute to misidentification of the victim-survivor. There is no single agreed definition of misidentification, and the factors listed here are not exhaustive. The police are critical players in the process as they are often the first responders to an FDV incident and are required to identify the person using violence – even if they are unsure of who that is.[44] When responding to incidents, they may not have the information or resources to identify longer-term patterns of violence. The core function of first responders is to ensure the immediate safety of the victim-survivors and children present. There are circumstances where responses may be inadequate, including where the responder:

- has not sufficiently considered the history, circumstances, context and background to an incident
- focuses on individual incidents, rather than the pattern of harmful behaviours and control
- has incorrectly identified the victim-survivor(s) and person using violence when applying risk assessment tools
- misunderstands or fails to appropriately explore violence used by a victim-survivor in self-defence or in response to a person's pattern of abuse[45]
- fails to understand Aboriginal and Torres Strait Islander women's acts of resistive violence resulting in their subsequent reluctance to cooperate during investigations[46]
- holds perspectives based on assumptions about the characteristics and behaviours of a 'good' or 'deserving' victim-survivor that may not align with how victim-survivors present.[47] For example, victim-survivors who appear agitated or who are uncooperative are less likely to be seen as being in need of protection, even though they may be exhibiting a very normal response to the violence and control they have experienced over their life[48]
- holds harmful beliefs and attitudes about masculinity and relationship roles[vi]
- reinforces stereotypes about people who use violence, based on myths about what violence looks like and how people who use violence behave[49]
- does not use interpreters when working with culturally diverse, refugee and migrant families, or where a person with disability is not given access to an interpreter or support person

These responses may also be shaped by the practices, assumptions and decision-making of other service providers across the system, which can reinforce bias, increase the risk of misidentification and compound harm for victim-survivors. Other responders and service providers can contribute to misidentification, including through stereotyping, collusion, and poor communication. Misidentification should not be interpreted solely as a policing issue. It is a product of system complexity, offender manipulation, legal constraints, and cross-agency processes.

Practice considerations from the national FDV information sharing guidance

Misidentification often occurs because the person using violence is not identified. Recognising the complexity of identifying and managing misidentification, workers should remain alert to the possibility that the person initially identified as the person using violence may in fact be a victim-survivor. Risk assessment and management should actively work to prevent misidentification by documenting patterns of behaviour, proactively sharing information across services, correcting records, and maintaining focus on perpetrator accountability.

Service systems should implement safeguards to reduce the risk of misidentification, including embedding culturally safe practices, strengthening FDV information sharing, and establishing supervision and review processes and clear mechanisms to correct records and decisions where misidentification has occurred.

vi See Pillar 1, evidence area 3

1.8 Secondary victimisation

Secondary victimisation describes the additional harm and sense of betrayal victim-survivors experience when responses from formal or informal supports are inappropriate, blaming, minimising, harmful or involve misidentification.[50] Victim-survivors can experience secondary victimisation when navigating complex and confusing systems while also dealing with the ongoing behaviour of the person using violence.[51] It can occur when institutions re-victimise victim-survivors through systemic failings, re-traumatising processes, and victim-blaming attitudes.[52] These system failures can cause further trauma, criminalisation, child removal and loss of trust.

Evidence area 2: The impacts of FDV

Adult[vii] victim-survivors of FDV experience serious and long-lasting physical, emotional, psychological, and financial impacts. In Australia, IPV contributes to more death, disability and illness in women aged 25 to 44 than any other preventable risk factor.[53] The following is a non-exhaustive list of impacts.

- **Death:** In 2023–24, one woman was killed every 8 days on average by a current or former partner.[54] Between 2010 and 2018, 106 children in Australia were killed by a parent following a history of FDV.[55]
- **Physical health:** IPV is the leading contributor to death, disability and illness in Australian women aged 18 to 44.[56] Health impacts can include injuries, traumatic brain injury, sexually transmitted infections, reproductive health problems, chronic pain and disability. Stress-related physical symptoms such as headaches and stomach aches, alongside chronic pain from injuries, can significantly reduce quality of life.[57]
- **Mental health:** trauma, depression, low self-esteem, anxiety disorders, post-traumatic stress disorder (PTSD), increased risk of self-harm and suicidality,[58] and substance use disorder.[59] Exposure to FDV during childhood can affect mental wellbeing and cognitive functioning, impacting behavioural and educational outcomes.[60]
- **Social:** isolation from friends, family, community and kinship systems.[61] Social isolation can result from fear of the person using violence, limiting participation in daily activities. It may also stem from anxiety, shame, physical exhaustion, or the use of AOD associated with FDV.[62] Some victim-survivors, including those from culturally diverse, migrant or refugee backgrounds, experience shame and disconnection from family and community, including when disclosing FDV.
- **Misidentification:** criminalisation and subsequent consequences such as loss of employment or housing, child removal by statutory systems (including child protection systems and family courts) and barriers to FDV services designed to support victim-survivors.[viii]
- **Economic and financial:** loss of income, property or assets; legal, housing and healthcare costs; poverty and financial insecurity.[63]
- **Housing and homelessness:** FDV is a leading cause or driver of homelessness for women and children in Australia.[64] Fifty-five per cent of women who permanently left a violent partner moved out, while their partner remained in the home.[65] Limited safe housing and poverty may force victim-survivors to remain with or return to violent partners.[66]
- **First Nations peoples:** FDV contributes to disconnection from culture, Country, kinship and community.[67]

vii Child and young people impacts are described in evidence area 7.

viii See Pillar 1, Evidence area 1.7 for more information.

Evidence area 3: Drivers of FDV

There is a strong and consistent association between gender inequality and levels of violence against women. Gender inequality refers to the unequal distribution of power, resources and opportunities across a range of settings that favour men over women. Our Watch (Australia's leading organisation in the primary prevention of violence against women and children) identifies four key drivers of FDV:[68]

- **Condoning of violence against women**, such as justifying, excusing, trivialising, dismissing or downplaying violence, or shifting blame for the violence from the person using violence to the victim
- **Men's control of decision-making and limits to women's independence** in public and private life, such as men holding most political and organisational leadership roles, dominating household financial and major life decisions, and enforcing norms that restrict women's mobility, earnings, career progression and access to social support
- **Rigid gender stereotyping and dominant forms of masculinity**, such as outdated expectations that men are dominant, aggressive and in control, while women are nurturing and submissive
- **Male peer relations and cultures of masculinity that emphasise aggression, dominance and control**, such as bonding through sexist or homophobic behaviour, rewarding aggression and sexual conquest, normalising the sexual objectification of women, and pressure on men to "prove" masculinity to one another.

The drivers of FDV experienced by Aboriginal and Torres Strait Islander women are shaped by the intersection of racism and sexism, alongside factors including disability and poverty and the enduring influence of colonial patriarchal values on gendered roles. They are also shaped by how violence itself is defined, understood, and responded to in the context of Aboriginal and Torres Strait Islander women's safety.[69] Aboriginality is not a risk factor for violence. Rather, the disproportionate impacts of FDV experienced by Aboriginal and Torres Strait Islander women reflect the cumulative effects of historical and ongoing systemic violence, discrimination and disadvantage. At the same time, strong connections to culture, family, community, Country and kinship systems are significant sources of strength, resilience and protection. Supporting Aboriginal and Torres Strait Islander self-determination, cultural authority and community-led responses is critical to preventing violence and creating lasting change.

Evidence area 4: Perpetrator visibility and accountability

The person using violence must be held accountable for all behaviours that cause harm.

Accountability for people who use violence can be understood in two ways. The first is system-imposed accountability, delivered through the broader service system, the justice system, child protection, police and courts. This includes legal sanctions, protection orders and mandated programs.[70] The second is personal accountability, in which people using violence recognise the impact of their behaviour, take responsibility for the harm they have caused and work to change their behaviour, including through interventions such as men's behaviour change programs (MBCPs). Systems-imposed and personal accountability do not always align. MBCP participation is often court-mandated, yet effective behaviour change requires internal motivation to change.[71] Perpetrators can be held accountable without necessarily taking personal responsibility for their behaviour.[72]

Some people who use violence will use tactics to avoid visibility and accountability, including narrative control, minimisation, and system manipulation. To avoid collusion,[ix] it is important to communicate openly and transparently with victim-survivors to understand their views on what is safe and possible when holding the person using violence accountable. This is also critical to keep victim-survivors safe.[73]

Keeping people using violence visible and accountable requires coordinated, system-wide responses, involving police, courts, corrections, child protection agencies, health services, and community organisations working together. This "web of accountability" ensures consistent messaging and responses, making it harder for people using violence to minimise, deny, or blame their behaviour on others.[74] Work with people using violence should be undertaken by suitably qualified professionals to minimise risk and ensure safe, effective practice.

IN PRACTICE 1: Western Australia Practice Standards for Perpetrator Intervention: Engaging and responding to people who use family and domestic violence

Key actions for Western Australia's Family and Domestic Violence System Reform Plan 2026–2029 included updating the perpetrator practice standards and developing a dedicated perpetrator response framework.

The updated Practice Standards for Perpetrator Intervention (Practice Standards) have an expanded scope to include practice standards for a broader range of family and domestic violence perpetrator interventions, beyond men's behaviour change programs. They aim to strengthen the role of perpetrator interventions in keeping women and children experiencing family and domestic violence safe, holding perpetrators accountable, and providing opportunities for sustained behaviour change. Additionally, the Practice Standards aim to be adaptable to various cohorts, and practical for implementation and compliance monitoring.

Formalised information sharing protocols between agencies are enablers of comprehensive risk assessment and management. They keep the actions and patterns of the person using violence visible across the system, support coordinated responses that hold them to account and strengthen victim-survivor safety.[75] One approach that supports the practice of holding the person using violence accountable is through documenting the patterns of harm to victim-survivors and the impact on family functioning.

ix Working with the person using violence requires a unique set of skills, professional approach and training in specific engagement with a person using violence to avoid collusion and maintain safety.

To support accountability, processes and systems, best-practice responses ensure that people using violence have access to culturally appropriate, evidence-based supports. Where appropriate, risk assessment and management should involve engagement with the person using violence to support their reflection on what they can do to help keep themselves and their families safe. Whether or not the person using violence has an awareness of their behaviour and exhibits a readiness to change should be factored into risk assessment, engagement, and management processes.

Safety can be best achieved by managing the risk presented by the person using violence by taking active steps across all parts of the system to increase capacity for that person to take responsibility through accountability.

Engagement, assessment and responses for First Nations peoples using violence must be understood in the context of colonisation, colonial structures, systemic racism, and institutional violence.[76] Anti-racist, strengths-based and community-led approaches are critical. Culturally responsive programs are fundamental to ensure accountability for abuse and violence, while supporting connection to culture and traditional cultural ways of knowing, being and doing.

Several factors should be considered when engaging with, assessing and responding to young people using violence. These include their experiences of violence and its impacts, the age and developmental stage of the young person, whether they have a disability or psycho-social disability, and protective factors.[77]

Evidence area 5: Victim-survivor resistance

Child, young person and adult victim-survivors often actively resist the violence and control they experience and find moments of dignity and connection.[78] This varies depending on individual situations. Victim-survivors' acts of resistance can include, but are not limited to:

- standing up to the person using violence in the presence of others or police, where there may be less risk of retaliation
- not following the demands of the person using violence and finding ways to defy their rules
- fighting back physically
- leaving home
- maintaining relationships with others when the person using violence is trying to isolate them
- defending children or siblings from abuse
- standing up for what they need and physically moving their bodies or turning away from the abuse.[79]

IN PRACTICE 2: Response-Based Practice

Response-Based Practice (RBP), developed by Canadian researchers Allan Wade, Linda Coates, Nick Todd and colleagues, emphasises that victim-survivors consistently take steps to resist, oppose or minimise violence and control. Rather than viewing victim-survivors as passive, RBP highlights their dignity, agency and creativity, shifting attention from what went wrong to how people actively respond, survive and protect themselves and others. For workers, recognising and naming these acts of resistance is critical to working in genuine partnership with victim-survivors and avoiding responses that unintentionally blame them for harm or frame their actions as a "failure to protect".[80]

Best-practice responses consider acts of resistance by both children and adults in all safety planning and risk assessment and management processes, particularly at the intersection of child protection.[81] Acts of resistance are not always overt, and they may be informed by social and cultural norms. Non-visible acts of resistance may at times appear as acceptance of violence, as in the case of compliance, passivity, or lack of assertiveness. Responses that fail to recognise these protective behaviours as acts of resistance may reinforce harmful gender stereotypes about women.[82] Misinterpreting victim-survivors' acts of resistance can contribute to misidentification, particularly where first responders make decisions based on limited information. Police attending FDV incidents make decisions based on the evidence available at the time, legislative obligations, and immediate safety considerations.

For Aboriginal and Torres Strait Islander women, acts of resistance should be understood within the context of culturally safe responses, where connection to culture, Country and healing practices are recognised as key protective factors.[83] However, as noted in evidence area 1.7, acts of resistance by Aboriginal and Torres Strait Islander women are frequently misinterpreted or misidentified as aggression or offending, contributing to their misidentification as perpetrators and reinforcing systemic harms within justice and child protection responses.

IN PRACTICE 3: Victorian Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework Foundation Knowledge Guides

The MARAM Foundation Knowledge Guide supports professionals to understand their relevant responsibilities under the MARAM framework towards the identification, assessment and ongoing management of family violence risk as it relates to their specific roles.

The Foundation Knowledge Guide provides guidance on women who use force in heterosexual intimate partner relationships.

Evidence area 6: Intersectionality and responsiveness

People and communities bring diverse strengths, identities, cultures, knowledge systems and lived experiences that shape how safety, healing and recovery are understood and achieved. Effective responses to FDV recognise and build on these strengths, while also understanding that structural inequalities and barriers can affect people's access to safety, support and justice.

Age, gender identity, sexual orientation, ethnicity, cultural background, language, religion, disability, visa status, economic circumstances, geographical isolation, ability (including physical, neurological, cognitive, sensory, intellectual or psychosocial impairment and/or disability) and other identity-based and situational factors can influence how FDV is experienced and responded to. These factors do not create risk in themselves. Rather, people using violence often exploit intersecting forms of disadvantage to maintain control and avoid detection, increasing the risk of misidentification when systems do not recognise patterns of coercive control or a victim-survivor's acts of resistance.[84]

An intersectional approach recognises that the drivers, dynamics and impacts of violence on children, young people and adults can be compounded and magnified by their experiences of other forms of oppression and inequality. A strengths-based approach to intersectionality recognises not only risk, but also people's strength, agency, resilience, and community and cultural resources, which can play a critical role in supporting safety, recovery and accountability. A trauma-informed and intersectional approach supports workers to distinguish behaviours that are responses to trauma and violence – which may be misinterpreted – from the deliberate tactics of violence and coercive control used by the person using violence.

Timely interventions that are community-led, culturally safe and trauma-informed can strengthen protective factors, restore dignity and self-determination. These are essential to ensuring the system does not increase harm and risk. Programs grounded in culture, connection and community leadership play a critical role in breaking cycles of violence, creating safety and nurturing environments where women, children and families can thrive.[85] When assessing and managing risk, best-practice responses consider both the strengths and protective factors that support safety and how structural and cultural inequities impact the victim-survivor and the person using violence, including how the person using violence may exploit these inequities.

6.1 Aboriginal and Torres Strait Islander peoples, families and communities

Aboriginal and Torres Strait Islander peoples, families and communities hold deep cultural knowledge, strengths, resilience and connection to Country, kinship and community that support safety, healing and wellbeing. Effective responses for Aboriginal and Torres Strait Islander families are culturally responsive, grounded in self-determination and informed by an understanding of how colonisation and ongoing systemic inequalities continue to shape experiences of violence and access to support.

Culturally unsafe responses can undermine safety and trust and may perpetuate cycles of violence and risk. Such responses include:

- deficit-based language, stereotypes and assumptions about Aboriginal and Torres Strait Islander cultures that reinforce and perpetuate racism and discrimination
- system responses such as child protection interventions, that result in child removal or misidentification of the victim-survivor as the person using violence, particularly where acts of resistance or defensive behaviours are misunderstood due to bias86
- racist justice system responses to Aboriginal or Torres Strait Islander peoples may lead to unequal treatment in courts and policing,[87] which may contribute to intergenerational criminalisation.[88]

In this colonial context, many Aboriginal and Torres Strait Islander peoples describe the state as ‘a primary perpetrator of violence’, which affects trust in services and government responses.[89] Engagement with service and justice systems can itself increase risk, including through experiences of racism, child removal or misidentification. Many Aboriginal and Torres Strait Islander women fear reporting violence due to police treatment of Aboriginal men and ongoing experiences of deaths in custody.[90] Understanding these experiences is essential to ensuring that responses strengthen safety, accountability and self-determination rather than unintentionally increasing risk.

The disproportionately high rates and more severe forms of violence[91] experienced by Aboriginal and Torres Strait Islander women are not a consequence of Aboriginality, but reflect these ongoing impacts of colonisation, systemic racism and discrimination, social inequality, intergenerational grief and trauma.[92]

These structural inequalities also contribute to higher rates of misidentification, child removal and incarceration, and create a deep distrust in systems, leading to widespread under-reporting and limited access to safety and support.[93] For instance, a non-Indigenous male perpetrator may manipulate police or court processes to misidentify a First Nations woman partner as the perpetrator or to discredit her testimony. This heightened risk is not due to inherent vulnerability, but to system and structural failures that people using violence exploit to avoid accountability.

Understanding these dynamics, and recognising diverse aspects of identity – such as language, family, Nation, Mob, Clan, Tribe, kinship, skin, moiety, name, and more – is essential for providing effective, culturally safe responses.[94]

Aboriginal and Torres Strait Islander women, families and communities demonstrate enduring strength, resilience, cultural knowledge and leadership *despite* ongoing impacts of colonisation and systemic discrimination. *Our Ways – Strong Ways – Our Voices* highlights the need to transform the systems that respond to First Nations families by strengthening cultural authority, improving accountability mechanisms and embedding Aboriginal and Torres Strait Islander data sovereignty to ensure that evidence, decision-making and service design genuinely reflect community priorities and lived experience.[95]

Practice considerations informed by stakeholder consultation

Workers should respect linguistic diversity, cultural communication protocols and non-verbal cues, and broader systems should integrate the expertise of First Nations leaders and services, including community-controlled organisations.

Extensive, fixed questionnaires can make First Nations women feel as though they are being 'mined for data,' especially when questions are being asked without the victim-survivor understanding how the information assists in assessing risk.

Safety for Aboriginal and Torres Strait Islander women often involves maintaining connection to Country, kinship, and cultural obligations, and removing women from community may be unsafe, unwanted, or unviable. Best-practice risk assessment and management recognises these realities and avoids system-driven responses that escalate risk or cause harm.

6.2 People who identify as LGBTIQA+

LGBTIQA+ people, families and communities demonstrate significant strength, resilience, adaptability and community connection. Chosen family, peer networks, community leadership and diverse ways of experiencing relationships, gender and sexuality can play an important role in promoting safety, wellbeing and recovery.

People who use violence against LGBTIQA+ people may target intimate partner/s, relatives or chosen family members across a range of relationship structures, including polyamorous relationships.[96] As in other forms of FDV, people using violence may employ coercive control, physical and sexual violence, emotional abuse and technology-facilitated abuse, and may also draw on identity-specific tactics. People using violence may exploit a person's gender identity, sexuality, HIV and/or intersex status as a means of exerting control.[97] Tactics can include threats to 'out' a person, pressure to conform to gender norms, restricting access to gender affirming care, family rejection, and the use of conversion practices or so-called 'corrective' violence.[98]

"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." – LGBTIQA+ sector stakeholder

Parents, caregivers and extended family members may also perpetrate violence to reject, punish or suppress a person's gender identity or sexuality. This can include outing, surveillance, financial control, forced participation in conversion practices, and threats of homelessness. For some LGBTIQA+ young people, FDV is a primary driver of homelessness and system involvement.

Effective responses recognise the diversity of LGBTIQA+ experiences and relationships and build on existing strengths, protective factors and community connections. Workers should understand how identity-specific forms of violence may present and ensure that risk assessment and management processes are inclusive, affirming and responsive to diverse genders, sexualities and relationship structures.

System and service responses have not always recognised the experiences of LGBTIQA+ people, or the identity-specific tactics used by people who use violence. This can contribute to under-detection of FDV risk. Disclosures are often minimised or dismissed, particularly for LGBTIQA+ people, people with disability or people with diverse gender experiences, reinforcing mistrust and disengagement from systems.[99] Strengthening workforce capability, inclusive practice and culturally safe responses can improve access to safety, support and justice and help build trust in services.

Practice considerations informed by stakeholder consultation

Violence against LGBTIQA+ people is both driven and normalised by socio-cultural norms, including homophobia, biphobia, transphobia, sexism, gender inequality, cisnormativity, heteronormativity and rigid gender expectations. These norms add complexity to victim-survivors' experiences of violence and serve as unique barriers to seeking and receiving support.

LGBTIQA+ people may not recognise violence in their relationships when most visible cultural examples of FDV reflect heteronormative settings. Services and LGBTIQA+ people may not view coercive control and identity-based abuse as forms of violence that require FDV risk assessment and management, including for children and young people experiencing identity-based abuse from a parent or carer.

Workers should avoid assumptions about a person's gender, the gender of their partner, sexual orientation, family or relationship structure, or who is safe to speak with. Minority stress, discrimination and fear of misidentification can prevent disclosure, particularly when services are unable to provide culturally inclusive and accessible support for LGBTIQA+ people and communities. It is important that culturally competent and inclusive support is available through both mainstream and specialist support services.

6.3 People from migrant, refugee, or culturally and linguistically diverse backgrounds

People from migrant, refugee and culturally and linguistically diverse backgrounds bring diverse cultural knowledge, languages, experiences, community connections and strengths that can support safety, resilience and wellbeing.

Being from a migrant or refugee background is not a risk factor for FDV in itself. However, visa insecurity, fear of deportation, language barriers, limited access to information, racism and a lack of culturally appropriate services may be exploited by a person using violence to maintain control and avoid accountability.[100, 101] People using violence may use immigration status, sponsorship arrangements, financial dependence or threats involving overseas family members as tactics of coercive control.[102] Some forms of violence may be shaped by cultural, religious or community contexts, including dowry abuse, female genital mutilation/cutting, reproductive coercion and abuse and modern slavery (such as forced marriage or human trafficking).[103]

People from a refugee or migrant background may encounter barriers to being accurately identified and supported by service and justice systems, particularly where experiences of racism are not adequately recognised. These barriers can contribute to an increased risk of misidentification and reduce access to safety and support.[104]

Coercive control may extend to families and familial ties overseas and additional risks of human trafficking, such as exit trafficking, are a safety threat.[105] Family, community and cultural contexts can influence how violence is understood, disclosed and responded to. Workers should engage with cultural contexts in ways that are respectful, nuanced and free from stereotypes, recognising the diversity that exists within communities and the important role that culture, family and community can play in supporting safety.[106]

Practice considerations informed by stakeholder consultation

Workers should be supported to respond to verbal, non-verbal and cultural cues, and interpreters should be trained in trauma-informed, FDV-specific practice. Understanding accessibility needs, language barriers, and the complexity of help-seeking is essential. Workers should recognise that people may describe violence differently across cultures and languages, and actively check understanding, avoid assumptions and use trained interpreters to ensure risk is accurately assessed.

Community-led and multicultural services should be recognised as trusted supports. Workers should make warm referrals (supporting the person to connect to services) and collaborate with cultural leaders.

6.4 People with disability

People with disability bring diverse strengths, expertise, capabilities, relationships and lived experiences that support safety, resilience and wellbeing. Effective responses recognise these strengths while understanding how people using violence may exploit discrimination, marginalisation, isolation, communication barriers, dependency relationships and gaps in service systems to increase control and limit access to safety, disclosure and support.[107, 108] Violence may be perpetrated not only by intimate partners and family members, but by formal or paid carers, informal or unpaid carers, staff in residential institutions, other residents in residential institutions, and disability support workers.[109]

People with disability can experience unique forms of FDV, including threats of institutionalisation or abandonment and the withdrawal of care, support, autonomy, medication, health information and physical assistance. They may face reproductive violence including forced sterilisation, abortion and contraception, and forced interventions such as psychiatric interventions, use of restraints and seclusion.[110]

Accessible, inclusive and responsive systems are critical to supporting the safety of people with disability. Barriers such as inaccessible services, limited feedback mechanisms, fear of not being believed, or responses that do not adequately recognise disability can reduce access to support and justice. Concerns about losing care arrangements, housing or custody of children may also affect decisions about disclosure and help-seeking.[111]

Workers should recognise that disability is not a risk factor for FDV. Rather, risk arises from the behaviour of the person using violence, including their exploitation of barriers within systems and environments to increase control, limit autonomy and reduce access to safety and support. Without accessible crisis accommodation, people with disability may not leave a violent situation due to a fear of losing support services or other care provisions, even if their current support worker or informal carer is abusing them.

Practice considerations informed by stakeholder consultation

Workers should avoid conflating disability with risk, which often leads to unjust family separation and surveillance of parents with disability. Workers should support people with disability to make decisions about their own lives. Adults with disability who use violence should receive appropriate responses grounded in accountability and should not be medicalised or infantilised.

6.5 Older people

Older people bring a wealth of knowledge, experience, resilience, cultural connection and community contribution. Effective responses recognise and respect older people's autonomy, decision-making and right to safety, while understanding how FDV and the abuse or mistreatment of older people can overlap with FDV when perpetrated by intimate partners, adult children, other family members or within other relationships of trust, care and dependence.[112]

Abuse and mistreatment of older people is more likely to affect older women. Older women are more likely to experience ongoing IPV, especially sexual and physical abuse and neglect[113] and are more likely to experience psychological abuse and neglect in general.[114]

Risk is driven by the behaviours of the person using violence, including financial control, isolation, threats related to care or housing, limiting mobility and independence and a history of perpetration of FDV.[115] People using violence can draw on ageist assumptions and systems to minimise harm, discredit victim-survivors and avoid accountability. Ageism, shame, fear, financial insecurity and limited or inappropriate service responses can create barriers to disclosure and support.[116]

Practice considerations informed by stakeholder consultation

Workers may overlook or minimise risk due to perceptions that older people are less likely to experience violence, particularly sexual violence.

6.6 People living in rural, regional and remote areas

People living in rural, regional and remote areas often have strong connections to place, community, culture and local support networks. These strengths can play an important role in promoting safety, resilience and recovery. Effective responses recognise these strengths, while understanding that people using violence may exploit geographic isolation, limited services, and system constraints to increase control, conceal their behaviour and reduce opportunities for intervention.[117]

Victim-survivors and service providers in these areas may face challenges distinct from metropolitan contexts. People using violence can exploit these circumstances to sustain and escalate harm with significant impacts. For example, in 2023–24, the rate of FDV hospitalisations for people living in very remote areas was 41 times as high when compared with people living in major cities (841 per 100,000 hospitalisations compared with 21 per 100,000).[118] For those living in rural areas, victim-survivors were 24 times more likely to be hospitalised for FDV when compared to people in urban settings.[119]

People using violence may exploit distance, isolation and limited infrastructure to conceal violence and restrict access to support.[120] Long travel times, fewer services and limited transport, housing and specialist services can delay or prevent help-seeking. Services can operate across large geographic areas with constrained capacity, which can slow responses and reduce access to trauma-informed and specialist FDV support. [121] Distance from neighbours, emergency services and safe accommodation can further reduce the visibility of violence, particularly where police responses are inadequate.[122, 123]

People using violence may also exploit social dynamics within small communities. Concerns about privacy and confidentiality, combined with close social networks, can discourage disclosure and reinforce norms that prioritise family unity or uphold harmful gender norms.[124, 125] Financial dependence, limited housing options and the presence of firearms can further escalate risk. People using violence may also face long waiting periods or lack access to behaviour change programs.[126, 127, 128]

Evidence area 7: Children and young people who experience FDV

This Framework acknowledges that evidence relating to children and young people who experience violence is a developing area of policy and practice. Evidence provided is not comprehensive, but provides guidance to support jurisdictions.

7.1 Recognising children and young people as victim-survivors

Children and young people who experience violence are not passive witnesses or "secondary victims". They are directly affected and are victim-survivors in their own right, with unique experiences, perspectives, strengths and support needs.[129]

Violence against children and young people is caused by the choice of a person using violence to use coercion, control and abuse within FDV contexts. Children and young people's experiences of violence should not be understood as resulting from the actions, decisions, or perceived "failure to protect" of an adult victim-survivor.

Recognising children as victim-survivors in their own right is an important step in promoting safety, healing and recovery. Responses should also recognise children and young people's strengths, agency, relationships and capacity to express their own experiences and needs. Their voices, views and lived experience should be heard and considered in ways that are safe, developmentally-appropriate and responsive to their individual circumstances.

Children and young people should not be considered in isolation.[130] Effective responses recognise the importance of a child or young person's individual circumstances including their living environment, who they consider family, and their supports and connections that contribute to their wellbeing and safety.[131]

7.2 How children experience FDV

Children and young people experience FDV in multiple ways. They may experience FDV directly from the person using violence, or indirectly through that person's use of violence towards a parent, caregiver, sibling or other family member. Young people may also experience violence in intimate, dating or casual relationships. Regardless of whether they are directly experiencing FDV, these experiences can have profound and lasting impacts on their safety, wellbeing and development.

Children and young people often experience multiple and intersecting forms of violence, including child sexual abuse, neglect, and emotional and physical abuse.[132] The ways children and young people can experience FDV can include:[x]

- being present when the adult victim-survivor is being abused (physically, emotionally, or sexually)
- being abused or directly threatened by the person using violence
- observing destruction of property
- defending the adult victim-survivor against the person using violence, or using strategies to try to stop the violence and abuse happening and/or escalating
- defending siblings from abuse
- being drawn in and encouraged to be part of the abuse or made to watch
- being used as a weapon or mechanism of control by the person using violence or being exploited and manipulated by the person using violence
- experiencing neglect by either parent, particularly when the impacts of FDV intersect with parental mental health issues or AOD use
- being denied food, clothing, or medical care, especially as a form of punishment
- being forced to have ongoing contact with the person using violence
- living in an atmosphere of fear and unpredictability
- having to leave home with a parent and separate from family, friends, support networks and sometimes school
- being culturally excluded, denied access to culture, or being denied the right to culturally identify as Aboriginal or Torres Strait Islander by the person using violence.[133]

x Children and young people can also experience FDV in the ways described in Pillar 1, evidence area 1

7.3 The impacts of FDV on children and young people

Experiencing FDV can have serious and long-lasting impacts on a child or young person's development, mental and physical health, housing situation and general wellbeing.[134] FDV against children and young people can result in a range of impacts including diminished educational attainment, disconnection from culture and kinship, reduced social participation in early adulthood, physical and psychological disorders, increased risk of suicidal ideation, behavioural difficulties and homelessness. These impacts can also include increased likelihood of future victimisation and/or violent offending.[135] Exposure to violence as a child can affect brain development, such as changes to the brain's structure and chemical activity and impacts to emotional and behavioural functioning.[136]

These impacts are widely understood through the lens of complex trauma, where ongoing exposure to FDV and other adverse child experiences can lead to 'cumulative harm' for the child or young person.[137]

FDV can also significantly affect a child's relationship and bond with the adult victim-survivor. People using violence commonly use tactics of abuse that undermine the caregiver-child bond, restrict caregiver's capacity or interfere with parenting through control, coercion or systems misuse.[138] This makes parenting for the adult victim-survivor extremely difficult despite their attempts to maintain an effective parenting role.

7.4 Resilience and protective factors

Children and young people are impacted differently by FDV, and each child has their own unique experience and survives or manages their situation in their own way.[139] Children have their own agency, strengths, resistance, and many draw on a range of coping mechanisms to manage the FDV they are experiencing.[140]

Protective factors are the conditions, relationships, skills and supports that strengthen safety and support recovery and healing.[141] These can include:[xi]

- strong connection to family, community, culture and Country
- opportunities for children to express their views, be believed and participate in decisions about their safety
- safe, stable and supportive relationships with a non-violent caregiver or trusted adult.

While children and young people demonstrate resilience and draw on protective factors, their developmental needs, reliance on caregivers and limited control over their environments mean they are also uniquely vulnerable to the impacts of FDV, with harm often compounding over time if risks are not identified and managed early. Effective responses require tailored, age- and developmentally-appropriate, culturally responsive support. It is critical to consider the child's living environment, their family, their support system, cultural ecosystem, and structures when assessing for risk and protective factors in their lives.[142]

Children and young people actively navigate and respond to violence in ways that seek to protect themselves and others from violence. Their actions, choices and coping strategies reflect agency, resilience and strength. These responses should be recognised as forms of resistance and incorporated into trauma-informed, strengths-based system approaches. Resistance can take many forms. It can look like skipping school, staying out late to avoid danger at home, striving for perfection, protecting a sibling, disclosing abuse, and expressing their views.[143]

xi See Pillar 2, evidence area 9 for more examples of protective factors.

7.5 Key areas of consideration for First Nations children

Colonisation and ongoing systemic inequities continue to impact First Nations children, including their experiences of FDV and its impacts on social and emotional wellbeing, cultural identity, kinship and connection to culture.[144] These structural harms intersect with the behaviours of people using violence, contributing to disproportionate levels of violence experienced by young Aboriginal and Torres Strait Islander peoples. This can lead to greater social, economic and health inequality, as well as a higher risk of mental illness and suicide-related behaviours compared with non-Indigenous young people.[145]

As a result of both violence perpetration and systemic failures to protect, Aboriginal and Torres Strait children and young people have higher rates of systemic abuse, child removal and misidentification. Aboriginal and Torres Strait Islander children are significantly overrepresented in out-of-home care and youth justice.[146] These systems can also harm children, often separating them from important supports, connections and safety that exists within their families, communities and cultures.

Best-practice responses to FDV are culturally responsive and strengths-based, recognising and building on children's protective factors, including connection to culture and Country, and positive relationships and interactions with family, community and elders.[147] Safety planning for Aboriginal and Torres Strait Islander children should not occur in isolation from cultural obligations, kinship structures, connection to culture and community. Safety planning should also focus on protective factors in the child's life. This includes elevating and centering the voices of children and young people to inform and develop service responses.[148]

7.6 Child sexual abuse

Child sexual abuse (CSA) is a serious form of harm and is a criminal offence across all Australian jurisdictions, although legal definitions and terminology vary between states and territories. Nationally, CSA is understood as any act by a person that involves a child or young person under the age of 16, in sexual activity, or exposes them to sexual content or behaviour, where the child cannot understand, consent, or where the behaviour is unlawful or considered unacceptable within the community.[149] Children aged 16 or 17 years old can legally consent to sexual activity with adults, except if the adult is a close family member of the child or in a position of authority, supervision, or care in relation to the child (e.g. teacher, coach, the child's employer, or health practitioner).[150]

CSA does not always involve physical contact. It can include a range of behaviours used by a person to exploit, coerce or manipulate a child or young person. These behaviours may include grooming, exposing a child to sexual content, engaging in sexually inappropriate communication or creating, sharing or threatening to share sexualised images of a child. Abuse may also be facilitated through technology, including image-based abuse or online exploitation.

A person using violence may target a child or young person within or outside a family context. This can include abuse perpetrated by someone known to the child, as well as by individuals outside their immediate relationships. In all cases, the abuse reflects a misuse of power, trust and can be shaped by broader social and relational dynamics that enable harm to occur.[151]

Children and young people who experience sexual abuse often have limited capacity to recognise, resist or disclose the abuse, particularly where coercion, manipulation or control is used. Their environments, relationships and interactions with adults can increase vulnerability or create opportunities for abuse.

Harmful sexual behaviours displayed by children and young people towards another child or young person can be considered a form of child sexual abuse. Children who have displayed harmful sexual behaviours (HSB) have often experienced trauma themselves and require trauma-informed, therapeutic interventions. Research has found that most children who have harmful sexual behaviours do not go on to perpetrate sexual abuse as adults.[152]

CSA and HSB may co-occur with other forms of violence within families and may be indicators of FDV risk.[153] Accordingly, CSA and HSB must be considered within FDV risk assessment and management processes where they are present or suspected.

At the same time, the identification, assessment and management of CSA and HSB are highly specialised and complex practice areas that require dedicated expertise. The *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* and *Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031* provide specialist guidance.[154] The National Clinical and Therapeutic Framework for responding to concerning or harmful sexual behaviour displayed by children and young people, is also due to be released by the National Office for Child Safety in 2026.

Evidence area 8: Young people who use violence

This Framework acknowledges that evidence relating to young people who use violence is a developing area of policy and practice. Evidence available is not comprehensive but provides guidance to support jurisdictions.

8.1 Understanding young people who use violence

Young people using violence describes children who exhibit patterns of violent or abusive behaviour against a parent, caregiver, sibling, other family members or kinship relations.[155] These behaviours are not typically isolated incidents and generally follow the same characteristics and patterns of abusive and violent behaviours used by an adult person using violence.[156] While young people who use violence must be held accountable for their behaviour, responses should recognise their developmental stage, strengths, support needs, capacity for change and experiences of trauma. For many young people, their use of violence is also shaped by cumulative experiences of abuse, coercive control, fear and disrupted attachment, rather than occurring in isolation.

The use of violence by young people can begin in childhood and adolescence, with the average age at which young people begin using violence in their close relationships being 11 years old.[157] The use of violence by young people is significantly underreported, with parents (most often mothers) feeling shame, stigma, or a sense of blame for the behaviour. Many also feel it is their job to manage the risk of violence and protect their child, or see the behaviour as normal.[158] Parents may fear police and the legal system and have concerns that by engaging with the justice system, they will be brought to the attention of statutory child protection services. This is a particular concern in Aboriginal and Torres Strait Islander communities.[159]

Young people may also use violence within intimate partner or dating relationships. This can include patterns of coercive control, emotional abuse, technology-facilitated abuse, harmful sexual behaviours including sexual coercion, and physical violence. While some behaviours may present differently from adult intimate partner violence, the underlying dynamics of power, control and gendered drivers are often consistent with those observed in adult relationships. Risk assessment and management need to recognise the diverse contexts in which violence occurs, including across developmental stages, the role of peer and digital environments, possibility of overlapping victimisation, and relationship types.[160]

8.2 The connection with victimisation

Exposure to FDV in childhood should not be understood as a risk factor for a young person's use of violence in and of itself.[161] Most children and young people who experience FDV in childhood do not go on to use violence. However, research indicates that young people who use violence are more likely than their peers to have experienced FDV in childhood.[162] Experiences of FDV may influence development, relationships and wellbeing and may interact with other individual, family, social and environmental factors that contribute to the use of violence.

The use of violence by young people may be influenced by multiple interacting factors and experiences, including:

- coaching by the adult person using violence to harm the adult victim-survivor[163]
- a child or young person learning to use violence through "copying" and "replaying" the behaviour which they have seen and experienced by people using violence and other adults in their lives[164]
- violence being used as a form of retaliation or self-defence, when young people are responding to actual or anticipated abuse.[165]

8.3 The impacts of young people using violence

When young people use violence, it impacts them and others and can impact the wellbeing of all members of the family. For the adult victim-survivors, these impacts include relationship breakdown and family estrangement, barriers to effectively participate in the workforce leading to economic and housing implications, and physical and emotional impacts.[166]

For the young people themselves, impacts include:

- emotional and social impacts such as poor mental health and mental illness
- negative and fractured relationships with their family members
- physical health issues often directly sustained from physical violence
- interrupted engagement in learning, potentially resulting in lower educational outcomes
- negative impacts on their connection to their culture and faith.[167]

Young people who use violence may be victim-survivors themselves; however, the Australian legal system and FDV service sector are not designed to support their specific needs. This means they frequently fall through the gaps or receive an inappropriate response.[168]

Responses to young people using violence must be different to responses to adults using FDV and should include therapeutic and diversionary approaches. These responses should also consider that the young person may be a victim-survivor.[169]

Pillar 2: Consistent and collaborative risk assessment and management practice

What	This pillar supports consistent, best-practice risk assessment and management responses to victim-survivors and perpetrators
Why	When organisations share a common understanding of FDV risk, use consistent language and practices, work together and share relevant information across agencies, the ability to accurately identify and assess FDV risk early and provide timely and appropriate responses is strengthened
How	This pillar provides guidance on best-practice risk assessment, including: structured professional judgement using an intersectional lens, information sharing, and best-practice risk management
Impact	This pillar will contribute to strengthening workforce capability in embedding consistent and collaborative practice. By doing so the quality, timeliness and coordination of responses is strengthened, which improves safety outcomes for victim-survivors and keeps people using violence in view and accountable

Actions for governments

To effectively embed consistent and collaborative FDV risk assessment and management practices across the service system, in ways that reflect local legislative, policy and service system contexts, all jurisdictional frameworks should:

3. Use a shared, evidence-based approach to assessing and managing FDV risk, guided by the Framework and operationalised to the jurisdictional context
4. Determine how evidence-based risk factors are translated into practice, including how identification and assessment of serious risk are operationalised
5. Support trauma-informed, age- and developmentally-appropriate responses for children and young people, both as victim-survivors and people who use violence

The evidence presented in this pillar brings together research, lived experience insights and practice insights to support the effective embedding of this pillar. It is intended to be used as guidance to inform jurisdictional approaches.

Evidence informing Pillar 2

Evidence area 1: What is FDV risk?

FDV is a choice by a person to use violence against their victim. Responsibility and accountability rests solely with the person using violence.

In the context of risk assessment and management, FDV risk refers to the likelihood of future, ongoing or escalating harm to victim-survivors (including escalation which could lead to death). This assessment is based on past and current behaviours and circumstances of victim-survivors and people using violence.[170] Risk is dynamic. It changes as situations, behaviours, relationships and environments change, and all FDV should be treated as a risk requiring a response.

Understanding and responding to FDV risk requires a multi-faceted approach that reflects the complexity of the service system responding to it. This landscape makes developing a shared understanding of FDV risk complex. Workers, services, policy makers and researchers may use different language, frameworks and approaches to identify, assess seriousness of, and manage risk, reflecting the diverse roles, experiences and perspectives across the FDV sector and broader service system.[171] The World Health Organization for example organises FDV risk factors into four categories: individual, family, community, and wider societal factors.[172] Various Australian organisations refer to 'risk indicators'[173] or 'serious risk factors'[174] to guide FDV risk assessments. In addition to evidence-based risk factors, it is important to consider relevant information about a victim-survivor or person using violence's circumstances as part of an intersectional approach using structured professional judgement (SPJ). While approaches may differ across settings, developing a shared understanding of FDV risk is critical to supporting consistent, safe and collaborative responses.

Evidence area 2: What is a risk factor for FDV?

A risk factor for FDV is defined as a factor, variable or indicator associated with the likelihood of future, ongoing or escalating harm to victim-survivors (including escalation which could lead to death).[175] Understanding FDV risk factors supports safety planning, harm reduction and effective risk management.

Risk factors do not operate in isolation. FDV risk is dynamic and can change over time. This includes examining patterns of harm and coercive control, the interaction between multiple risk factors, and their intensity and accumulation over time.[176]

FDV can cause profound and long-lasting harm even when there is no apparent risk of physical violence, severe injury or death. The absence of observable risk factors should not be taken to mean that a victim-survivor is not experiencing harm. Further, the presence or absence of any one factor, cannot on its own, predict homicide or the severity of future harm.[177]

Evidence-based risk factors for adults

The Framework identifies 2 categories of risk factors:

a. those exhibited by the adult using violence

b. those relating to the circumstances of the adult victim-survivor

This Framework acknowledges that evidence relating to children and young people as victim-survivors and young people who use violence is a developing area of policy and practice. As a result, the Framework does not identify a distinct set of evidence-based risk factors specific to children and young people as victim-survivors and young people who use violence, recognising that further work is required to strengthen the evidence base in these areas.

(a) Risk factors exhibited by the adult using violence

Risk Factor	Summary of evidence
History of perpetration of family and domestic violence (FDV)	• The most consistently identified risk factor for re-offence of FDV against an intimate partner or other family member is recent[xii] FDV perpetration.[178] • Past history of FDV perpetration, especially with escalation, including repeated patterns of physical and sexual abuse and psychologically coercive and controlling behaviours is associated with homicide.[179]
Weapon access, use, or threats to use	• Use of a weapon (any tool that could injure, kill, or destroy property)[xiii] indicates risk of severe harm, particularly if used in the most recent violent incident, as past behaviour with weapon use is associated with likely future and ongoing use of weapons.[180] • Weapon access, particularly the availability of firearms, increases the risk that a victim-survivor will be killed by the person using violence, with an increase in risk of death when the person using violence can access guns directly.[181]
Intimate partner sexual violence (IPSV)	• IPSV is a unique form of exerting power and control due to its invasive attack on a victim-survivor's body, the severity of mental health and physical injury impacts,[182] and the correlation with risk of death of the victim-survivor by homicide or suicide.[183] • IPSV is under-reported by victim-survivors. Shame and stigma caused by commonly held assumptions that discussing sex or sexual assault within relationships is "taboo" or the view that IPSV does not or cannot happen in a relationship (e.g. sexual entitlement is normalised in some relationships) are significant barriers to seeking help for IPSV.[184]
Non-fatal strangulation	• Non-fatal strangulation is linked to repeat FDV and severe injury.[185] • The existing literature suggests that non-fatal strangulation increases risk of injury, is often repetitive,[186] and has significant physical and psychological impacts on victim-survivors.[187] • Non-fatal strangulation has been seen to precede lethal assault and intimate partner homicide (IPH) in some studies.[188] A meta-analysis on risk factors for IPH found that non-fatal strangulation increased the likelihood of a future homicide by approximately 62.3 per cent.[189] • Only approximately 50 per cent of strangulation victim-survivors have visible injuries, even in severe or fatal cases[190] which means that non-fatal strangulation can often be overlooked by service providers unless the victim-survivor is explicitly asked about this type of abuse.[191]

xii Within the last 12 months.

xiii In Australia, this is often knives or hammers rather than firearms.

Risk Factor	Summary of evidence
Threats to kill	• Recent threats to kill should be taken as a potential indicator of increased risk of severe FDV harm in the short term.[192] • An Australian study examining femicide sentencing judgments between 2007 and 2016 found a history of FDV, threats to kill and non-fatal strangulation occurred prior to acts of lethal violence. In 18 per cent of the judgements, a prior threat to kill by the person using violence was cited in sentencing.[193]
Coercive and/ or controlling behaviours[xiv]	• Coercive control may be considered an element in all FDV however it is also considered a form of abuse on its own. The evidence included in this table suggests that there are elements of coercive control that may be linked with risk of future abuse, escalation and increased severity. • There is emerging evidence that coercive control is an important risk factor for FDV and should be explored in risk assessment approaches.[194] • Coercive control may result in more cumulative harm than periodic events of physical violence, as it is persistent and results in ongoing feelings of fear for the victim-survivor.[195] • Underlying patterns of possessiveness and male entitlement drive coercive and controlling acts.[196] • Coercive control is described as the 'golden thread' running through risk identification and assessment for FDV, helping practitioners to move from incident-based responses to identifying escalation of harm.[197]
Stalking and monitoring, including technology-facilitated abuse (TFA)	• Stalking and monitoring, in the context of FDV and coercive control, signifies ongoing control of victim-survivors, and is a risk for continued FDV.[198] The body of work on TFA as a form of stalking, monitoring and exertion of control and violence in intimate relationships is emerging.[199,xv] • TFA has become part of the way that a person using violence can stalk and control victim-survivors by extending their reach of stalking and monitoring through GPS tracking, spyware, persistent messaging, and non-consensual image sharing, mirroring the coercion and control experienced face to face.[200] • The use of technology allows perpetrators to place victim-survivors under constant surveillance and control, making it more difficult for them to escape, allowing them greater access and compounding the serious risks they already face.[201]

xiv The language used here is inclusive of both coercion and control to support a range of policy and legislation introduced across Australian jurisdictions.

xv Emerging evidence on technology facilitated abuse identifies that online monitoring is ubiquitous among some groups, especially young people. There is a need to better understand forms of online monitoring and how it is different or similar to in-person stalking.*

* C Brown, L Sanci and K Hegarty, 'Technology-facilitated abuse in relationships: victimisation patterns and impact in young people', Computers in Human Behavior, 2021, 124:106897, doi:10.1016/j.chb.2021.106897.

C Brown, M Yap, A Thomassin, M Murray and E Yu, *'Can I just share my story?' Experiences of technology-facilitated abuse among Aboriginal and Torres Strait Islander women* from regional and remote areas, Office of the eSafety Commissioner, 2021.

Risk Factor	Summary of evidence
Isolation and social marginalisation of the victim-survivor	• A person using violence may isolate a victim-survivor either socially, or physically (geographically) through controlling and limiting communication, finances, and movement; or reinforcing structural barriers such as remoteness, stigma, or distrust of authorities. • Physical and geographic isolation is connected to and can amplify social isolation, both of which can contribute to the likelihood of FDV perpetration.[202] • Evidence across multiple studies and populations indicates that social and geographic isolation, particularly for victim-survivors living in rural and regional areas, alongside limited-service access, increases the risk of severe and prolonged FDV.[203] • Isolation and barriers to help-seeking are amplified for victim-survivors who are from a migrant or refugee background or are First Nations peoples. For Aboriginal and Torres Strait Islander people, isolation goes beyond physical isolation and can include Cultural isolation, isolation from kinship and Cultural connections, and removing a victim-survivor from their Country.[204]
Escalation of violence and control (frequency and/ or severity)	• Escalation in frequency and severity of violence can reflect a growing reliance on FDV as a means of control by the person using violence. • Patterns of increased frequency and severity of FDV are associated with fatal incidents, particularly following separation or threats to separate.[205] • Escalation appears to be more common when the violence is ongoing and serious.[206] • When the person using violence introduces new or more extreme tactics of control – such as strangulation or weapon use – this should be seen as acute risk requiring an immediate response.[207]
Jealousy and obsessive behaviours	• A person using violence who expresses feelings of jealousy and possessiveness often believes that they are entitled to 'ownership' over their partner, with jealousy explicitly linked to coercive control, stalking, and escalation of violence.[208] • Jealousy is a risk factor linked to monitoring and isolation tactics and a precursor to physical violence.[209] • It is important to understand differing language around jealousy. For example, in some Central Australian contexts, 'jealousing' has become a verb and is a way for men to use power and control, and to justify violence. It is the term used to describe controlling behaviours that are often performed publicly to sanction real or imagined sexually inappropriate behaviour.[210]

Risk Factor	Summary of evidence
Abuse and cruelty towards animals	• Emerging evidence suggests that people who use violence against family animals are also likely to be perpetrators of frequent and severe forms of intimate partner violence.[211] • A person using violence may exploit pets as a tactic of control over victim-survivors. Many victim-survivors state that fear for the safety of their pet or having to leave pets behind is a reason for not leaving, and abuse of pets and other animals is a way that the person using violence demonstrates threats and a willingness to inflict suffering.[212]
Manipulative suicide and self-harm threats and attempts	• Manipulative threats of suicide are a demonstration of controlling behaviours by the person using violence[213] and can be linked to escalation of FDV.[214] • Manipulative suicide threats or attempts are linked to IPH or familicide, especially during separation or crisis, and often co-occur with homicide-suicide events.[215] • The Australian Domestic and Family Violence Death Review Network (ADFVDRN) research has found that 18 per cent of men who killed an intimate partner in Australia between 2010 – 2018 died by suicide following the homicide;[216] and 22 per cent of FDV-related filicide offenders died by suicide during or after committing the filicide.[217]
The use of fire and arson	• Threat of, and the use of fire, can intimidate and control the victim-survivor. Acts such as burning the victim-survivor's home and possessions (thereby taking away the victim-survivor's place of safety, leaving them exposed to further harm), as well as the physical impacts of being burnt influence risk for the victim-survivor.[218] • Fire-setting or threats to destroy property can emerge when the person using violence feels a loss of control. This can occur with events such as separation or legal disputes.[219] • Fire-setting or threats to destroy property remain under-recognised in routine risk assessments and pose significant challenges for detection and intervention by the justice system.[220] Risk assessments should consider this emerging risk factor.
History of violence outside of FDV	• Prior or current non-FDV offending has been repeatedly linked with future FDV perpetration and escalation ,[221] including severe harm and IPH and familicide.[222] • Causes of non-IPV and IPV violence are shared, such as willingness to use violence to exert control over or coerce others; traditional gender roles; and characteristics such as self-control and impulsivity.[223]

Risk Factor	Summary of evidence
Recent release from incarceration	• FDV risk has been associated with the recent release from custody of the person using violence.[224] • Contextual factors to consider following the immediate period after a person using violence is released from custody include housing insecurity, unemployment, disrupted relationships, and lack of access to support services. These can heighten the use of coercive and controlling behaviours.[225] • Evidence highlights that offenders released from custody are disproportionately represented in IPH cases, with stress related to contextual factors and alcohol and other drug use amplifying risk.[226]
Breach of court orders	• Across diverse samples, a breach of court orders is associated with FDV recidivism, particularly among young offenders, for whom such breaches are one of the strongest indicators of future FDV offending.[227] • Issues with enforcement of and responses to protection order breaches can leave victim-survivors at further risk[228] and protection orders may be less effective where there are shared parental responsibilities where the person using violence breaches an order to access their children.[229] • Evidence suggests that the relevance of breaches as a risk factor is strongly dependent on the presence of coercive control, post-separation contact, or unresolved legal disputes.[230]
The perpetrator's use of family court proceedings to continue harm	• FDV often escalates when parents separate. The person using violence may use their joint parenting role or judicial options to exploit legal processes through vexatious applications, procedural delays, and custody disputes in order to extend coercive control post-separation.[231] • FDV risk can spike around hearings, parenting negotiations, and custody disputes, especially where there are few or no safeguards in place,[232] with family court proceedings a consistent risk factor for FDV escalation. • The impacts for victim-survivors can include depleting their financial resources; adversely affecting their capacity to maintain employment or to care for children; and impacting the victim-survivors' health, mental health, and emotional wellbeing [233] leaving them more susceptible to further FDV risk.[234] • Stress arising from family court proceedings and relationship transitions (particularly separation) can elevate risk, especially when combined with financial strain or other contextual factors.[235]

Risk Factor	Summary of evidence
Belief in rigid gender norms shaped by patriarchal beliefs and associated behaviours	• Adherence to rigid, traditional gender norms based on patriarchal beliefs is a risk factor for FDV. These norms legitimise male dominance and female subordination, framing coercive control and violence as acceptable means of enforcing 'proper' gender roles.[236] • Hypermasculine and patriarchal attitudes are associated with use of physical and sexual violence, and controlling behaviours, while benevolent or 'protective' sexism also sustains power imbalances.[237] • In many settings, patriarchal community expectations and economic dependence reinforce entrapment and can act as a barrier to help-seeking for victim-survivors.[238] • Evidence indicates FDV risk exists in contexts where machismo or pro-IPV attitudes prevail, including among young men and in communities emphasising rigid masculine identity.[239]

Compounding and co-occurring risk factors	Summary of evidence
Alcohol and other drug (AOD) use/ misuse	• The use of alcohol and other drugs (AOD) must not be seen as a cause of FDV. It is always the choice of the person using violence to harm. However, AOD use is associated with IPH, child abuse, and serious injury[240] and is a significant risk factor to be considered in any approach to risk assessment. • AOD use is associated with increases in the frequency, severity, and intensity of violence and abuse[241] with victim-survivors more likely to be severely injured when the person using violence uses AOD.[242] • Of the men who killed their current or former female partners in Australia between 2010 and 2018, around 60 per cent were affected by AOD during or in the lead up to the fatal episode.[xvi,243] • AOD dependence, withdrawal, and/or polysubstance use can further compound risk, particularly when these occur alongside relationship breakdown or mental health issues.[244]
Gambling-related harms	• Problem gambling exacerbates FDV through financial strain, and escalating control over household finances by the person using violence. It is associated with economic abuse.[245] • FDV risk can intensify when there are financial difficulties in the household or a discovery of gambling behaviours is made, particularly where gambling occurs alongside AOD use by the person using violence.[246]
Mental health	• The relationship between the mental health of a person using violence and FDV risk is complex.[247] • Mental health issues experienced by a person using FDV should be seen as compounding rather than causal factors for FDV and the ways that risk presents are nuanced. • Across studies, mental health issues are identified in around one-third to one-half of persons using violence, with depression common and often co-occurring with controlling behaviours.[248]

xvi As with other coronial research findings, the research is not comparable with non-fatal cases.

(b) Risk factors relevant to an adult victim-survivor's circumstances

Risk Factor	Summary of evidence
Pregnancy and new birth	• Pregnancy and the postnatal period are a time of heightened FDV risk for the victim-survivor and their baby. A growing body of evidence identifies abuse initiated or intensified during pregnancy as an indicator of ongoing coercive control, assault, and psychological abuse, with risks peaking between conception and early infancy.[249] • This violence can be 'double-intentioned', where perpetrators may aim physical violence at their partner's abdomen, genitals or breasts, so that abuse is against both mother and child.[250]
Actual or pending separation	• Separation is a risk factor for FDV when the person using violence has been highly controlling during the relationship and continues or escalates their perpetration following separation in an attempt to reassert control or punish the victim-survivor.[251] • Victim-survivors are at risk of being killed or seriously harmed during and/or immediately after separation. The Australian Domestic and Family Violence Death Review Network Data Report found that actual or intended separation featured in more than half (58 per cent) of male-perpetrated IPH cases against a female partner between 2010 and 2018.[252] Parental separation was a characteristic in 31 per cent of FDV-related filicide cases during the same period.[253] • Children are also at risk of escalated harm during separation and post-separation. Familicide and homicide-suicide incidents are associated with separation.[254]
Children from a previous relationship	• A number of studies have linked the presence of stepchildren with IPH and filicide.[255] • In one large-scale review, 46 per cent of IPH victims had children from previous relationships, compared with only about one-fifth of the general partnered population.[256]
Self-perception of risk	• A victim-survivor's own sense of fear of serious harm is one of the strongest short-term indicators of severe FDV outcomes.[257] • It is widely acknowledged that victim-survivors are best placed to provide information when conducting risk assessments, as they understand their risk, protective factors, planned interventions and safety arrangements.[258] • However, victim-survivors can sometimes underestimate the level of risk they may be experiencing due to the impacts of FDV, caused by the behaviours of the person using violence[259] as well as by situational and other broader contextual factors that can weaken the alignment between perceived and actual risk.[260]

Evidence area 3: FDV risk identification

Risk identification is the initial process of recognising indicators that FDV may be occurring. It involves identifying risks arising from a person's use of violence, including patterns of coercion and control that may increase the likelihood, severity or persistence of violence. This may involve noticing, screening or eliciting information that suggests violence may be occurring.

Risk identification can occur across all parts of the service system, including non-specialist services, and may arise through disclosure, observation, screening or FDV information sharing.

Risk identification is the first step in responding to FDV and informs further risk assessment, determining the nature, seriousness and trajectory of risk.

Evidence area 4: FDV risk assessment

Risk assessment involves more than asking a standard set of questions. It is a structured process that helps workers and victim-survivors to understand both current and potential risk, identify strategies to manage that risk, and improve safety.[261] Risk assessment should inform safety planning by considering the behaviours of the person using violence, as well as contextual and situational factors that they may manipulate to heighten risk or create barriers to safety and protection.[262] Given the complex ways in which risk factors interact, workers should consider the nature and seriousness of risk within the broader circumstances of each individual.[263]

Risk assessment is not a one-off activity. It is an ongoing process that requires regular review and reassessment as circumstances change. This process should be undertaken in partnership with victim-survivors. Where appropriate and safe, risk assessment should also be undertaken – separately – with the person using violence. Risk assessments undertaken with a victim-survivor should never be conducted together with the person using violence, or in their presence. Changes in behaviour, circumstances or life events can alter over time, making continuous assessment critical. Effective risk assessment relies on workers having the appropriate knowledge, skills and training to identify, analyse and respond to FDV risk.

An SPJ approach to risk assessment and management is widely recognised as best practice for assessing FDV risk.[264] It supports workers to identify and understand the current level of risk, history and patterns of violence and the likelihood of escalation, in order to inform risk management and safety planning.

SPJ combines professional expertise, evidence-informed risk assessment tools, critical reflection, and victim-survivors' lived experience. It recognises that risk cannot be understood through checklists or single incidents alone. Workers should consider the broader context, including patterns of coercion and control, the behaviours and actions of the person using violence, intersecting systemic and structural factors, and the ways risk may change over time.

Effective SPJ relies on workers gathering information from multiple sources through a structured and collaborative process. This includes consideration of:

- the victim-survivor's self-assessment and their lived experience of fear, risk and safety
- evidence-based risk factors
- information sharing and collaboration across services and systems
- professional judgement, using an intersectional lens.

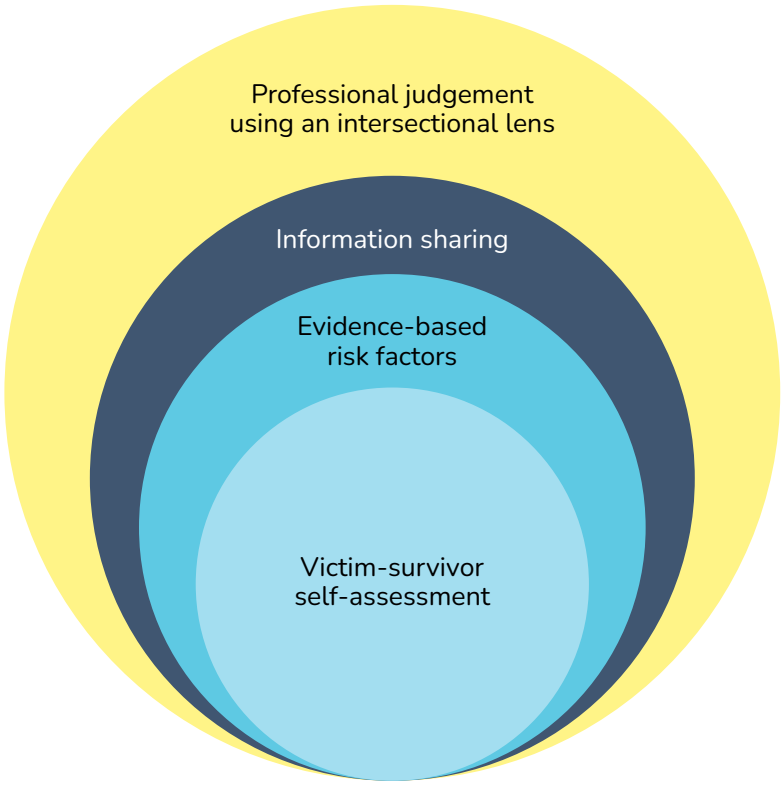


Figure 2: Model of structured professional judgement (adapted from MARAM Foundation Knowledge Guide)[265]

SPJ requires an intersectional lens that recognises how overlapping factors shape both experiences of risk and the tactics used by people using violence. These factors may include gender, culture, disability, age, sexuality, migration status, socio-economic disadvantage and geographic location. Understanding how these factors intersect helps workers identify how inequalities can increase barriers to safety, reduce access to support and heighten vulnerability to coercive control and systems abuse.[266]

An intersectional approach also strengthens workers' abilities to recognise how risk may present differently across diverse communities, including for children and young people. It supports more informed and culturally responsive risk assessment, risk management and decision-making, while helping workers to critically reflect on their own assumptions, values and potential biases, and to understand how these may influence risk identification, assessment and management. Without this awareness, risk may be minimised, misunderstood or overlooked.

SPJ may be supported by practical tools such as risk factor checklists, structured prompts, or decision-making templates. These tools can assist workers to systematically consider known indicators of coercive control, escalation, and patterns of harm. Tools, however, are designed to inform, not replace SPJ.[xvii]

xvii Note, in many jurisdictions, a broad range of workforces are involved in risk assessment and management, including workers whose primary role is not specialist FDV response. These workforces may not have the depth of FDV-specific knowledge, training or experience to consistently apply SPJ and may be more reliant on tools, checklists and resources to support risk assessment practice.

IN PRACTICE 4: QLD DFV Common Risk and Safety Framework (CRASF)

The CRASF includes a suite of tools designed to support people to identify victim-survivors of FDV and to assess and manage risk.

The Level 1 tool is a screening tool designed for use by professionals, first responders, and community members who encounter people who may be experiencing FDV.

The Level 2 tool is a more detailed risk assessment tool for specialist FDV workers, selected government workers and other professionals with direct responsibilities in FDV responses.

The Level 3 tool is a dynamic risk assessment and safety management tool designed specifically for coordinated, high-risk multi-agency response teams.

Queensland has expanded the suite of tools to include risk assessment and safety planning tools for people using violence, and young people at risk of experiencing or using violence.

A victim-survivor's self-assessment of risk, fear and safety is central to risk assessments and should guide SPJ, especially when other information is limited.

> **"We talk about person-centred. What does that mean? It means being open to what is happening in front of you and not judging or having preconceived views or bringing your own biases."** – Sector stakeholder

Best-practice approaches recognise that the experience and expression of fear may vary across individuals and contexts. Workers should respectfully and sensitively gather information in trauma-informed, culturally responsive and age-appropriate ways, noting that children and young people may communicate fear or distress through behaviour rather than words. Workers should also remain aware that victim-survivors may understate or be reluctant to disclose violence for many reasons. These may include fear of the consequences (including of the person using violence carrying out threats, or the involvement of statutory or justice interventions), concerns they will not be believed, or thinking they are to blame for the abuse.[267] Throughout the assessment process, workers should consider these dynamics so they can respond appropriately.

Risk assessment and management should be collaborative, centring victim-survivors' voices at all stages, including in safety planning.[268]

IN PRACTICE 5: Recognising and Responding to Family Violence in General Practice

Snapshot

Sam's story shows how health professionals can intervene early in FDSV situations by recognising signs of FDSV, responding appropriately, assessing risk and referring patients to further support where required.

Workforce experience

General practitioner (GP) at a clinic in Melbourne.

Sam is a GP based in Melbourne. Carly, a new patient, came in for her appointment for a repeat contraceptive pill prescription. Carly seemed agitated and edgy, constantly looking at her watch. Sam sensed a problem and asked if she was feeling okay. Carly said:

'My boyfriend dropped me off and said he'd be back in 15 minutes, and I'm worried that he'd be waiting.'

Sam asked her some questions about the source of her stress. Carly said:

'I'm worried because when I am late, he gets angry and when he gets angry with me, he yells.'

Carly explained that they moved interstate around 3 months ago. She moved away from family and friends and gave up her position as a childcare worker because her partner had to relocate for work. Her partner said she shouldn't work because it would be difficult, due to the relocation. Carly had no other medical problems. She did not take any other medications besides her combined oral contraceptive pill. Carly said that her partner limited the amount of money he gave her for shopping and transport. He got angry when she contacted her mum and her best friend. She said:

'He doesn't really want me to be on the pill as he thinks I should get pregnant and stay home but I am not ready to have a child yet.'

Sam recognised that Carly was experiencing family violence including coercive control, reproductive control, financial control and isolation. To support Carly, Sam used a risk assessment framework to communicate with her. Using the risk assessment framework, Sam suggested to Carly that she could be experiencing family violence, which can be very distressing (RECOGNISE). Sam told her that she has a right to safety and that it isn't her fault. Sam then asked a series of questions to assess her safety (RESPOND).

Carly said she felt safe to go home that day and did not feel that her partner would physically harm or kill her. She was eager to leave the clinic but wanted to come back to talk about contraception that may be more long-acting and easier to conceal. Sam discussed a safety plan and offered contact details for 1800RESPECT (REFER). They discussed ways for Carly to safely come back for another appointment. If Sam had felt Carly needed further support, they would have found further information to assist Carly.

Adapted from: HealthPathways Melbourne case study – Assistance with family violence in general practice settings[269]

Evidence area 5: FDV risk assessment for adults using violence

Effective risk assessment requires a structured and evidence-informed examination of the behaviours, patterns and tactics deployed by people using violence to exert control and cause harm.

The evidence-based risk factors for adults emphasise the importance of identifying perpetrator-related behaviours that indicate risk. Particular attention is required during periods of change or instability, such as relationship separation, system intervention, pregnancy, postnatal period, prison release or child contact disputes. Evidence shows that these changes in circumstances are associated with heightened risk of serious injury and homicide.[270] Workers need to assess not only the presence of individual risk indicators, but how multiple factors and contextual considerations interact and reinforce one another over time.[271]

Evidence also indicates that while standardised screening instruments for people using violence are emerging, they have limitations in application. Disclosure dynamics differ from those of victim-survivors, with people using violence more likely to minimise, deny or externalise responsibility for their behaviour. As a result, a more nuanced approach is required, combining structured questions with skilled conversational engagement, critical reflection and professional judgment.[272]

Evidence area 6: FDV risk assessment for children and young people

This Framework acknowledges that evidence relating to young people who use violence is a developing area of policy and practice. Evidence available is not comprehensive but provides guidance to support jurisdictions.

Effective risk assessment for children and young people requires trauma-informed, age- and developmentally-appropriate responses that recognise both the direct and indirect impacts of FDV.[273] Assessing risk for children and young people needs to consider cumulative harm, the dynamics of the person using violence's behaviour and the ways FDV is used to control families and caregiving environments. Risk can be heightened when adults using violence target parenting capacity, use children to monitor or intimidate caregivers, threaten child removal or escalate violence during separation and child contact processes.

Services should account for the stages of child development and the impact of trauma. Responses should avoid treating children and young people as a homogenous group and should tailor support for children and young people.

Risk assessments for young people using violence should avoid framing children and young people as solely responsible for their behaviour while still addressing safety concerns, promoting accountability appropriate to developmental capacity and include therapeutic support. In some cases, the young person using violence may be experiencing risk themselves and any assessment or management of risk should be cognisant of this.

> **"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."** – Young person

Workers must also be guided by the mandatory reporting requirements within their jurisdictions where violence, abuse or neglect of a child or young person is suspected or identified. Responses should support information sharing and timely action to enhance safety.

Practice considerations informed by stakeholder consultation

When assessing and managing FDV risk for children and young people, workers should be supported to understand the diverse ways children and young people communicate their experiences of FDV, including through body language and verbal communication. Workers may overlook or minimise risk because children and young people may not vocalise or clearly indicate that violence is occurring. This could be due to a child or young person mistakenly believing that FDV is acceptable, being non-verbal or too young to speak, or the person using violence (e.g. parents or carers) being present with the child or young person during appointments.

Workers need to be supported to take action that supports the child or young person and does not put them in further harm. Workers should build trust and reassure children and young people that engaging in a risk assessment will not cause further harm. Children and young people need clear explanations of risk assessment and management processes and should feel empowered, not sidelined.

Service responses should recognise the emotional complexity of family relationships, such as between the child or young person and their parents, caregivers or siblings. For example, a child may want to maintain a relationship with the person using violence, may not wish for the person using violence to face justice responses, or may fear that child protection involvement may hurt a victimised parent.

Evidence area 7: Co-occurring risk factors and coordinated responses

Alcohol and other drug use (AOD), mental health issues, and gambling-related harms are risk factors that can increase the complexity, severity and persistence of FDV. While FDV is caused by the decision of a person to use coercion, control and abuse, these factors can interact with patterns of violence in ways that influence how risk presents, is experienced and managed.[274]

These issues can affect the person using violence, victim-survivors (including children and young people) or both. People using violence may exploit these factors as part of coercive control, by using them to excuse or justify their behaviour, undermine a victim-survivor's credibility, prevent help-seeking or avoid accountability.[275]

As these issues often sit across multiple service systems, effective responses require coordinated, multi-agency collaboration. While these are common co-occurring issues, they are not the only circumstances that require coordinated responses. Risk assessment and management should bring together specialist FDV services with other relevant services. This includes health, mental health, gambling, child and family services, police, housing and others. This ensures risks are identified, information is shared where appropriate and authorised, and responses are coordinated to support victim-survivor safety, hold people using violence accountable and address intersecting support needs.

IN PRACTICE 9: QLD High-Risk Teams

High-Risk Teams (HRTs) are one component of Queensland's integrated service response approach. The 11 HRTs are coordinated, multi-agency teams that collaborate and provide integrated, holistic, culturally appropriate safety responses for victim-survivors who are at high risk of serious harm or lethality. The HRTs operate under the information sharing provisions in the Queensland *Domestic and Family Violence Protection Act 2012*.

7.1 Alcohol and other drugs

AOD use frequently intersects with FDV and requires coordinated responses across specialist FDV, AOD, health and other relevant services. Although AOD does not cause FDV, it may be used by a person using violence to reinforce or escalate risk and severity of abusive behaviours.[276] Around 60% of men who murdered a current or former female partner in Australia between 2010 and 2018 were substance-affected during or in the lead up to the fatal episode.[277]

People using violence may deliberately use AOD as a tactic of violence and control, including pressuring or manipulating victim-survivors to use substances, exploiting dependence, or using intoxication to excuse or minimise abusive behaviour.[278]

AOD use can also be relevant to the experiences of victim-survivors. Some victim-survivors may use AOD as a coping strategy in response to the trauma and ongoing impacts of FDV. Others may have their substance use deliberately exploited by a person using violence to exert coercive control, undermine credibility, prevent help-seeking or maintain dependency. AOD use should therefore be understood within the context of a person's experiences of violence and trauma, rather than assumed to be the cause of risk or abuse.

Parental or carer AOD use may also intersect with children's experiences of FDV. Evidence indicates that parental or carer AOD use commonly co-occurs with coercive control, contributing to cumulative harm for children and young people and is often present in more serious FDV risk.[279] Risk assessment should therefore consider parental or carer AOD use within the broader context of patterns of violence, parenting capacity, child safety and wellbeing.

For First Nations peoples, alcohol should not be viewed as a cause of FDV. Instead, the correlation between alcohol and violence and related harms must be understood in the historical context of colonisation, disruption of cultural practices and dispossession.[280]

Risk assessments should consider the complex ways AOD use interacts with patterns of coercive control. Coordinated responses that address both the health and wellbeing of victim-survivors and the behaviours of the person using violence are essential to support ongoing safety and ensure accountability.

7.2 Mental health issues

Mental health issues frequently co-occur with FDV and require coordinated responses across specialist, mental health and health services. Mental health should be seen as compounding risk, rather than causing FDV. Around one-third to one-half of people using violence have mental health issues, often co-occurring with controlling behaviours.[281] FDV itself can also significantly harm the mental health of victim-survivors,[282] with research identifying an association between FDV exposure and suicidal ideation/suicide.[283]

People using violence may use a victim-survivor's mental health issues to control and prevent help-seeking. For example, a person using violence may dismiss a victim-survivor's reports of violence as being related to a mental health episode.[284] People using violence may manipulate or misrepresent a victim-survivor's mental health to justify or conceal their behaviour, shifting responsibility away from themselves and discouraging help-seeking.[285]

People with depression are over-represented among perpetrators of intimate partner homicide. Coordinated responses between specialist FDV, mental health and health services support more effective risk assessment, safety planning and intervention by ensuring that both FDV-related risks and mental health needs are addressed without diminishing perpetrator accountability.

7.3 Gambling-related harms

There is a strong and well-established association between gambling-related harm and FDV which requires coordinated responses across specialist FDV, gambling support, financial counselling and other relevant services. People experiencing gambling problems are more than twice as likely to use or experience family violence.[286] As a result, FDV is a commonly co-occurring issue for people seeking treatment for gambling harm.

Gambling-related harm is associated with increases in a person using violence's monitoring, manipulation and control over household finances, including restricting access to money, accruing debt in another person's name, coercing victim-survivors to provide financial support, or using intimidation and abuse when gambling behaviours are questioned or discovered.

Risk assessments should maintain a strong focus on a person's pattern of coercive and controlling behaviours, including how they may use gambling to facilitate abuse, increase dependency and avoid accountability. Additionally, risk can escalate following financial stress, loss or exposure of gambling activities.[287]

Coordinated responses between specialist FDV, gambling support, financial counselling and broader social and health services can improve identification of co-occurring risks, strengthen safety planning, and ensure responses address both gambling-related harm and FDV risk.

Evidence area 8: Structural and systemic considerations

FDV occurs within broader social, economic, cultural and structural contexts that can shape people's experiences of risk, safety and access to support. These factors may influence the circumstances in which violence occurs and the impacts it has on victim-survivors.

The Framework recognises these broader influences because they are relevant to understanding and responding to risk. However, they do not cause violence. Responsibility for violence rests with the person choosing to use violence, and risk assessments should maintain a focus on the behaviours, patterns and actions of the person using violence while considering the wider context in which those behaviours occur. Identifying protective factors, strengths and sources of resilience is an important part of understanding risk and supporting safety.

Understanding the broader context in which FDV occurs also requires attention to the role of systems, institutions and service responses. Structural and systemic factors can influence a person's access to safety, support and justice, and may shape how risk is experienced, recognised and responded to.

The following structural and systemic considerations should be considered as part of SPJ. These considerations can influence how FDV risk is experienced, recognised, disclosed and responded to, and may shape the effectiveness of safety planning and risk management:

- Systemic racism
- Equity gaps in system responses
- Fragmented service responses
- Lack of perpetrator accountability
- Misidentification.

Structural barriers and systemic failures[xviii] can reduce perpetrator accountability, hinder victim-survivor help-seeking and impact the effectiveness of risk management and safety planning. These considerations form an important part of the broader context in which risk occurs and should be considered as part of a holistic SPJ approach. Doing so supports a more comprehensive understanding of risk and more informed safety-focused responses.[288]

Evidence area 9: Protective factors

Protective factors are personal, relational, and environmental characteristics that can mitigate the effects of violence and support the safety, recovery and wellbeing of victim-survivors.[289] As part of risk assessment and management, workers should explore factors that may enhance safety and resilience, such as secure and appropriate housing, access to health services, supportive social and community networks, access to financial resources, and positive relationships between adult and child victim-survivors.[290]

For Aboriginal and Torres Strait Islander families, protective factors may include connection to Country, culture, community and networks. Risk assessment and management should recognise the protective role of cultural identity and community relationships, as well as practices that may not be recognised in mainstream approaches. These can include kinship care arrangements, co-sleeping practices, and acts of resistance used by victim-survivors to protect themselves and their children. Cultural connection and community belonging can also play an important protective role for children from culturally and linguistically diverse communities.

xviii See Appendix 2: Contextual, structural and systems considerations

Adult, child and young people victim-survivors may identify different protective factors. Adults may focus on factors that support stability, recovery and resilience such as safe relationships, communication, consistent care and the modelling of respectful behaviours. Children and young people may experience and understand safety differently, shaped by their developmental stage, relationships, identity and lived experience of violence. Understanding these perspectives is important to supporting children and young people in ways that strengthen their safety, wellbeing and resilience.

Responsibility for FDV sits with the person using violence. Their behaviours may undermine a parent or carer's ability[xix] to establish or maintain protective factors for themselves or their children. The effectiveness of protective factors must be understood in the context of the person using violence's pattern of behaviour, including their efforts to control, disrupt or undermine safety and support.

Protective factors should also be considered within the broader social and structural contexts in which people live. Some protective factors may be shaped by access to resources, stability, housing, financial security or social support. The absence of protective factors does not reflect a failure or deficit on the part of the victim-survivor, but instead may reflect the impacts of violence, systemic barriers or broader disadvantage. Protective factors can strengthen safety, wellbeing and resilience. However, the presence of protective factors does not necessarily equate to safety. People using violence may deliberately target or erode these factors through coercive or controlling behaviours, meaning their protective value should always be considered alongside the person's pattern of violence.

Evidence area 10: FDV information sharing and collaboration

Effective FDV risk assessment and management cannot occur in isolation. No single worker, service or system will hold the full picture of FDV risk, particularly where people experiencing or using violence may engage with multiple services at different points in time. Effective risk assessment is enhanced through multi-agency collaboration and information sharing. However, the ability of agencies to share information varies across jurisdictions and is subject to legislative authority. Agencies must only collect, use and disclose information where authorised by relevant legislation.[xx, 291]

Bringing together information, expertise and perspectives across systems can support earlier identification of patterns of coercion and control, reduce gaps in responses, strengthen accountability for the person using violence and improve coordinated safety planning for victim-survivors. Timely FDV information sharing is particularly important given how rapidly risk can escalate or change.

A system-wide approach to FDV information sharing also recognises that systems themselves can influence safety and risk. Fragmented service responses, inconsistent FDV information sharing, repeated retelling of trauma, or failures to identify cumulative patterns of behaviour can increase risk and place additional burden on victim-survivors. Effective collaboration across the service system supports more holistic, culturally safe and integrated response to risk and accountability.

xix See Pillar 1, evidence area 7.4 for children and young people specific protective factors

xx See Pillar 2, evidence area 4 for more information

IN PRACTICE 6: Case study on best-practice FDV information sharing[292]

The below journey uses a case study to illustrate how FDV risk information sharing could be experienced where information sharing does not align with this guidance against how it could work within a state that has implemented a scheme that aligns with this guidance.

Does not align with FDV guidance

Pre Risk Identification	Early Risk Identification	Assessment	Intervention	Monitoring and Management
				
Ben is serving a 3-year sentence for aggravated burglary.	Raj, a prison officer, overheard Ben repeatedly mention when he gets out, he'll 'hunt down' his ex-wife, Linda, and 'make her pay' for leaving him and starting a new relationship while he has been in prison.	Linda is currently receiving support from a family violence counselling service. Raj wants to share what Ben has been saying to keep Linda safe. He **isn't sure what his obligations are** and **doesn't want to breach privacy legislation**. As Ben is currently in prison, Raj does not consider that the threat to Linda is imminent.	Raj **does not pass on the information** about the threats that Ben has made towards Linda.	**Linda is left in danger** when Ben is released from prison.

If Raj lived in a state where the information sharing scheme aligns with this guidance, the legislative and/or regulatory framework would prescribe the services and organisations that can share and receive information relevant to assessing and managing family violence risk. This could change the journey to create an improved information sharing experience and safety for the victim-survivor.

Aligns with FDV guidance

Assessment	Intervention	Monitoring and Management
		
Raj has **completed information sharing training** and knows who to speak to when he hears the threat made by Ben. He knows that **information can be shared to establish, assess and manage the risk of family violence** to Linda.	Raj calls Carly who is the **responsible Corrections officer** for sharing information. Carly **looks up Ben's file** to find he has a previous family violence intervention order taken out against him by his ex-wife, Linda. Carly **shares information** about Ben with the service supporting Linda and with a men's behaviour change program.	Linda's service provider will **manage the risk** posed by Ben to Linda. The men's behaviour change program **engages with Ben post-release** to provide him with ongoing support.

Best-practice FDV information sharing is guided by the principles of Indigenous data sovereignty.[xxi] These principles support self-determination, cultural safety and accountability in the collection, use, governance and sharing of information about Aboriginal and Torres Strait Islander peoples.[293] This can be applied in practice by partnering with Aboriginal and Torres Strait Islander representatives to agree how information is shared across the data lifecycle, and by providing transparent, accessible processes that enable communities to understand what information is held about them and how it can be accessed and used.[294]

> **"When we talk to our women... they often feel that they are just being mined for their information rather than actually being supported."**
>
> – First Nations advocacy stakeholder

The Australian Government's commitment to the *National Plan, Closing the Gap, and Our Ways – Strong Ways – Our Voices* reinforces the importance of Indigenous Data Sovereignty and shared decision-making in the collection, access, use and governance of data. Consistent with this commitment, FDV information sharing practices should support Aboriginal and Torres Strait Islander peoples' right to self-determination, cultural authority and control over data relating to their communities. This includes partnering with Aboriginal and Torres Strait Islander communities and organisations to ensure data and information practices are culturally safe, transparent and accountable and support community-led priorities, decision-making and responses to FDV.

Indigenous data sovereignty: Aboriginal and Torres Strait Islander peoples have the inherent right to self-determination, including ownership, control and governance of data relating to communities, land and cultures.[295]

In the context of FDV, this means data collection, analysis and storage, should be governed by Aboriginal and Torres Strait Islander peoples and organisations, consistent with the principles outlined in the Maiam nayri Wingara Indigenous Data Sovereignty Principles.[296]

IN PRACTICE 7: Indigenous data sovereignty and FDV information sharing

In Victoria, the *Family Violence Protection Act 2008* (Vic) contains a specific principle relating to the FDV information of a person who identifies as Aboriginal or Torres Strait Islander. This principle outlines that Information Sharing Entities should collect, use and disclose FDV information in a way that promotes the right to self-determination, is culturally sensitive, and considers the person's familial and community connections.

xxi See Pillar 4, Evidence area 2 for more information

National best-practice guidance to support FDV information sharing was developed in 2025 under the Data and Digital Ministers Meeting's Fourth National Data Sharing Work Program. This guidance provides information on best-practice approaches for:

- **who** should be authorised to share and receive information
- **what** type of information should be shared
- **when** information should be shared and consent requirements
- and **how** information should be shared and record-keeping practices.

The guidance also identifies key enablers for best-practice FDV information sharing. Governments should refer to this guidance when developing or improving FDV information sharing practices.

IN PRACTICE 8: FDV information sharing enabled by a Central Information Point

A Central Information Point (CIP) consolidates information about a person using violence, to enable timely information to support effective risk assessment and management.

A CIP is used in Victoria and being implemented in Western Australia.

Victoria

Representatives from core departments and services (Court Services, Police, Corrections, and the Department of Families, Fairness and Housing) work together to share critical information through a portal about a person using family violence from their respective databases, which is then collated into a CIP report.

CIP reports are used to assess and manage the risk of a person who uses family violence, help services keep the person in view and hold them accountable, and keep people safe.

Western Australia

The CIP will be a centralised data asset that collates and integrates existing person-level data in near real-time across government services on both victim-survivors and people using violence.

Evidence area 11: Risk management and collaborative safety planning

11.1 Risk management

Risk management is a dynamic, active and collaborative process which promotes the ongoing safety and wellbeing of victim-survivors, while also identifying, assessing and responding to the risk posed by the person using violence.

It requires an integrated, holistic strategy and coordinated, multi-agency service response.[297] This includes active information sharing of risk-relevant information, coordinated engagement across sectors, and consistent monitoring of risk and compliance. System-level collaboration reinforces that safety is not the responsibility of individual workers or victim-survivors, but of the collective system.

Risk management should consider the context of an individual's circumstances, including both risk and protective factors. These factors are often interconnected and can shift over time. As risk can change quickly and unpredictably, it must be continuously assessed, monitored and reviewed.[298] This includes identifying and responding to patterns of coercive control, monitoring changes in behaviour and taking steps to reduce and manage risk.

Core components of risk management include:

- **Ongoing monitoring and reassessment of risk,** including changes in the behaviour and circumstances of the person using violence, so that risk management and safety strategies can be adjusted over time as necessary.
- **Ensuring support services** are available to enhance victim-survivor safety, alongside interventions and responses that address the behaviour of the person using violence.
- **Supervision** and monitoring of the person using violence and their behaviours through coordinated risk management processes, appropriate behaviour change programs and use of legal interventions.
- **Safety planning** that is responsive to changing risk, and which considers how the actions of the person using violence impacts adult and child victim-survivors.
- **Clear governance structures, roles and responsibilities** across all relevant services to support a coordinated, multi-agency, whole-of-family response.

11.2 Risk management for children and young people

This Framework acknowledges that evidence relating to children and young people experiencing violence and young people who use violence is a developing area of policy and practice. Evidence provided is not comprehensive, but provides guidance to support jurisdictions. Further work is being prioritised to strengthen this evidence base.

Risk management must explicitly consider children and young people as victim-survivors in their own right, with distinct experiences, risk and needs. Responses should include actively managing the risk posed to children and young people by the person using violence, including where children are directly targeted, used as part of coercive control, or exposed to patterns of harm.

Where risk to children and young people meet statutory thresholds, workers and services have a responsibility to engage with child protection systems in line with relevant legislative and policy requirements.

Effective responses require coordination between FDV, child protection and other service systems to ensure that risk is appropriately assessed, shared and managed. Best-practice responses are age- and developmentally-appropriate in order to effectively support the safety and wellbeing of children and young people whilst holding the person using violence to account. Failure to appropriately identify and respond to risk for children and young people can allow the person using violence to continue using or escalate their harmful behaviours.

Where child sexual abuse or harmful sexual behaviours are identified, workers should be equipped to provide appropriate referrals to specialist services, child protection and other relevant systems. This recognises that not all workers and services will have the specialist capability, capacity or legislative remit to provide these responses directly. Best-practice responses are developmentally-appropriate, trauma-informed and tailored to their specific circumstances and safety needs.

11.3 Collaborative safety planning

System accountability involves collective ownership and responsibility for risk management. Collaborative mechanisms provide structured opportunities for shared decision-making, and promote consistent risk assessment, role clarity and collaborative safety planning. Safety planning should prioritise the safety and needs of victim-survivors while also including coordinated strategies to manage the risk posed by the person using violence. This includes holding the person using violence to account and ensuring that responsibility for the violence remains with them.

Consistent and collaborative practice can be enhanced by:

- a shared, evidence-based approach to determining 'seriousness' of risk
- co-location of services, face-to-face meetings, and staff secondments between services
- cross-training (where services provide training to each other about their respective areas of expertise) between services
- using a common understanding of FDV and FDV risk (see Pillar 1)
- training in a common framework or tools
- integrated electronic databases or technology solutions to facilitate FDV information sharing between agencies and organisations to inform risk assessment and management.

Workers and agencies should clearly document decisions review outcomes and uphold their roles and responsibilities under relevant legislation and frameworks. Continuous learning, reflective practice and FDV information sharing across systems create a responsive service system that can adapt to changes in risk and improve long-term safety outcomes. Successful collaboration is built on mutual respect between agencies, commitment to trauma-informed and culturally responsive practices, and a shared focus on continuous monitoring and review of risk.

IN PRACTICE 10: Western Australia Family and Domestic Violence Response Teams (FDVRTs)

The FDVRT model, which became operational in 2013, is a multi-agency response designed to improve the safety of child and adult victim-survivors through a timely and early intervention following a Western Australia police call out to an incident of family and domestic violence.

A key action of Western Australia's Family and Domestic Violence Reform Plan 2026–2029 has been to enhance the FDVRT model, which now has Department of Communities (Child Protection and Family Support) staff based at the Western Australia Police Force's Statewide Operations and Command Centre to support information exchange when police are on the road to an incident, following a joint centralised team operating 7 days per week to assess and triage family violence incident reports as well as 17 place-based response teams comprising:

- Western Australia Police
- Department of Communities – Child Protection; Family Safety Services
- Department of Justice – Adult Community Corrections
- Coordinated Response Service comprised of non-government family and domestic violence services
- Communities Family Safety Service (supporting multi-agency case management of high risk, high harm)

The collaborative approach to the FDVRT model includes:

- risk assessments using a common framework
- identification of opportunities to intervene early
- timely responses following a police call out
- targeted responses to client need, identified risk and unique case circumstances
- supported and streamlined client pathways through the service system
- coordinated responses between partner agencies
- multi-agency safety planning

Evidence area 12: Organisational resources

Evidence highlights the importance of organisational resources in enabling workforces to embed consistent and collaborative risk assessment and management. Using common, evidence-based resources strengthens workforce capability and supports a shared understanding of FDV risk, enabling coordinated, system-wide responses. Resources should be responsive to emerging evidence, evolving patterns of violence and insights from the diverse lived experiences of victim-survivors.

Examples of organisational resources to support consistent and collaborative risk assessment and management practice include:

- risk assessment tools that are underpinned by evidence-based risk and protective factors
- practice guides and decision-making aids
- child and young people-centred engagement resources
- risk management and safety planning resources
- collaboration and system coordination tools
- cultural safety and intersectional practice resources
- practice reflection and quality improvement resources

IN PRACTICE 11: Northern Territory Domestic and Family Violence Common Risk Assessment Tool (CRAT)

The CRAT is an evidence-based practice tool used to assess FDV risk, particularly the risk factors which are predictive of harm or death and supports consistent, system-wide responses. The CRAT combines 3 essential components: evidence-based risk factors, professional worker judgement and victim-survivor self-assessment. It also considers imminence of risk, recognising that historical patterns of violence can indicate an increased likelihood of serious harm or death. Once completed, the CRAT provides an assessed level of risk and recommended actions to respond.

Resources should be designed and applied in ways that are culturally appropriate, trauma-informed and responsive to diverse needs and experiences, without compromising the goal of consistent, collaborative practice.[299] Practice resources should:

- centre victim-survivors and their agency, including through narrative-based or conversational approaches that explain the purpose of risk assessment and management processes (e.g. routine screening)
- support workers to deliver appropriate responses for children and young people as victim-survivors in their own right, and for young people using violence
- address the distinct and intersecting needs of Aboriginal and Torres Strait Islander peoples, people from culturally diverse, migrant and refugee backgrounds, people with disability, LGBTIQA+ people, older people, and those in regional and remote communities. This includes recognising that people's experiences and understanding of FDV vary, and ensuring that resources support culturally responsive, nuanced and trauma-informed conversations
- be available in accessible and plain language formats to support equitable use by diverse workforces.

IN PRACTICE 12: Victoria's (MARAM) Practice Guides and tools

The MARAM Practice Guides and tools support professionals to understand their relevant responsibilities under the MARAM Framework towards the identification, assessment and ongoing management of FDV risk as it relates to their specific roles.

The Practice Guides include:

- The Foundation Knowledge Guide for all professionals
- Adult and child victim-focused MARAM Practice Guides (2019)
- Adult using family violence-focused MARAM Practice Guides (2021)
- Child and young person-focused MARAM Practice Guides (forthcoming 2026)

Pillar 3: Defined and agreed roles and responsibilities for risk assessment and management

What	This pillar promotes a shared understanding of workforce roles and responsibilities in risk identification, assessment and management
Why	Assessing and managing FDV risk is a shared responsibility of workers and organisations across the service system. Clear roles and responsibilities ensure risks are identified early, assessed accurately, and managed through coordinated responses
How	This pillar includes guidance on understanding the service system, workforce roles and responsibilities
Impact	A common understanding of roles and responsibilities ensures that every worker and organisation across service systems understands their requirements for keeping people safe and accountable. This enables consistent, collaborative responses and systemic, integrated risk management

Actions for governments

To effectively embed defined roles and responsibilities for FDV risk assessment and management across the service system, in ways that reflect local legislative, policy and service system contexts, all jurisdictional frameworks should:

6. Ensure responsibilities for risk assessment and management are clearly defined
7. Determine workforces in scope and ensure their roles for risk assessment and management are clearly defined
8. Recognise that all services across the system have a responsibility in identifying risk for children and young people, and supporting appropriate referral pathways for effective risk assessment and management.

The evidence presented in this pillar brings together research, lived experience insights and practice insights to support the effective embedding of this pillar. It is intended to be used as guidance to inform jurisdictional approaches.

Evidence informing Pillar 3

Evidence area 1: Understanding the service system

Workers responding to FDV operate across a broad range of sectors, organisations and service settings. The FDV service system spans the prevention, early intervention, response, and recovery and healing domains of the National Plan, with many sectors contributing across multiple domains. As people experiencing or using violence may engage with multiple services, workers often have overlapping roles and responsibilities in recognising and responding to risk.[300] This highlights the importance of a capable and connected workforce with a shared understanding of FDV and clear pathways between specialist and adjacent services.

The FDV workforce comprises both FDV specialist and adjacent workforces. Adjacent workforces – also referred to as "non-specialist", "mainstream" or "universal" services – make up the majority of the workforce (87%) that may respond to FDV, while only 13% of the workforce responding to FDV identify as FDSV specialists.[301]

People experiencing or using violence may enter the service system at multiple points, across different sectors, reflecting varied help-seeking pathways and the complexity of risk, need and access across different contexts. However, the adjacent workforce is often the first, and sometimes only point of contact for victim-survivors, including children and young people. Most victim-survivors seek help from family and friends (66.8%), followed by general practitioners (33.1%), counsellors or support workers (25.2%) and other health professionals (20%).[302] Among people using violence, 26.5% sought no help, 58.9% turned to family and friends, and 33.3% to health professionals (e.g. psychologists/counsellors, general practitioners, nurses, social workers).[303] People experiencing or using violence can interact with the service system in varied ways, but access to culturally responsive, appropriate support is not always guaranteed. Gaps in service coverage, capability and cultural safety mean that some people face significant barriers to receiving the support they need, when and where they need it. Roles and responsibilities also vary across jurisdictions, regions, remote areas, especially where services are limited.

Cultural services play an essential role in the FDV system by providing trauma-informed, community-led and culturally grounded responses that address structural inequalities that impact risk, safety and help-seeking. Structural inequalities may include colonisation, racism, discrimination and ableism.[304] Aboriginal and Torres Strait Islander community-controlled organisations, Elders and kinship structures are uniquely placed to support First Nations victim-survivors, families, and people using violence through culturally responsive, holistic approaches grounded in self-determination and cultural healing. However, it is equally critical that all services be culturally responsive and support Aboriginal and Torres Strait Islander peoples' self-determination and choice in decisions, regardless of where a person first seeks help.

> **"It's important how those questions are shaped. The language should be respectful, plain, and non-clinical."** – First Nations sector stakeholder

In most instances, comprehensive risk assessment and management is led by FDV specialist services. Adjacent and other specialist workforces also play important roles in conducting risk identification, assessment and management, and contributing to more comprehensive work, based on local context.

The service system is complex and diverse, and no single service can meet all needs. Workforces across the system should therefore understand their roles and responsibilities and collaborate effectively to assess and manage risk to ensure safety and accountability.

IN PRACTICE 13: South Australia FDSV ecosystem

To illustrate the complexity of the FDSV ecosystem, the Women's Safety Services in South Australia undertook a mapping exercise to identify over 45 services someone experiencing FDV might have to engage with. Note that this diagram may not represent all jurisdictions.

Evidence area 2: Understanding responsibilities for risk identification, assessment and management

Safety and accountability are the responsibility of the entire service system – not any single individual or organisation. Every workforce that interacts with people experiencing or using violence shares this responsibility and is dependent on a coordinated, collaborative and accountable response.

Professional or legal obligations such as duty-of-care, anti-discrimination laws, mandatory reporting requirements and child safety standards must also be upheld. Where risk is assessed as serious, or immediate danger is identified, risk management responses may include engagement with police and emergency services to support urgent safety needs, alongside ongoing specialist and system-based responses.

Roles and responsibilities vary by worker and organisation, and may include engaging with children, young people and adult victim-survivors, young people using violence, and adults using violence. Capability and technical expertise to engage in risk assessment and management varies across workforces. It is important to delineate between intermediate and comprehensive risk assessment and management to ensure risk is being considered appropriately by every workforce and at every system level. It improves the safety of victim-survivors and accountability of people using violence if each contact point can engage, in some capacity, with risk.

The following responsibilities, sourced from the Victorian Government's MARAM knowledge guide[305] should be covered across the service system, to ensure continuity of responses for victim-survivors and people using violence, contribute to victim-survivor safety and keep people using violence in view and accountable:

1. Respectful, sensitive and safe engagement

Workers understand the nature, dynamics and impacts of FDV, including how discrimination and trauma shape victim-survivor experiences and access to support, particularly for those from diverse communities. Workers understand how victim-survivors and people using violence may interact with their services, and engage safely and respectfully, using culturally responsive, trauma-informed and inclusive approaches that avoid victim-blaming or colluding with the person using violence.

2. Identification of FDV

Workers use information gained by engaging with service users to identify that a person may be experiencing or using violence, including risk and protective factors (for all), and observable signs of trauma and wellbeing needs (for children and young person victim-survivors). Workers use professional judgement and organisational practice resources, including tools and protocols, to support identification of risk. This includes asking safe, appropriate questions of victim-survivors and people using violence.

3. Intermediate risk assessment

Workers use SPJ and appropriate practice resources to assess risk for victim-survivors. It is important workers also consult with victim-survivors themselves, so their personal assessment of risk is considered. Where appropriate, and safe to do so, workers contribute to risk assessment through engagement with people using violence, including using SPJ and appropriate resources. They also contribute to keeping the person using violence in view and accountable for their actions and behaviours.

4. Intermediate risk management

Workers act promptly to address immediate risk and safety concerns for victim-survivors and undertake intermediate risk management, including safety planning in collaboration with victim-survivors. Where working directly with people using violence, and when safe to do so, workers undertake intermediate risk management, including safety planning.

5. Seeking consultation and making referrals

Workers seek supervision, consult with FDV and other specialists, and make active referrals for comprehensive responses to victim-survivors and people using violence.

6. Information sharing

Workers proactively share FDV risk-relevant information and respond to information requests in line with jurisdictional legislation and organisation policy including safeguarding privacy and preserving victim-survivor autonomy.

7. Comprehensive risk assessment

Workers assess risks, needs and protective factors with and for victim-survivors. When working with people using violence, workers assess risks and needs to determine severity of risk and identify tailored interventions and support options. *FDV specialist services usually lead these assessments.*

8. Comprehensive risk management and safety planning

Workers manage risk by developing, monitoring, and actioning safety plans with victim-survivors and support agencies. Where working directly with people using violence, workers implement risk management plans and ensure actions hold people using violence to account. *FDV specialist services usually lead these processes.*

9. Coordinated risk management

Workers support integrated, multi-agency risk management through information sharing, referrals, action planning, and coordination of responses. *FDV specialist services usually lead these processes in multi-agency responses.*

10. Collaborate for ongoing risk assessment and management

Workers should collaboratively monitor, assess and manage risk over time and respond to changing circumstances, including escalation. *FDV specialist services usually lead this process.*

IN PRACTICE 14: Understanding responsibilities

Snapshot

Amy's story shows how information-sharing and coordinated responses between FDSV specialist and adjacent workforces can reduce FDSV risk and help provide a stable environment for victim-survivors.

Amy is a maternal and child health worker in Victoria. In an appointment with her patient Hana and Hana's two children, Lu and Nina, Hana disclosed that she was experiencing family violence. Due to the nature of the violence and safety concerns, it was challenging to establish a safe time to next contact and support Hana.

To address these concerns, a secure and consistent point of contact was established. With Hana's consent, Amy contacted FDSV specialist workers in her local area, as well as child protection and the police. The specialists were brought in to coordinate efforts and create a tailored safety plan for Hana.

Communication with child protection services took place in a collaborative, supportive way that did not cause friction in the relationship with the family violence workers. The specialist family violence lead practitioner clearly communicated the boundaries of their role and collaborated with the other specialist practitioners to create a case plan. Hana and her children were referred for further family violence case management for ongoing support. The coordinated response led to improved safety for Hana and her children, successful engagement with support services and the creation of a reliable and effective safety plan.

Amy's ability to respond effectively to Hana's disclosure of family violence meant that Hana was connected with appropriate support. Hana's voice and choices were centred in the service provision, and the team ensured her specific needs were met, leading to a safety plan that addressed her concerns.

Evidence area 3: Understanding workforce roles

All workers who interact with or engage with people using and/or experiencing FDV have a role in identifying, assessing and managing risk and safety planning, with scope of this work varying by function and service type. Supporting workforces to understand and determine their respective roles in risk assessment, management and safety planning strengthens consistency, collaboration and accountability. This includes supporting workforces to understand how their roles may be flexible so services can meet people using and/or experiencing FDV where they are at. Appropriate service coverage may not always be available, so all workforces hold some responsibility for risk identification, assessment, management and safety planning.

The figure below illustrates how governments could support workforces to understand the scope of their responsibilities. This example is illustrative only. Jurisdictions are best placed to define roles, which may vary depending on organisational context and workers' responsibilities and expertise.

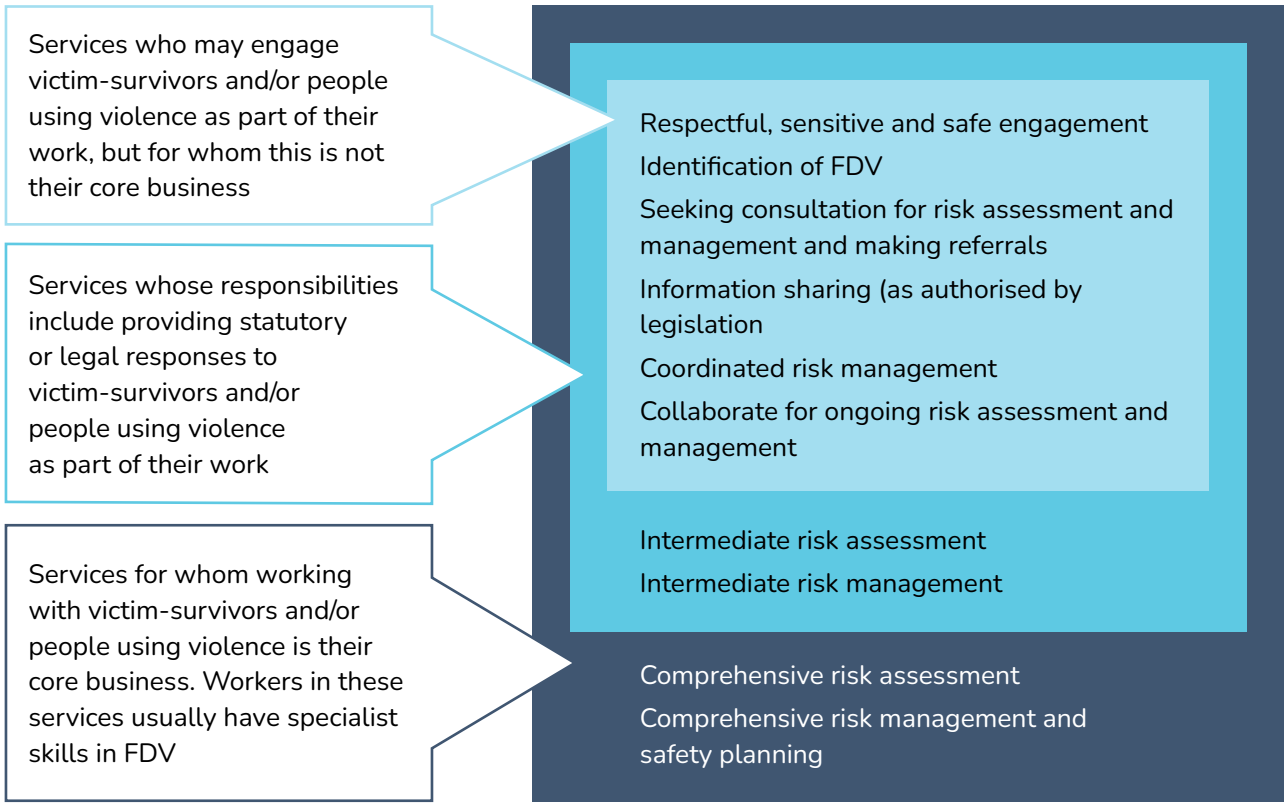
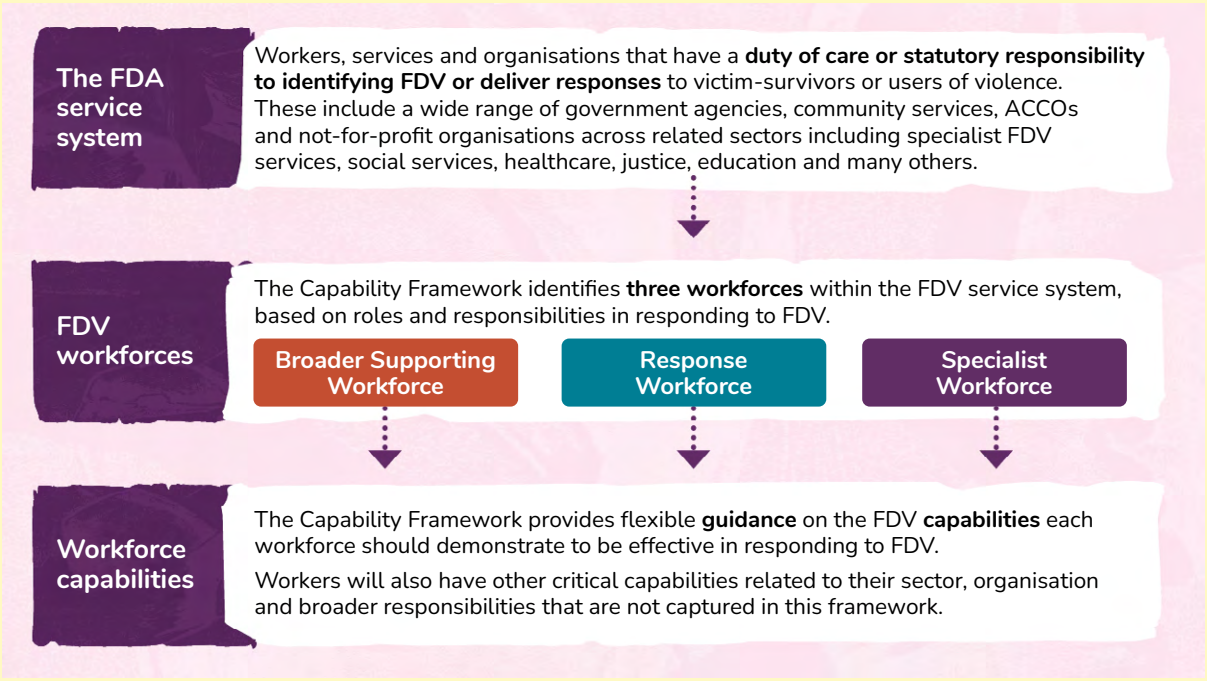


Figure 3: Roles and responsibilities in risk identification, assessment and management across service types

IN PRACTICE 15: WA Capability Framework

The Capability Framework for all workforces that respond to FDV describes the knowledge, skills and behaviours ('capabilities') workers need to demonstrate to provide safe, effective and appropriate FDV responses to victim-survivors and people who use violence, including holding people who use violence accountable for their actions.



Evidence area 4: Children and young people

All workers across the service system have a responsibility to identify and respond to FDV risk for children and young people, including young people using violence, in ways that are age- and developmentally-appropriate. Services should understand their role in recognising indicators of risk, taking immediate action where required, and facilitating timely referral to appropriately skilled specialist services for comprehensive risk assessment and management.

While specialist child and youth services play a critical role in therapeutic and targeted programs, responding to risk for children and young people is a shared responsibility across all services, including health, education, community, specialist FDV sectors and statutory bodies such as child protection and police.

Universal and non-specialist services play an important role in early identification, FDV information sharing and coordinated referral pathways. However, comprehensive risk assessment and management for children and young people requires additional workforce capability, including specialised training, child-safe practice approaches, and appropriate safeguards such as Working with Children Checks. As a result, some services may not have the capability or capacity to undertake intermediate or comprehensive assessments for children and young people. In these circumstances, services should be equipped to identify risk and manage appropriate and timely referrals to appropriately skilled specialist services.

Responses should reflect children and young people's lived realities across home, school and community environments.[306] This includes engaging directly with children and young people where appropriate, adapting assessment processes beyond adult-focussed tools, and ensuring safety planning and risk management responses are developmentally-appropriate and responsive to their needs and lived realities.

Clear role delineation supports consistent, child-centred practice and strengthens early identification and response to harm. Effective risk assessment and management can be enhanced by clearly defined responsibilities, information sharing and referral pathways, including understanding and meeting mandatory reporting obligations.

Evidence area 5: Organisational resources

Evidence highlights the importance of organisational resources in enabling workforces to consistently understand and apply roles and responsibilities in risk assessment and management.[307]

Resources that strengthen workforce capability in this area can include:

- sector-specific guidance, such as training to help organisations determine their responsibility levels, along with self-assessment tools and detailed practice guidance specific to their areas of work
- visual representations of workforce responsibilities
- clear descriptions of how different responsibilities connect to relevant practice resources.

Language and information about workforce roles and responsibilities should be clear, accessible, and consistent across all resources and guidance, and the relationship between different resources clear.[308]

IN PRACTICE 16: DV-alert

DV-alert provides free, nationally accredited training to build the capacity of health and community frontline workers. The training is designed for people working in adjacent workforces where responding to FDV is not their primary role. The aim of the training is to enable attendees to recognise signs of FDV; respond with appropriate care; and refer children, young people and adult victim-survivors experiencing, or at risk of FDV to appropriate support services.

Pillar 4: Effective governance, outcomes measurement and continuous improvement

What	This pillar provides guidance on establishing effective governance systems to implement practice alignment, outcomes measurement and continuous improvement
Why	Best practice risk assessment and management must evolve with emerging evidence and changing community needs. Alignment should be a continuous process for all workforces, organisations and governments
How	This pillar includes guidance on implementing and managing relevant governance mechanisms to effectively respond to emerging evidence and support ongoing monitoring and reporting
Impact	Strong governance systems enable governments, systems, organisations and workers to respond to risk in ways that reflects emerging evidence and best-practice

Actions for governments

To effectively embed strong governance, outcomes measurement and continuous improvement, in ways that reflect local legislative, policy and service system contexts, all jurisdictional frameworks (or supporting documents) should:

9. Articulate appropriate governance mechanisms to enable and oversee system-wide alignment with the Framework
10. Ensure reporting and monitoring mechanisms capture emerging practices and enable continuous improvement in risk assessment and management.
11. Embed lived-experience insights within governance and reporting mechanisms to ensure victim-survivor feedback is meaningfully implemented.

The evidence presented in this pillar brings together research, lived experience insights and practice insights to support the effective embedding of this pillar. It is intended to be used as guidance to inform jurisdictional approaches.

Evidence informing Pillar 4

Evidence area 1: Governance, advisory and managerial systems

This section outlines evidence informing best-practice governance at both the system-wide and organisational levels to support alignment, outcomes measurement and continuous improvement. Best-practice risk assessment and management is an ongoing commitment.

Effective governance mechanisms are necessary to support successful implementation of jurisdictional frameworks. Strong governance ensures that policy intent translates to practice, that data and evidence inform continuous improvement and that all parts of the system work together towards intended, shared outcomes. Governance structures should also be appropriately empowered to take action when issues arise, including addressing implementation gaps and responding to system failures in a timely way. Governments should have clear responsibilities to support and enable these processes and to maintain oversight of implementation and alignment between national and jurisdictional frameworks.

Governance should enable community involvement, including Aboriginal and Torres Strait Islander stakeholders and people with lived experience, in activities such as implementation planning and outcomes measurement. Oversight and accountability measures should consider and align with the priority reforms of *Closing the Gap* and ensure effective governance, shared decision-making and accountability is made possible. Governance frameworks across adjacent sectors (e.g. health) should also be linked and mutually reinforcing, with clear visibility of FDV risk assessment and management processes beyond specialist services. This must be undertaken in recognition of frontline practice realities, including workforce pressures and resource constraints. Governance mechanisms should strengthen, not duplicate or burden practice, by providing clear expectations, streamlined reporting, practical tools and adequate resourcing to support implementation.

System-wide governance responsibilities	Organisational governance responsibilities
Oversee system-wide alignment with jurisdictional and national risk assessment frameworks	Oversee activities to embed jurisdictional framework in policies, practice and procedures
Monitor and report on system-wide alignment	Monitor and report on alignment
Foster multi-agency and cross-jurisdictional collaboration to drive continuous improvement	Support cross-sector collaboration and continuous improvement
Drive system-wide data collection and outcomes measurement	Contribute to data collection and outcomes measurement activities

1.1 System-wide governance systems

System-wide refers to approaches, actions, or responsibilities that apply across the entire FDSV service system, noting that this is a complex and multi-sectoral system that spans health, justice, social services, and community sectors. It includes all levels of government and services – both national and jurisdictional – and includes specialist and adjacent workforces, community organisations, and cultural services. Each of these systems operates within its own governance, regulatory and practice environments, which require specific consideration in implementation. Health systems in particular, operate within distinct governance, regulatory and clinical settings, including professional regulation, accreditation and safety obligations, as well as Commonwealth and jurisdictional arrangements such as Medicare, privacy legislation and national registration requirements. Effective system-wide governance should recognise these complexities and support alignment in ways that feasible and appropriate. This can include addressing the role of clinical information systems, such as My Health Record and other jurisdictional data systems and the challenges of data interoperability across Commonwealth and state and territory systems.

At the system-wide level, governments should oversee, coordinate and monitor implementation of jurisdictional frameworks across the service system. Effective governance ensures that workforces' alignment with their jurisdictional framework is consistent, evidence-informed and contributes to improved safety for victim-survivors and strengthened accountability for people using violence.

Establishment of appropriate governance structures supports:

- assessment of readiness, planning, and coordination of system-wide implementation (e.g. phased approaches)[309]
- organisations to clearly understand alignment requirements, including timeframes, and data collection and reporting requirements, such as through workforce planning, training and supervision
- collaboration across agencies and jurisdictions to drive continuous improvement based on current and emerging evidence
- monitoring of system-wide alignment, including any jurisdictional and national reporting requirements, and managing quality assurance and implementation risks
- system-wide data collection and outcomes measurement, to build the evidence base and support continuous improvement.

Governance mechanisms have a role in supporting the embedding of jurisdictional frameworks in organisations and sectors that operate within specific regulatory frameworks, policy environments, or models of working.[310]

IN PRACTICE 17: Developing a dedicated FDV Workforce Entity in Western Australia

The Western Australian State Government has established a workforce entity aimed at enhancing the capability, knowledge and skills of the workforce across government, community services and Aboriginal Community Controlled Organisations to respond effectively to family and domestic violence.

Key functions of the FDV Workforce Entity include to:

- help the FDV workforce to understand their roles and responsibilities at an individual, organisation and system level
- build an understanding of the strengths, gaps, and opportunities of the workforce and use this to drive workforce development
- support capability building through setting standards and delivering and facilitating access to high quality training
- promote consistency across the FDV workforce and address gaps in training and workforce availability, particularly in regional and remote communities

The entity is delivered by the Centre for Women's Safety and Wellbeing in partnership with Stopping Family Violence, Council for Aboriginal Services WA, Aboriginal Health Council WA, Community Skills WA and Professor Donna Chung.

1.2 Organisational governance systems

Organisational governance supports different workforces to align with the jurisdictional framework. It supports:

- embedding frameworks in systems and practice through activities such as updated policies, procedures, training, workforce supervision and reflective practice
- multi-agency coordination and FDV information sharing (as authorised by legislation)
- cross-sector collaboration and continuous improvement, such as cross-sector advisory groups, steering committees or communities of practice
- monitoring and reporting activities, including to governments
- ongoing data collection and outcomes measurement to strengthen the evidence base and improve practice.

Evidence area 2: Ongoing monitoring and continuous improvement

Monitoring and continuous improvement are shared responsibilities across all jurisdictions under the National Plan. Consistent with First Ministers' commitment to collective action, governments share responsibility for tracking progress, identifying system gaps and strengthening responses over time.[311]

Ongoing monitoring, including establishing consistent data collection, is essential for building an evidence-informed understanding of how FDV and FDV risk is assessed and managed. This includes understanding how FDV presents and its impacts across different cohorts including children, young people, and Aboriginal and Torres Strait Islander people and diverse communities. This enables governments and organisations to better understand the effectiveness, appropriateness and impact of service responses and drive continuous improvement, supporting safer outcomes for victim-survivors and strengthening accountability for people using violence.

Effective monitoring and evidence-building requires, where possible:

- collection and analysis of data on service responses, risk and protective factors patterns of coercive control, and outcomes for victim-survivors and people using violence
- ongoing monitoring of effectiveness and appropriateness of interventions across different cohorts and contexts
- consistent, coordinated data collection practices, supported by the use of common screening, risk identification and practice resources
- reporting findings regularly to inform policy, funding, and service design
- embedding continuous improvement processes, such as reviewing policies and practices based on evidence and stakeholder feedback
- centring victim-survivors voices, ensuring that lived experience informs how outcomes are defined, measured and improved.

Consistent, high-quality data collection strengthens both service-level and system-wide practice. At the service level, consistent data collection and analysis identifies strengths and gaps and measures appropriateness, accessibility and impact of service responses. Findings can also be used to guide workforce development, training and collaboration with other services. Opportunities for service users to provide feedback or make complaints provide further insights to their experience of risk assessment and management, FDV information sharing and cultural safety. These processes should be safe, trauma-informed and culturally responsive, and should ensure user feedback directly informs policy and practice improvements. Feedback can also provide insight into the effectiveness or appropriateness of referrals and service responses.

Strengthened data collection, improved FDV information sharing, and increased collaboration across sectors are expected to have system-wide implications. As services adopt more consistent approaches to risk assessment and management, demand for FDV information sharing and coordinated responses is likely to increase. This may create additional pressures across partner systems and require adjustments to workforce capability, resourcing, governance arrangements and service delivery pathways. While greater integration is intended to improve safety, reduce duplication and support more coordinated responses over time, transitional impacts across the service system should be anticipated and actively managed.

The establishment of practice quality indicators can support ongoing monitoring, quality improvement and accountability across the service system. Indicators should focus not only on whether key actions occurred, but on the quality and consistency of practice, including the extent to which:

- children and young people's views, experiences and safety needs were considered and recorded independently
- the behaviours and patterns of the person using violence were identified, documented and assessed over time
- cultural, disability, gender and other intersecting needs were recognised and responded to
- FDV information sharing informed risk assessment, management and safety planning decisions
- victim-survivors reported that responses were culturally safe, trauma-informed and contributed to their safety.

As noted in Pillar 2, best-practice FDV information sharing recognises and is guided by the principles of Indigenous data sovereignty. This means data collection, storage and sharing are transparent and accessible processes that enable communities to understand what information is held about them and how it can be accessed and used.[312] The need for Indigenous data sovereignty is reinforced by *Closing the Gap* Priority Reform Four.[313]

At the system-wide level, aggregated data can be analysed to identify trends, emerging issues, evolving evidence, and changing community needs. While information systems vary in maturity, consistent recording is essential for meaningful trend analysis and evidence-based decision-making.

System-wide analysis can support:

- examination of outcomes for diverse communities including children, young people, Aboriginal and Torres Strait Islander peoples, LGBTIQA+ people, people with disability, older people, and people from culturally diverse, migrant and refugee backgrounds
- measurement of service responses impact on victim-survivor safety and accountability and engagement for people using violence, including cultural responsiveness
- analysis of service use patterns (e.g. multiple service engagements)
- validation of risk assessment and management frameworks and practice resources, including tools
- development of practice guidance and resources, such as training and case studies
- track practice changes and improvements in service responses, including the experiences of workers working in diverse sectors
- identification of gaps and drive improvements and responsiveness to community needs and emerging evidence
- analysis of complaints data to identify systemic issues and prevention of escalation.

IN PRACTICE 18: FDV information sharing

In Victoria, the *Family Violence Protection Act 2008* (Vic) requires a 5-year Review of the MARAM Framework. The Review was delivered by Allen & Clarke Consulting Pty Ltd in 2023. It looked at:

- whether MARAM reflects best-practice FDV risk assessment and risk management
- what changes may be needed.

The Review found that MARAM is considered a valuable resource. It supports a shared understanding of family violence, risk assessment and risk management practices.

The Review found opportunities for improvement and made 17 recommendations.

The Victorian Government has accepted all recommendations. It is committed to ensuring the MARAM Framework continues to support FDV reform.

A legislative review of FDV information sharing and risk management (Family Violence Information Sharing Scheme, Central Information Point, and the MARAM Framework) was delivered by the Family Violence Reform Implementation Monitor in 2023. This review looked at the operation and effectiveness of the legislative provisions, rather than the implementation of the FVISS and MARAM.

Continuous system-wide improvements are important in ensuring jurisdictional frameworks remain responsive to emerging evidence and reflect the evolving service context. This can include mechanisms such as evidence reviews, periodic and legislative reviews of frameworks, practice resources and other supporting measures (e.g. FDV information sharing legislation).

Evidence area 3: Organisational resources

Organisational resources to support workforce understanding of the importance of governance, ongoing monitoring and continuous improvement and what this means in practice, is critical. These could include:

- organisational change management guides, self-assessment tools, and guidance
- tailored, ongoing training and awareness-raising[314]
- guidance on the scope for adapting approaches and resources to respond to the needs of their particular service, workforce or community contexts
- guidance on how jurisdictional frameworks can be embedded in organisations and sectors that operate within specific regulatory frameworks, policy environments, or models of working.[315]

Resource and tools to support relevant data collection, ongoing monitoring and continuous improvement, include:

- common risk identification, screening and assessment tools that support consistent approaches and data collection
- guidance on safe, secure and appropriate record keeping, data storage, privacy and information security.

System enablers

What	This component supports a shared understanding of system settings that enable best-practice FDV risk assessment and management, including information sharing
Why	Embedding best-practice FDV risk assessment and management requires a fit for purpose, well-coordinated and sustainable system. System enablers provide the foundation for multi-agency collaboration, ensuring that information is shared and acted upon to identify, assess and manage risk
How	This component includes guidance on the enabling features of the legislative and authorising environment along with guidance on setting up and maintaining system-wide governance and information sharing
Impact	Strong enablers set clear legislative, policy and practice setting requirements so that workforces can translate evidence-based practice guidance into action, improving victim-survivor safety and holding people who use violence to account

Evidence informing system enablers

Achieving and sustaining a fit-for-purpose system requires ongoing effort and coordination. Governments should work towards implementing fit-for-purpose and transparent systems and operational environments that enable best-practice multi-agency risk assessment and management, including FDV information sharing. This may include:

- policy and legislation where relevant, defining and authorising key elements of risk assessment and management practice, including provisions for FDV information sharing
- system-wide governance mechanisms to oversee development, operation and continuous improvement
- embedding expectations into policy and accountability mechanisms
- integrating secure technology solutions to facilitate FDV information sharing between agencies and organisations to inform risk assessment and management, with consideration to safeguarding privacy and victim-survivor autonomy.
- supporting high-quality, consistent practice across the service system, including through clear guidance, building workforce capability and embedding culturally responsive practice that reflects the diversity of communities and service contexts.

These system enablers are not intended to operate as standalone reforms, or to be aligned to as a single pillar. Instead, they form the foundational backbone of the legislative, policy and operational environment required to embed and sustain effective risk assessment and management across jurisdictions.

Evidence area 1: Legislative environment

A strong legislative environment establishes the authorising foundation for consistent, safe and effective risk assessment and management. Governments should ensure legislative frameworks enable – not restrict – collaboration, data-informed decision-making and culturally safe responses. Clear legal authority gives workers the confidence to share information and respond to risk. It also supports a coordinated multi-agency response.

Legislation should empower relevant services to share risk-relevant information lawfully and confidently, prioritising victim-survivor safety and keeping people using violence in view and accountable. It should support system interoperability so that information can flow securely and efficiently between services and systems. This could include clear legislative links between jurisdictional frameworks, FDV information sharing schemes, privacy provisions and related laws (e.g. child protection and mandatory reporting). Legislative reform should consider national and interjurisdictional requirements.

There is inherent complexity in legislating FDV information sharing across Commonwealth and state and territory systems. Differences in constitutional powers, privacy frameworks and information sharing systems can create practical and legal barriers to seamless information flow. Addressing these challenges requires sustained, cooperative reform and a shared commitment by all levels of government to identify gaps, align legislative settings where possible, and develop complementary mechanisms that enable lawful, proportionate and safe FDV information sharing across and within jurisdictions.

For guidance on developing or improving FDV information sharing practices, governments should refer to the *National best-practice guidance to support FDV information sharing* developed in 2025 under the Data and Digital Ministers Meeting's Fourth National Data Sharing Work Program.

IN PRACTICE 19: Victorian Government's Family Violence Information Sharing Scheme (FVISS)

The Victorian Government amended the *Family Violence Protection Act 2008* (Vic) to create a specific information sharing scheme that authorises information sharing to assess or manage risk of family violence. Legislation provides modified application and exemptions to Victorian privacy and data protection laws. Further information can be found on the Victorian Government's website.

IN PRACTICE 20: The National Strategic Framework for Information Sharing between the Family Law and Family Violence and Child Protection Systems

The National Strategic Framework for Information Sharing between the Family Law and Family Violence and Child Protection Systems is an agreement for nationally consistent processes for information sharing between the family law courts and state and territory courts, child protection, firearms and policing agencies. Further information can be found on the Attorney-General's Department website.

Evidence area 2: Policy and systems environment

A clear FDV policy and systems environment underpins effective governance, legislation and practice. It ensures jurisdictional frameworks are embedded in how governments plan, fund, monitor and evaluate their service systems, to drive coordinated, system-wide responses and improved safety and accountability.

Best-practice policy settings establish clear accountability through reporting, auditing and independent oversight, and translate commitments – such as inquiry or Royal Commission recommendations – into action. Policies, mandates and funding mechanisms should align across agencies to promote integration and shared responsibility.

An adaptive, transparent and outcomes-focused policy and systems environment builds workforce capability, drives consistency, and ensures that the service system functions as a whole with collective responsibility for safety and accountability.

However, even when risk is identified, assessed and monitored across the service system, the capacity to meaningfully disrupt patterns of violence and prevent escalation is dependent on the availability, accessibility and resourcing of services. Persistent and cumulative risk may be well understood, but without a sufficiently resourced and coordinated service system, opportunities to intervene can be limited, allowing harm to continue or escalate over time.

Effective policy and systems settings are characterised by sustained investment in specialist and adjacent services, workforce capability and service availability. A well-funded and well-connected service system enables timely and appropriate responses to risk, supporting the implementation of risk management and safety planning and maintaining visibility and accountability for people using violence.

Evidence area 3: Practice environment

An effective practice environment supports consistent, high-quality and person-centred responses across the service system. It is sufficiently resourced and supported to meet service needs and demands, ensuring both victim-survivors and people using violence receive appropriate and timely responses.

The practice environment is where the principles of best practice are put into action through clear guidance, culturally responsive practice resources and training. Resources should be user-friendly and inclusive, reflecting the diversity of workforces and the communities they support.

Equipping workforces with guidance, training, data systems and resources tailored to their roles and responsibilities will support consistent, evidence-informed practice and strengthen responses to risk across the service system. This includes embedding expectations into funding and contract arrangements.

Monitoring and evaluation of the Framework

Ongoing monitoring and evaluation are essential for achieving national consistency and effective risk assessment and management. This Framework provides the evidence base of best-practice risk assessment and management to inform jurisdictional frameworks. The approach is designed to be applied flexibly within local legislative, policy and service system contexts. This recognises the differing levels of readiness, maturity and legislative environments among jurisdictions and supports iterative alignment.

A Performance Measurement Framework has been developed to support monitoring and reporting during the Framework's endorsement and alignment phases, which also helps with understanding how the Framework is being used and its impact.

Monitoring and review will assess the extent to which all jurisdictions, including the Commonwealth, are progressively aligning to the *actions for governments* outlined in this Framework. These actions set the minimum system-level requirements required to enable consistent, effective risk assessment and management across Australia. While jurisdictions will determine how actions are implemented within their local legislative, policy and service contexts, national monitoring will track progress against these actions to support accountability, continuous improvement and ongoing sharing of lessons learned through implementation. The Women and Women's Safety Ministerial Council holds responsibility for overseeing national progress.

Consistent with approaches like the Victorian MARAM Framework and NT DFSV Reduction Framework, this Framework should be considered a 'living' document, which requires periodic review and iterative refinement. Future periodic evidence reviews of the Framework will ensure the principles and risk factors and evidence base underpinning the Framework remain contemporary, culturally responsive and aligned with emerging evidence.

Alignment to other strategies and reforms

This information is current as of July 2026

National strategies

- *National Plan to End Violence against Women and Children 2022–2032*
  - *First Action Plan 2023–2027*
  - *Aboriginal and Torres Strait Islander First Action Plan 2023–2025*
- *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–2036*
- *Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031*
- *National Agreement on Closing the Gap*
  - Target 13: at least 50% reduction in violence and abuse, towards zero
  - Target 12: 45% reduction in children in out-of-home care
- *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*
- *Australia's Disability Strategy 2021–2031*
- *National Principles to Address Coercive Control in Family and Domestic Violence*
- *Defence Strategy for Preventing and Responding to Family and Domestic Violence 2023–2028*
- *National Plan to End the Abuse and Mistreatment of Older People 2026–2036*
- National Clinical and Therapeutic Framework for responding to children and young people who have displayed concerning or harmful sexual behaviour (in development)
- National Higher Education Code to Prevent and Respond to Gender-based Violence (in development)
- National Model of Care (in development)

State and territory strategies

Victoria

- Family Violence Multi-Agency Risk Assessment and Management Framework
- Ending Family Violence: Victoria's Plan for Change
- Until Every Victorian is Safe: Third Rolling Action Plan 2025–2027
- Building from Strength: 10 Year Industry Plan for Family Violence Prevention and Response
- Everybody Matters: Inclusion and Equity Statement

Queensland

- Common Risk And Safety Framework (CRASF)
- Safer Families, Safer Children: A domestic and family violence reform strategy for Queensland.

New South Wales

- NSW Domestic and Family Violence Plan 2022–2027
- Workforce Development Strategy (2025–2035)
- NSW Common Approach to Risk Assessment and Safety Framework (in development)
- NSW Sexual Violence Plan 2022–2027
- NSW Strategy for the Prevention of Domestic, Family and Sexual Violence (2024 – 2028)
- NSW Aboriginal Domestic, Family and Sexual Violence Plan (in development)

Western Australia

- Common Risk Assessment and Risk Management Framework (CRARMF)
- WA Strengthening Responses to Family and Domestic Violence System Reform Plan 2024–2029
- Path to Safety, Western Australia's strategy to reduce family and domestic violence 2020–2030
- Aboriginal Family Safety Strategy (2022– 2032)

Tasmania

- Safe at Home
- Tasmania's Third Family and Sexual Violence Plan 2022–2027: Survivors at the Centre

Australian Capital Territory

- Domestic and Family Violence Risk Assessment and Management Framework (RAMF)
- The ACT Domestic, Family and Sexual Violence Strategy (to be finalised)

South Australia

- Domestic Violence Risk Assessment (DVRA) tool

Northern Territory

- Northern Territory Risk Assessment and Management Framework (NT RAMF)
- Domestic, family and sexual violence reduction framework 2018 to 2028

Reports

- Rapid Review of Prevention Approaches
- Parliamentary Inquiry into Missing and Murdered First Nations Women and Children
- Parliamentary Inquiry into Family, Domestic and Sexual Violence

Glossary

Abuse and mistreatment of older people (elder abuse)	Abuse and mistreatment of older people is used to describe situations where people exploit relationships of trust to cause harm or distress to older people, particularly within family, community or care settings. It may refer to a single or repeated act, or lack of appropriate action. It may be intentional or unintentional, overt or subtle. Note: the abuse and mistreatment of older people is sometimes referred to as elder abuse. This document uses the former term to show respect to First Nations and other cultures in which an Elder is a recognised custodian of cultural knowledge and authority, rather than a term based on age.[316]
"Adjacent" workforce	Workers whose primary role is not to respond to those experiencing and/or using violence, but whose work or role in society means they may identify or interact with FDSV in the course of their duties. FDSV adjacent workforces are also sometimes referred to as non-specialist, mainstream or universal services.
Coercive control	Coercive control is a pattern of controlling behaviour. It may include emotional, psychological, financial, social or technology-facilitated abuse, monitoring, isolation, threats or intimidation and may occur with or without physical violence.
Collusion	Actions or responses by individuals, services or systems that unintentionally or intentionally minimise, excuse or obscure a person's use of violence, reinforcing the perpetrator's control and reducing accountability.
Culturally safe responses	Responses that recognise, respect and are responsive to the cultural identities, strengths and needs of individuals and communities, and that actively address power imbalances, racism and systemic barriers.
Diverse communities	Communities that experience FDSV differently due to factors such as culture, language, disability, age, sexuality, gender identity, migration status, faith, socioeconomic status or geographic location.
Domestic violence	Violent, threatening or coercive behaviour that occurs within domestic settings, including between current or former intimate partners.
Family and domestic violence (FDV)	Family and domestic violence, including sexual violence occurring in the context of FDV.
Family, domestic and sexual violence (FDSV)	Family, domestic and sexual violence, including sexual violence occurring outside the context of FDV.

Family relationship	A family relationship includes people who are related by blood, marriage or de facto partnerships, adoption and fostering, kinship or extended family relationships. This includes the full range of kinship ties in Aboriginal and Torres Strait Islander communities, including extended family relationships. Family relationships can also include people with whom a person has significant family-like relationships, including within communities of people with diverse sexualities, gender identities or intersex variations.
Family violence	Violent, threatening, coercive or controlling behaviour by a family member that causes physical, emotional, psychological, sexual, social or economic harm. Family violence can occur across a range of family relationships and may include patterns of behaviour over time.
Gaslighting	Gaslighting is a type of emotional or psychological abuse where a perpetrator says things to minimise their behaviour or accountability, and make a victim-survivor question their judgement, memory, sanity or sense of reality.[317]
Harmful sexual behaviours	Harmful sexual behaviours relate to children or young people. They are behaviours that fall outside what may be considered developmentally typical or socially appropriate. They cause harm and occur either in person or online. When these behaviours involve others, they may include a lack of consent, reciprocity, mutuality, and may involve the use of coercion, shame, force or a misuse of power. Harmful sexual behaviours evoke worry about the development and wellbeing of the child, young person, or others involved, and where they involve other children or young people or adults, the behaviours may cause significant harm and may be experienced as abusive. Harmful sexual behaviours may include illegal behaviours that require a criminal justice response.[318]
Identity-based abuse	Identity-based abuse is when a person uses aspects of someone's identity – such as their race, culture, disability, gender or sexuality – to control, threaten or harm them. Examples include using someone's identity as an excuse for violence or abuse, shaming or manipulating them because of their identity, demanding they hide parts of their identity or threatening to disclose, or disclosing, their sexual orientation, gender identity, disability, HIV status or other health information without consent.[319]
Intergenerational coercion	The transmission or reinforcement of coercive and abusive behaviours across generations, often shaped by trauma, systemic disadvantage, colonisation, racism and other structural factors. Intergenerational coercion highlights the role of systems and context, rather than individual blame.
Intimate relationship	An intimate relationship refers to people who are (or have been) in an intimate partnership, whether the relationship involves or has involved a sexual relationship.

Jealousy or "Jealousing"	Jealousy is linked to aggression and can be seen or perceived as a cause in itself for aggression and FDV. Often used by Aboriginal people as a verb to describe circumstances where one or both parties seek to make the other feel jealous and express their jealousy (and their valuing of the other person) through violence.
Jurisdictional framework	A legislative, policy or practice framework developed and implemented by a state, territory or other jurisdiction to guide responses to FDV. Jurisdictional frameworks reflect local legal and service systems and governance contexts.
Kinship	The kinship system is a feature of Aboriginal social organisation and family relationships across Australia. It is a complex system that determines how people relate to each other and their roles, responsibilities and obligations in relation to one another, ceremonial business and land.
Lateral violence	Lateral violence is when people within marginalised or oppressed communities direct their aggression towards each other, rather than the systems or structures that oppress them. This can manifest in various harmful behaviours such as bullying, gossiping, exclusion, verbal abuse and physical violence.
LGBTIQA+	Lesbian, gay, bisexual, transgender, intersex, queer and asexual. This is an inclusive acronym representing diverse sexual orientations, gender identities, and intersex experiences, with the "+" acknowledging additional identities beyond the listed letters.
Minority stress	The chronic stress experienced by people from marginalised groups as a result of stigma, discrimination, prejudice and social exclusion.
Misidentification	The incorrect identification of the victim-survivor or person using violence, often resulting from limited information, systemic bias, racism or inadequate assessment.
Older people	A person in later life. For this Framework, this generally means people aged 65 and over, and Aboriginal and Torres Strait Islander people and people experiencing homelessness aged 50 and over. These ages should be applied flexibly because ageing is shaped by health, life experience, culture, disability, trauma and access to support
Person using violence	A person who uses family, domestic or sexual violence, including patterns of coercive control. This term focuses on the behaviour rather than identity and recognises that responsibility for violence lies with the person using it.
Perpetrator	A legal or criminal justice term used to describe a person who has committed an offence. In a criminal justice context, 'offender' is also commonly used.

Perpetrator accountability	Perpetrator accountability refers to the responsibility of individuals who use violence and approaches that ensure people who use violence are held responsible for their behaviour, while prioritising the safety of victim-survivors.
Place-based responses	Place-based responses are community-led, long-term approaches that aim to address complex social, economic, or environmental issues within a defined local geography.
Predominant aggressor	The predominant aggressor is the person whose actions, intent, and pattern of behaviour demonstrate that they are the primary source of harm, risk, and coercive control, even where both parties have used force or engaged in violent acts. Identification focuses on understanding the broader context of the relationship, not just the details of a single incident.
Risk identification	Risk identification is the process of determining whether FDV and associated risk factors are present and whether further risk assessment and action are required.[320]
Risk assessment	Risk assessment is the structured process of analysing identified FDV risk factors to determine the level and seriousness of risk, including the likelihood and potential impact of harm. [321]
Risk management	Risk management is the coordinated process of implementing actions to reduce or remove risk, enhance safety, and monitor and review risk over time.[322]
Safety plans	Personalised, practical strategies developed with a person experiencing violence to support their immediate and ongoing safety. Safety plans are dynamic and should be reviewed regularly.
Screening	The use of questions or tools to identify possible indicators of FDSV. Screening is not a full risk assessment and should be accompanied by appropriate response pathways and supports.
Service system	The network of services, organisations and systems that respond to FDSV, such as specialist services, mainstream services, justice, health, education, housing and community sectors.
Sexual violence	Any sexual act, attempt or behaviour that occurs without consent, including sexual assault, harassment, exploitation and coercion.
Social abuse	Social abuse is a form of FDV where a person deliberately damages, controls, or restricts their partner's relationships and community connections to increase isolation and dependence. It includes behaviours that limit contact with friends, family, culture, community, or social activities, or that undermine a person's reputation or support networks.[323]

Structured professional judgement (SPJ)	An evidence-informed approach to assessment that combines professional expertise with structured tools, guidance, and risk factors. It supports consistent, reflective and defensible decision-making.
Technology-facilitated abuse	A wide-ranging term that encompasses many subtypes of interpersonal violence and abuse using mobile, online and other digital technologies. FDV may be perpetrated through digital technologies and online environments. This includes technology-facilitated abuse, online harassment, image-based abuse, monitoring, stalking, threats, coercive control, and other forms of harm used to control, intimidate, exploit or harm family members or current or former intimate partners. Also known as 'tech-facilitated abuse'.
Victim-survivor	A term that recognises a person has experienced violence and harm, while also acknowledging their strength and agency.
Warm referral	A supported referral process in which a worker actively assists a person to connect with another service. Warm referrals help reduce barriers to access and improve safety.
Worker/Workforce	The workforce/s refers to the range of workers, practitioners, professionals and organisations whose roles involve preventing, identifying, responding to or managing FDV, or whose work intersects with people experiencing or using FDV. Depending on jurisdictional contexts, this may include specialist FDV services, mainstream and universal services, government and non-government organisations, community-controlled organisations, and people working across health, justice, child protection, housing, education, disability, AOD, mental health and community services.
Young person	Generally, refers to those up to the age of 25 years,[324] noting that the age range may vary across jurisdictions and service types.

Appendix 1: National risk assessment principles for FDV

1. Victim-survivors' safety and wellbeing are the core priority of risk assessment, risk management and service responses

Safety is a fundamental human right. The safety and wellbeing of children, young people and adults experiencing FDV must be the first priority of every response. Risk should be identified, comprehensively assessed in partnership with victim-survivors, and addressed appropriately by the service system. Safety is best supported by managing the risk posed by the person using violence and by taking active steps across the system to strengthen that person's accountability for their use of violence.

In practice, a comprehensive approach to managing risk and supporting victim-survivors should be guided by ongoing and periodic structured risk assessment processes, using an intersectional, trauma- and violence-informed approach with the victim-survivor as the expert.

Service providers must approach risk assessment and management through a collaborative, transparent process which respects and builds on the expertise of the victim-survivor(s), to help ensure that responses will meet their needs rather than override their decision-making.[325] Risk assessment and management processes should:

- identify the specific safety needs of victim-survivors using an SPJ approach, which involves taking into consideration: evidence-based risk factors, and contextual and systemic considerations;
- identify strategies to manage risk and support the safety of adult victim-survivors;
- identify strategies to manage risk and support the safety needs of all children and young people who have needs that are linked to, but separate from those of their non-offending parent;
- develop dynamic, responsive safety plans and responses in partnership with victim-survivors and relevant others such as protective family members or Kin;
- obtain informed consent from victim-survivors to share information;
- engage with a range of support services, preferably as part of a coordinated, integrated or multi-agency response that addresses multiple needs for each victim-survivor;
- define roles and responsibilities of support services and formalise referral pathways, ensuring consistent and transparent communication across the service sector;
- where appropriate to system roles and program delivery, engage with the person using violence to assess and manage risk directly (through engagement and service delivery) and indirectly (through coordinating efforts). These processes should centre the safety of victim-survivors and ensure responses and supports targeted at the person using violence do not undermine the safety, freedom or recovery of victim-survivors.

2. A victim-survivor's knowledge of their own risk is central to any risk assessment and needs to be considered in risk management responses

Victim-survivors actively manage risk and use strategies to try and remain safe every day. A victim-survivor's own sense of fear of serious harm is one of the strongest short-term indicators of severe FDV outcomes.[326] This assessment of their own risk should be considered one of the primary sources of information for a risk assessment, drawing on intimate knowledge of their experience of patterns of violence and control by the person using violence, as well as protective factors.[327]

It is important to engage children, young people and adult victim-survivors in risk assessment with each individual's self-assessed risk and protective factors explored and addressed independently. Assessments with both adults and children must be strengths-based and examine the protective factors in their lives.[328] For First Nations children, this includes connection to Culture, kinship, Country and community.[329]

Victim-survivors' own assessment of risk collected through statements and narratives, particularly in relation to their level of fear, should be explored as one component of the risk assessment process. This should be complemented with:

- observing behaviours of victim-survivors, particularly children and young people who may not have the ability to verbalise their fears;
- evidence of acts of resistance, capturing victim-survivor agency and how it mitigates risk daily as well as protective factors for children;[xxii]
- professional judgement and practice wisdom drawn from practitioners' specialist knowledge of risk associated with FDV to inform the process used alongside risk assessment approaches or frameworks; culturally safe support and advocacy for First Nations children and young people; information gathered from other organisations about the person using violence, such as criminal and civil justice records, information from Men's Behaviour Change Programs, Aboriginal Community-Controlled Organisations (ACCOs) and Aboriginal Community-Controlled Health Organisations (ACCHOs) and;
- ensuring systems support and service responses are appropriate.

xxii Practitioners must be aware that victim-survivor acts of resistance can be met with escalated frequency and severity of violence. The pattern and tactics of the person using violence can also often undermine the effectiveness of protective factors for both adult and child victim-survivors.

A note on victim-survivor self-assessment of risk

Victim-survivors sometimes underestimate the level of risk they may be experiencing due to the impacts of FDV, caused by the behaviours of the person using violence.[330] A victim-survivor's self-perception of risk is also influenced by situational and other broader contextual considerations that can weaken the alignment between perceived and actual risk.[331] Practitioners should ask directly about fear at every contact, regardless of other indicators. Some research suggests that asking victim-survivors about protective behaviour can be equally useful to generate discussion of fear.[332] It is in these conversations that victim-survivors may express fear of being killed and how they consider protecting themselves. Expressions of fear should prompt immediate risk assessment to determine escalation and changes in level of risk, and risk management and safety planning that is responsive to any change. Victim-survivor self-assessment remains a powerful but context-sensitive marker, warranting careful interpretation alongside corroborating information. Given children and young people's level of dependency to their primary caregiver, who may be the person using violence, their behaviours, voice, and experiences should be considered in a developmental and relational context alongside broader information gathering to inform the risk assessment and management approach.

3. Children and young people who experience family and domestic violence require tailored risk assessment and management responses from the service system

Children and young people are victim-survivors of FDV in their own right within the context of their familial and social relationships. Children and young people experiencing FDV are often subjected to other or additional forms of co-occurring harm, including child sexual abuse, neglect, and emotional and physical abuse.[333] Research highlights the link between children and young people's experiences of adult-perpetrated abuse and future victimisation,[334] with current or past experiences of adult-perpetrated FDV being one of the strongest predictors for adolescents using violence in the home, making children and young people both victim-survivors and people who use violence due to their victimisation. [xxiii, 335]

Children and young people's distinct experiences of FDV requires services that are tailored, developmentally-appropriate, culturally safe, and youth-specific to respond to differing developmental risks, safety and wellbeing needs.[xxiv] It is critical to continue to consider the child or young person's living environment, their family (and the impact of FDV on family relationships and how this contributes to risk of harm), their support system, and the cultural ecosystem in their lives.

xxiii It must be noted that not all victim-survivors become people who use violence.

xxiv The experiences of children and young people, as well as adolescents who have experienced violence but also use violence in the home, are detailed more in the Shared Understanding – Pillar 1.

Risk assessment and management for children and young people must be grounded in a rights-based approach through recognising their right to have a say about decisions that affect them and taking their opinions into account in accordance with their age and developmental stage.[336] This must be balanced with their right to safety and the responsibility of governments and adults to keep children safe.[337] It must also be recognised that as victim-survivors of FDV, children and young people have limited choice and control in their lives when compared to other adults in their lives. Power differentials relating to risk must be explored and responded to.

When assessing for and managing risk, it is important to:

- use developmentally-appropriate engagement and assessment practices tailored for children and young people;
- document each child or young person's experiences of risk and presentations of risk factors separately in a family, ensuring individual risk to each child or young person is understood;
- promote children and young people's participation in developmentally-appropriate risk assessment, management, and safety planning, wherever safe and reasonable to do so;[338]
- engage and partner with the non-offending parent/family member/a trusted adult in the assessment.[339] This will not only provide more context about risk but will support rebuilding and repair to the disrupted parent/child bond caused by the person using violence;
- explore how the behaviours and actions of the person using violence impacts the child or young person and continue to hold the person using violence responsible for those impacts;
- use professional judgement (incorporating an intersectional lens);
- engage with children and young people sensitively, ethically, in a safe and trusted space with a realistic timeframe, keeping them 'in the loop' through transparency about how and where the information they share will be used;[340]
- assess for protective factors in the child or young person's life;
- support recovery and healing in safety planning, including therapeutic interventions and consistent practice across services.

4. The pattern of harmful behaviours of the person using violence is core in determining risk

Practitioners undertaking risk assessment and management should keep foremost in their mind that the person using violence is accountable for all of their behaviours that cause harm to victim-survivors. All behaviour must be considered in every aspect of risk assessment, risk management and safety planning.[xxv] Best-practice responses prioritise the safety of victim-survivors, while keeping the focus on the behaviour of the person using violence and how this impacts FDV risk and safety for victim-survivors.[341] This includes identifying patterns of abuse and looking for meaningful change in acute indicators, escalations, and changes in their behaviours that directly impact severity of risk. This approach can be supported by the broader system response that includes information sharing, specialist FDV training, appropriate referral pathways, and ultimately service integration ensuring system accountability.[342]

Those who use violence frequently come into contact with broader interventions and universal services (e.g. health and mental health services, alcohol and other drug services, corrections, and child protection). These services have an opportunity to assess, monitor and respond to abusive behaviours, including patterns of coercive control. Using FDV risk assessment practices and approaches that document the types of behaviours used, patterns of harm to families and the impact on family functioning, and changes in contextual considerations is essential.[343]

Engagement, assessment and responses for First Nations peoples who use violence must be understood in the context of colonisation, colonial structures, systemic racism, and institutional violence.[344] Anti-racist, strengths-based and community-led approaches are critical.

For young people using violence in the home, a different response is required. A number of factors must be considered when engaging, assessing and responding. These include their experiences of violence perpetrated by adults (and the trauma impacts of this), their age and developmental stage, whether they have a disability, and any protective factors in their lives.[345] While these contextual considerations are critical to supporting the young person using violence in the home, focus must equally be placed on assessing their risk behaviours, patterns of violence, and the impact on victim-survivors, to increase safety for all. In many cases a 'whole-of-family' risk assessment approach is required because the victim-survivor parent often has little if any opportunity remove the 'abuser' because they are the primary carer. The parent may also have protective responsibilities for other children in the home, so risk is multi-faceted.

xxv Working with the person using violence requires a unique set of skills, professional approach and training in specific engagement with a person using violence to avoid collusion and maintain safety.

5. When considering and responding to FDV risk for Aboriginal and Torres Strait Islander peoples, all approaches must:

- recognise the ongoing impacts of colonisation, systemic racism and intergenerational trauma, and
- be responsive to local contexts, community-led, and grounded in Cultural safety and security

Family violence is not an insurmountable quality of Aboriginal and Torres Strait Islander communities. It is a problem introduced and perpetuated by colonialism.[346]

This principle aims to align with the recommendations in and commitments of *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–2036*, Closing the Gap and the Priority Reforms. The principle aligns with the plan by:

- recognising a history of colonisation and dispossession has created structural inequalities and human rights violations that create risk for Aboriginal and Torres Strait Islander people which is evidenced through "systemic racism, sexism, economic disadvantage, and social marginalisation";[347]
- identifying the need to embed a strengths-based approach when considering and responding to FDV risk;
- ensuring responses to FDV are grounded in "cultural knowledge, community leadership and trauma responsive care are needed to break cycles of violence, create safety and nurture environments where women, children and families can thrive".[348]

Aboriginal and Torres Strait Islander peoples continue to experience the ongoing impacts of colonisation, systemic racism, forced child removal, and intergenerational trauma.[349] The continued impact of past and present government policy and reform must be considered and situated in risk assessment and management processes. In responding to FDV risk for Aboriginal and Torres Strait Islander people, "a meaningful response must address the drivers of violence and the risk factors that can escalate family, domestic and sexual violence – including poverty, homelessness, drug and alcohol use, gambling, and experiencing mental health issues".[350]

Intersectionality for Aboriginal and Torres Strait Islander people, their unique experiences, multiple aspects of identity, their location, socio-economic status, and Kinship ties put them at greater risk of experiencing all types of violence including FDV compared to non-Indigenous people.[351] Violence against Aboriginal and Torres Strait Islander women is most often perpetrated by a male partner or other family member, including both Indigenous and non-Indigenous people.[352]

Risk assessment processes must be flexible and adaptable to suit the needs of Aboriginal and Torres Strait Islander peoples living across Australia, with different customs, practices and languages. The risk assessment process should take into account Cultural practices, family and geographical locations, languages and cultural nuances of how FDV can occur. This requires true co-design with community-controlled Aboriginal and Torres Strait Islander-led organisations that builds on best-practice principles and evidence to ensure consistent and accurate risk assessment. The development of culturally safe and secure risk assessment processes requires a place-based approach and funding to meet the unique needs of each community. This is fundamental in the act of self-determination. Non-Indigenous organisations should aim to support Aboriginal and Torres Strait Islander peoples through culturally responsive risk assessments, safety planning and approaches.

It is critical that Cultural safety is embedded in all parts of the process. It must be measurable, and where possible, co-designed with Aboriginal-led and Torres Strait Islander-led and controlled organisations. Aboriginal and Torres Strait Islander clients and employees are not solely responsible for an organisation's Cultural safety and security. Rather, it is the responsibility of the service or system as a whole.

Embedding community-controlled processes within risk assessment constitutes a reduction in risk from the system itself and promotes self-determination and healing.

The need for Aboriginal and Torres Strait Islander-led, self-determined community-based services, with support from government agencies, has been identified as a critical component to successful responses to Aboriginal and Torres Strait Islander people, families and communities experiencing FDV.[353] These services are critical to challenging deficit-based approaches to risk assessment and safety management for First Nations families.

Healing for victim-survivors and people using violence is key to all responses, including risk assessment and management. It is important to work with extended families, kinship and communities. For some Aboriginal and Torres Strait Islander victim-survivors, part of the healing may be the need for the person using violence to be held accountable for their behaviours, not only within the courts and the judicial system, but also within the community. For other victim-survivors healing may "restore connection to identity and pride, enabling communities and families to thrive into the future".[354]

To address violence for First Nations peoples, protective factors need to form part of the risk assessment and management processes. The risk assessment process should not incorporate unconscious bias[xxvi] and colonial-based myths or stereotypes pertaining to Aboriginal and Torres Strait Islander peoples. Rather, it should be developed to include culturally supportive protective factors. These can include connection to Culture, connection kinship and community, Cultural identity, co-sleeping to protect children from harm, connection to Country, and acts of resistance to FDV.

xxvi Unconscious bias refers to the automatic, unintentional stereotypes or attitudes that influence people's perceptions, judgements, and decisions without their conscious awareness.

6. An intersectional approach to risk assessment and risk management is critical to support the safety and wellbeing of victim-survivors

FDV occurs across all Australian communities, but some children and adults experience it more frequently, more severely, and with greater barriers to safety and support. These barriers arise from structural inequality and intersecting forms of discrimination related to age, gender identity, sexual orientation, ethnicity, cultural background, language, religion, disability, culture, visa status, socio-economic status, geographic isolation, and other identity-based or situational factors. An intersectional approach recognises that the drivers, dynamics and impacts of FDV can be compounded and magnified by other forms of oppression and inequality, particularly when the person using violence exploits these factors.

An intersectional approach is also needed to understand how people using violence describe, minimise or justify their behaviour, engage with personal accountability and change, and interact with systems.

Risk assessment and management must consider how structural and cultural inequities affect victim-survivors and people who use violence. Processes and practices should examine all risk factors alongside the added layers of intersectional discrimination and disadvantage one may experience, including access to services, language barriers and social isolation, community expectations, lack of knowledge of and/or trust in police and other systems, as well as threats and intimidation risk around fear of losing custody of children or visa status. Risk assessment and management should be flexible enough to capture the diverse presentation of risk across communities and enable local, place-based and community-led responses.

It is important to remember that each victim-survivor's experience of violence will be unique, requiring risk to be carefully assessed on an individual basis.

7. The service system must continue to review and evaluate their responses to reduce systems risks for victim-survivors

Systems that are designed to support the safety of victim-survivors may actually be a source of harm through systemic gaps and shortcomings such as fragmented case management, inconsistent information sharing, incident-focused (rather than pattern-based) understandings of violence, racism, unconscious bias, and lack of coordinated monitoring.[xxvii, 355]

Accountability is key. Both systems-imposed (including processes in the justice system and in the broader community) and personal accountability are central to reducing harm for victim-survivors. To support accountability, active steps must be taken across all parts of the system to increase capacity for the person using violence to accept responsibility for their use of violence. Access to culturally appropriate and evidence-based supports to assist personal accountability must run alongside a systems approach. Where appropriate, this can involve risk assessment, risk management and safety planning with the person using violence to support their reflection on what they can do to keep themselves and their family safe.

xxvii See Appendix 2: Structural and systemic considerations

To reduce systemic risk, services must continue to:

- review frontline practices through drawing on current evidence, hearing from those with Lived Expertise, and undertaking service evaluations;
- use an intersectional, trauma- and violence-informed approach to develop appropriate service responses;
- develop collaborative practices so that systems gaps are reduced (particularly across service sectors such as FDV, child protection, and justice);
- support training, supervision and professional development for staff engaging with victim-survivors and people using violence;
- ensure that any risk assessment is followed up with risk management responses;
- ensure that practices designed to minimise misidentification of the person using violence are embedded in practice;
- conduct consistent evaluation, monitoring and accountability practices to ensure system-level monitoring.

8. Intimate partner sexual violence and child sexual abuse must be specifically considered in all risk assessment processes

Sexual violence is an abuse of power, most often perpetrated by men against women, children, young people, and other men.[356] The impact of sexual violence can be compounded by negative attitudes pertaining to sex, race, age, culture and religion, as well as by inequalities stemming from class, geographic location, language or ability. Attitudes, beliefs, laws and social structures that allow or support inequalities contribute to sexual violence in society.[357]

Intimate partner sexual violence (IPSV),[xxviii] while typically described as an aspect of IPV, and often co-occurring with physical and psychological abuse, has its own specific contextual considerations and nuance that are likely to be different to other forms of IPV.358 IPSV must be considered in all risk assessment and safety management processes and practices as evidence shows that victim-survivors who are sexually abused by their partners are at risk of being killed, especially if they are also being physically assaulted.[359] People using violence who sexually assault their victims (adult or child) are also more likely to use other forms of violence against them, including non-lethal strangulation and in some cases, homicide.[360]

xxviii IPSV is a term used to describe sexual activity without consent in heterosexual and non-heterosexual intimate relationships (whether married or not). It includes vaginal, oral or anal sex which is obtained by physical force or psychological/emotional coercion (rape), any unwanted, painful or humiliating sexual acts and tactics used to control decisions around reproduction (e.g. refusing to wear a condom.*

* M E Bagwell-Gray, 'Women's experiences of sexual violence in intimate relationships: applying a new taxonomy', *Journal of Interpersonal Violence*, 2021, 36(13–14):NP7813–NP7839, doi:10.1177/0886260519827667.

More so than other forms of abuse, IPSV is under-reported and often not disclosed. Commonly held assumptions that IPSV is less serious than sexual violence perpetrated by a stranger or that discussing sex and sexual assault within relationships is 'taboo' and should remain private, contributes to the particularly acute shame that many victim-survivors of IPSV experience. Victim-survivors consequently may not seek help and continue to suffer their trauma in isolation.[361] Those who are First Nations peoples, from a migrant or refugee background, people with a disability or who identify as LGBTIQA+ face further barriers to seeking help. It is critical that safe, culturally appropriate pathways to support disclosure and safety planning are part of the service response.

There is a strong association between FDV and child sexual abuse.[xxix, 362] People who use violence and demonstrate sexualised behaviours towards a child are also more likely to use other forms of violence against them or as a tactic of control.[363]

Training on IPSV and child sexual abuse for all practitioners is essential, especially in the context of intimate partner separation and consideration of childcare arrangements which may place children at greater risk of sexual abuse. Training should include:

- details on the myths and dynamics of sexual violence within relationships;
- guidance on 'how to ask' sensitively and building trust which should be tailored for both children and adults;
- the specific effects and health consequences of IPSV;
- how best to manage victim-survivors' safety;
- cultural considerations;
- an intersectional approach; and
- legal options, mandatory reporting, and evidence requirements.

Including IPSV and child sexual abuse in all risk assessment frameworks, practices and associated tools and emphasising the importance of asking (as well as listening, believing and understanding) about sexual violence separately, distinct from physical abuse, will support subsequent safety planning and risk management.

xxix Sexual abuse of children includes any sexual act inflicted on a child by any adult or other person, including contact and non-contact acts, for the purpose of sexual gratification. Operationally, acts of sexual abuse include forced intercourse; attempted forced intercourse; other acts of contact sexual abuse (e.g. touching, fondling); and non-contact sexual acts (e.g. voyeurism, exhibitionism).*

* D Haslam, B Mathews, R Pacella, J G Scott, D Finkelhor, D J Higgins, F Meinck, H E Erskine, H J Thomas, D Lawrence and E Malacova, *The Prevalence and Impact of Child Maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report*, Australian Child Maltreatment Study, Queensland University of Technology, 2023.

9. Risk assessment and risk management, including safety planning work, are components of a continuum of service responses

Risk assessment frameworks, practices and approaches should be used in conjunction with appropriate service responses. Victim-survivor autonomy and decision-making is critical to this. Risk assessment should always form part of a risk management approach which moves with the victim-survivors on their journey away from violence and abuse. Risk assessment must be dynamic and iterative to respond to changes in circumstance. It is critical to develop a continuum of service responses that centre the safety of victim-survivors, reduce the need for victim-survivors to repeat information to multiple service providers, and support the person using violence to take responsibility and accountability for their behaviour. Responses should work on prevention, reduction, and healing for both the victim-survivor and the person using violence. As well as context-specific risk assessment approaches, it is critical to develop tailored service responses for ongoing appropriate management of risk. These include culturally safe and secure responses for First Nations peoples and for migrants and refugees. Other populations that require tailored responses include people with disability, LGBTIQA+ people, people in rural and remote areas, and older people.

FDV services play a critical role in providing immediate support to victim-survivors, including assistance with physical and emotional injuries, emergency accommodation, protection orders, practical support and brokerage for transport and food, income support, drug and alcohol support, housing, and others. Specialist services for people using violence should also be mobilised, where possible, to reduce immediate risk at times of crisis, including when there is contact with police and justice systems. Risk assessment and management should also involve a broad range of agencies who consider the 'whole person' to reduce the risk of compounding victim-survivors' trauma through inadequate or fragmented service responses.

In practice, this means that risk assessment with victim-survivors and people using violence should be complemented with collaborative and multi-agency responses, including circumstances where the victim-survivor does not separate from the abuser (either voluntarily or out of necessity).

10. To ensure victim-survivors' safety, a coordinated, collaborative and consistent, systemic response to risk assessment and management, whereby all relevant agencies work together, with clear and transparent communication, is critical

Working collaboratively across agencies is fundamental to improving the safety and wellbeing of victim-survivors and promoting accountability of the person using violence. This is best achieved through a coordinated, collaborative and consistent response across the system that ensures all relevant agencies work together on risk assessment and management processes in partnership with victim-survivors. Critical to the approach is effective risk assessment practices that focus on documenting the risk presented by the person using violence, contextual considerations and patterns of behaviour over time and toward different individuals in the family, and narratives and characteristics of the person using violence.

Service responses are best understood as operating along a continuum, ranging from agency partnerships to a whole-of-government or community response to avoid siloing. Effective leadership, an authorising environment, and governance arrangements which support collaboration and partnerships are essential for collaborative and coordinated service delivery. Funding based on cost of delivery of services (e.g. in rural and remote areas) is foundational, and government responsibility is key.

Conducting risk assessment and management within the context of a coordinated, multi-agency, or collaborative response will lead to:

- an increased focus on safety;
- reduction in secondary (systems-created) trauma and victimisation, through limiting the need for victim-survivors to repeatedly recount their stories;
- increased accountability opportunities for the person using violence;
- a reduction in misidentification of the person using violence through accurate identification and risk management of the person using violence;
- facilitation of shared language between agencies contributing to more cohesive, consensus-based responses to risk; and
- formalised information sharing protocols between agencies for the benefit of victim-survivor safety.[364]

11. All risk assessment and management frameworks and associated tools are built from both an academic and practitioner evidence base

In practice, common understandings of risk and safety can be achieved through recognition of the complex and multi-faceted nature of risk in both the assessment and management of FDV against victim-survivors. The factors critical to developing a shared understanding include:

- evidence-based risk factors for FDV;
- contextual and systemic considerations that practitioners should explore alongside the evidence-based risk factors, which may result in collusion with the person using violence to avoid accountability, impede victim-survivor help-seeking and/or interfere with risk management and safety plans.
- identification of ways in which the person using violence may target a victim-survivor based on their identity or lived experience, including weaponising systems which may indicate heightened exposure to violence, and which may intersect with other factors to compound the risks and effects of violence; and
- protective factors: characteristics which mitigate or eliminate risk.

Appendix 2: Contextual, structural and systems considerations

Contextual, structural and systems considerations contribute to understanding the broader conditions associated with FDV. They provide essential context to support SPJ and inform risk assessment, safety planning and service responses. Sudden or anticipated shifts in these considerations, or greater severity, should prompt further exploration, assessment and responses from practitioners. Attention toward contextual considerations provides practitioners with a holistic view of an individual's risk landscape and supports informed decision-making processes.

Contextual considerations

Contextual considerations	Summary of evidence
Stress	• Stress is a contextual consideration for FDV perpetration,[365] particularly when it intersects with risk factors that can cause a change or escalation in the pattern of harmful behaviours by the person using violence.[366] • Both acute and chronic stress are associated with increased likelihood of FDV, with acute stressors sometimes acting as a trigger for escalation.[367] For example, COVID-19-related stress (as an acute stress context) has been linked to increased likelihood of FDV perpetration.[368] Disaster exposure is also identified as a relevant acute stress context associated with FDV risk.[369] • Financial stress/strain and financial crises are associated with increased risk of FDV, including when this type of stress coincides with separation-related pressures.[370] • Household financial strain can impede a victim-survivor's capacity to leave the home, potentially extending exposure to violence and abuse and elevating risk.[371] • Unemployment and employment-related stress have been cited as risk-relevant stressors in serious FDV outcomes.[372] • Family-level and relationship stress (e.g. conflict, parenting pressure, or economic challenges) are associated with increased likelihood of FDV.[373]

Contextual considerations	Summary of evidence
Combat exposure	• Combat exposure can be considered a contextual consideration for current and former military personnel.[374] • Reintegration challenges such as unemployment, stigma, depression, AOD use, or the loss of social supports can intensify stress and increase the likelihood of escalated violence.[375] • Evidence from current and previous Australian Defence Force personnel and their partners indicates the risk of higher rates of IPV occurring in those with combat exposure, and this is related to the nature of combat trauma and with correlated FDV situational risk factors.[376]
Childhood experience of FDV and other types of abuse and neglect	It is important to note that not all children and young people who have experienced FDV in their childhood become users of violence, or victim-survivors in adulthood[xxx]. However: • Numerous studies link early childhood experiences of FDV to perpetration and victimisation later in life .[377] This correlation becomes stronger when children and young people also experience other forms of abuse and neglect and are exposed to parental use of alcohol and other drugs.[378] • A history of childhood trauma correlates with higher FDV re-offending rates by a person using violence and highlights the need for integrated, trauma-focused interventions addressing healing and recovery.[379]

xxx While youth exposure to FDV is consistently associated with adult perpetration of FDV,* fewer than one third of children and young people who have experienced FDV later go on to become adult perpetrators/users of violence.** Little research has been conducted to understand resilience and other factors that may be protective from becoming an adult perpetrator of abuse.

* M Gosal, *What Are the Effects of Domestic Violence Against Children?,* Justice Institute of British Columbia, 2018; O Harrison, 'The long-term effects of domestic violence on children', *Children's Legal Rights Journal*, 2021, 41(1):63; United Nations Children Fund, *Behind Closed Doors: The Impact of Domestic Violence on Children*, UNICEF, 2006.

** P J Fleming, J McCleary-Sills, M Morton, R Levtov, B Heilman and G Barker, 'Risk factors for men's lifetime perpetration of physical violence against intimate partners: results from the International Men and Gender Equality Survey (IMAGES) in eight countries', PLOS ONE, 2015, 10(3):e0118639, doi:10.1371/journal.pone.0118639.

Structural and systemic considerations

Structural barriers and systemic failures can result in collusion with the person using violence to avoid accountability, impede victim-survivor help-seeking and/or interfere with risk management and safety plans.[380] These are circumstances and conditions to be considered for a 'whole-of-story' or holistic view supporting an SPJ approach to assessing FDV risk.

Structural and systemic considerations	Summary of evidence
Systemic racism	• Systemic racism in responses to FDV elevates risk for Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities.[381] • Standardised risk tools often fail to recognise intergenerational trauma, kinship structures, and Cultural safety needs, producing inaccurate or punitive assessments.[382] • For Aboriginal and Torres Strait Islander victim-survivors, over-surveillance by child protection, language barriers, and lack of culturally safe services can discourage engagement with the system which may increase FDV risk.[383] • Aboriginal and Torres Strait Islander people experience negative police responses in relation to IPV and FDV.[384] This is especially compounded in the context of police responses that focus on incident-based events rather than pattern-based, Cultural stereotypes, unconscious bias, and a lack of cultural understanding and assumptions about 'ideal victim-survivors'.[385] • These systemic failures underestimate danger and contribute to rates of FDV and IPH.[386] • Community-led, culturally safe services are essential for accurate risk identification and effective intervention.[387]

Structural and systemic considerations	Summary of evidence
Equity gaps in system responses	• Inequitable or inaccessible systems can elevate victimisation risk for LGBTIQA+ people, people with a disability, those from a migrant or refugee background, and young people. Disclosures may be minimised, reframed as mental health issues, or dismissed, leaving violence and escalating risk unaddressed.[388] • Structural barriers such as limited interpreters, lack of inclusive screening tools, lack of services and limited understanding of the unique needs of identified populations are barriers for seeking support.[389] Additionally, those residing in rural or regional areas report additional barriers, including limited service availability and poor post-assessment follow-up as barriers to seeking help.[390] • Marginalised victim-survivors may be less likely to be identified or believed within service systems due to systemic bias and dominant norms around who is considered a 'legitimate' victim-survivor. Experiences of stigma, discrimination, and negative or untrusted institutional responses can reduce disclosure and help-seeking, increasing isolation and the risk of undetected escalation of violence.[391] • These equity gaps are linked to delayed or inadequate service responses, and the opportunity for the person using violence to continue or escalate FDV.[392]
Fragmented service responses	• A fragmented service system with poor coordination is strongly linked to repeat and escalated FDV offending and harm.[393] • Gaps in communication and documentation between police, courts, and child protection may miss patterns of violence and FDV risk factors.[394] • IPH may occur despite multiple agency contacts, highlighting a failure to identify FDV, missed escalation points and a failure of the system to act.[395]
Lack of perpetrator accountability from systems	• Weak deterrence measures from the justice system are linked to risk of ongoing FDV and harm when the person using violence perceives few consequences for their behaviour.[396] • Inadequate policing and court responses, limited monitoring, weak enforcement of breaches, and delayed responses allow the person using violence to continue FDV behaviours and are linked to escalation of violence.[397]

Structural and systemic considerations	Summary of evidence
Misidentification	• Police 'misidentification' of Aboriginal and Torres Strait Islander victim-survivors as perpetrators is one outcome of systemic entrapment[398] and is a systemic failure reflecting racism toward victim-survivors who find themselves entrapped by systems. It inflicts further trauma, undermines trust, and can perpetuate cycles of violence.[399] • Misidentification for all victim-survivors can lead to harm, including child removal, detrimental mental health impacts and increased risk of suicide, further criminalisation, and loss of employment,[400] which are structural and contextual considerations. • For Aboriginal and Torres Strait Islander women, misidentification can lead to incarceration. They are vastly over-represented in the prison system, with many being mothers and most having experienced violence, including sexual assault, as adults and children.[401] • Data indicates a high prevalence of misidentification, with research suggesting that up to 58 per cent of women on domestic violence orders in some areas have been misidentified as the perpetrator, when they were the victim-survivor. • In a number of cases, Aboriginal women killed in FDV homicides had previously been identified as both victim-survivors and perpetrators, highlighting a failure to protect them.[402]

In practice case study references

In Practice 1: Western Australia Minimum Standards of Practice for Perpetrator Intervention

This case study is taken from: Practice Standards for Perpetrator Intervention

In Practice 2: Response-Based Practice

This case study is taken from: Home - Centre for Response-Based Practice

In Practice 3: Victorian MARAM Practice Guides: Foundation Knowledge Guide

This case study is taken from: Foundation Knowledge Guide

In Practice 4: QLD DFV Common Risk and Safety Framework (CRASF)

This case study is taken from: DFV common risk and safety framework | Department of Families, Seniors, Disability Services and Child Safety

In Practice 5: Recognising and Responding to Family Violence in General Practice

This case study is adapted from: HealthPathways Melbourne case study - Assistance with family violence in general practice settings - North Western Melbourne Primary Health Network

In Practice 6: Case study on best-practice FDV risk information sharing

This case study is taken from: Data and Digital Ministers Meeting, National Best Practice Guidance to Support Family and Domestic Violence Information Sharing

In Practice 7: Indigenous data sovereignty and information sharing

This case study is taken from the national FDV information sharing guidance.

In Practice 8: FDV information sharing enabled by a Central Information Point

This case study is taken from the national FDV information sharing guidance.

In Practice 9: QLD High-Risk Teams

This case study is taken from: High Risk Teams | Department of Families, Seniors, Disability Services and Child Safety

In Practice 10: Western Australia Family and Domestic Violence Response Team (FDVRT)

Western Australia government. Family and Domestic Violence Response Teams Family and Domestic Violence Response Teams

In Practice 11: Northern Territory Domestic and Family Violence Common Risk Assessment Tool (CRAT)

This case study is taken from: Northern Territory government, RAMF-Practice-Tool-7-Common-Risk-Assessment-Tool-CRAT.pdf

In Practice 12: Victoria's Family Violence Multi-Agency Risk Assessment and Management (MARAM) Practice Guides and tools

This case study is taken from: Victorian government, MARAM practice guides and resources MARAM practice guides and resources | vic.gov.au

In Practice 13: South Australia FDSV Ecosystem

This case study is taken from: Women's Safety Services South Australia mapping Contextual experience overview_DSS policy sprint phase 1_Official use only

In Practice 14: Understanding responsibilities

Developed based on Outcomes, Practice and Evidence Network, Supporting Hana and her children through family violence

In Practice 15: WA Capability Framework

This case study is taken from the Western Australian Government's Capability Framework for all workforces that respond to Family and Domestic Violence.

In Practice 16: DV-alert

This case study is taken from: Domestic and Family Violence Response Training, About DV-alert

In Practice 17: Developing a dedicated FDV Workforce Entity in Western Australia

This case study is taken from: Western Australia government, Dedicated Family and Domestic Violence Workforce Entity, Dedicated Family and Domestic Violence Workforce Entity

In Practice 18: FDV information sharing

This case study is taken from: MARAM Framework 5-year Evidence Review

In Practice 19: Victorian Government's Family Violence Information Sharing Scheme (FVISS)

This case study is taken from the national FDV information sharing guidance.

Case study taken from Victorian Government's Family Violence Information Sharing Scheme (FVISS) **Family Violence Information Sharing Scheme | vic.gov.au**

In Practice 20: The National Strategic Framework for Information Sharing between the Family Law and Family Violence and Child Protection Systems

Case study taken from the FDV information sharing guidance.

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